



**Transformation
Partners**
in Health and Care



Ealing adult inpatient mental health beds

West London NHS Trust
Engagement feedback report
March 2023



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1. Background and introduction

West London NHS Trust (WLT) provides care and treatment for more than 800,000 people living in the London boroughs of Ealing, Hammersmith & Fulham and Hounslow, delivering services in the community (at home, in GP surgeries and care homes), hospital, specialist clinics and forensic (secure) units.

One of the key services provided by WLT is adult inpatient mental health services. Over the year running up to February 2020, 552 Ealing residents were admitted to adult inpatient mental health care. Of these, 38% were treated in Ealing, 23% in Hammersmith & Fulham and 39% in Hounslow. At any one time the Trust is providing crisis and acute care and treatment for around 180 people on adult inpatient mental health wards or at home by crisis assessment and treatment teams.

From 2013 to March 2020, adults of working age (18-65) living in Ealing in need of inpatient mental health care were admitted to one of:

- Wolsey Wing (Hope and Horizon wards), St. Bernard's Hospital, Ealing
- Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital
- Lakeside Mental Health Unit in Hounslow on the West Middlesex Hospital site

In March 2020, the early stages of the Covid-19 pandemic, WLT suspended the use of inpatient beds (31 beds in Hope and Horizon wards) and the Health Based Place of Safety (HBPoS) in the Wolsey Wing on a temporary basis. Resources were diverted to open an 18-bed inpatient ward (Robin ward) in Lakeside Mental Health unit and re-invested in a number of other crisis alternative pathways including providing dedicated staffing for the Hounslow and Hammersmith & Fulham HBPoS, additional staff capacity to the Mental Health Single Point of Access Hub and additional step-down beds. The Trust was unable to identify suitable spaces across their estates to safely house the other 13 beds.

This was at a time when lots of urgent decisions had to be taken across the country about how to maintain services safely while minimising risks to patients and staff. The layout, age and condition of the Wolsey Wing made it too difficult to keep open under pandemic conditions. Service users from Ealing have been seen at the Lakeside Mental Health Unit in Hounslow or the Hammersmith & Fulham Mental Health Unit at Charing Cross Hospital since this time.

Hope and Horizon wards are unsuitable for providing modern healthcare in their current form. This has come through strongly from staff, service users, carers and regulatory authorities. The Wolsey Wing was built more than 100 years before the NHS was founded. The condition of the estate makes it difficult to run modern healthcare services because it is such an old and unsuitable building, and it is difficult and expensive to modernise. WLT have undertaken several programmes of improvement, with the resources available to them, to improve facilities there.



Overall, the wards struggle to meet national equality, accessibility, and quality standards for safe and effective clinical care. Additionally, there are significant issues which could impact on patient safety. This includes lines of sight and the difficulty in providing emergency clinical response to a site with fewer acute adult mental health inpatient wards, as the wards were isolated from similar services and with fewer staff available to respond to the needs of the situation.

Between January and June 2022, WLT undertook a period of early engagement, where the Trust worked with service users, carers, local people, staff, commissioners, the local authority and NHS England to develop a permanent solution for these services.

This involved developing a long-list of eight future options and associated shortlisting criteria. An options scoring panel shortlisted these and favoured two options:

- Looking for an alternative inpatient premises in Ealing to re-provide 31 beds
- Keeping the service as it is currently run i.e. make re-investment into the ward in Hounslow and the other crisis alternative pathways permanent

Feedback from this work, the full case for change document and information about the options appraisal process can be found here:

www.westlondon.nhs.uk/ealingmhbeds

WLT did an extensive property search for suitable premises in Ealing (examining private, and public estates) which failed to find any suitable alternative property within Ealing that would meet the criteria or be available to use. This resulted in WLT's proposal to maintain the current model of care and permanently close the suspended St Bernard's wards.

WLT were keen to continue earlier conversations with service users, carers and other stakeholders to understand the impact of implementing this proposal and to seek feedback on their draft travel reimbursement scheme to test whether this support addressed concerns around travel and access for visitors coming from Ealing. In October 2022 a period of enhanced engagement started, initially for 12 weeks, to get feedback on the proposals. At the mid-point review the enhanced engagement period was latterly extended until February 2023. This report presents feedback from this period of enhanced engagement.



2. Executive summary and key findings

This section highlights response rates and reach of engagement activities, as well as summarising the overall feedback and key themes across **all respondent types and feedback methods**.

Later sections of the report draw out key issues from difference audiences and demographics, to highlight similarities and differences, if and where they were present.






It should be noted that the feedback report can at times reflect and present polarised views. The engagement period generated feedback on a large number of individual issues – both in relation to the proposal and draft travel reimbursement scheme, but also to wider concerns about national and local mental health provision. Those with strong feelings are more likely to take the time to provide their views robustly. Conversely, the lack of responses from some groups reflect apathy towards the issue from certain stakeholder groups. For example, it is important to recognise that the majority of feedback received has been from members of the public with no direct experience of using adult inpatient mental health services. We also received feedback from the learning disability community that they did not feel this was an issue that was relevant to them.

Although engagement proactively targeted groups most affected by the proposal, based on feedback from early engagement and the equalities impact assessment (EIA), many of these groups chose not to comment/ participate. However, the overall response rates received to engagement must be viewed positively in the context of the relatively small numbers of patients, overall, using these types of services. This is discussed further in section 7.

2.1 How did people engage?

Table 1: Engagement response

	<p>712 responses, in total, to the engagement</p>		<p>27 engagement sessions (including public events and focus groups)</p>
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	<p>147 responses to the online survey</p>		<p>301 responses to the Healthwatch “on the street” survey</p>
 <p>Over 12,856 reached through promotional activities</p>			
	<p>4,620 views of/ interaction with digital content*</p>		<p>Over 250 organisations directly contacted to encourage responses</p>

*like/share/ comment/ retweet on social media/ read post/ viewed video or webpage

In addition to these responses, a petition was received from Ealing Save Our NHS including 994 signatures, objecting to the lack of adult and children’s inpatient mental health beds in Ealing.

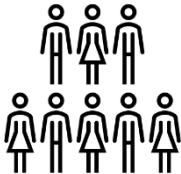

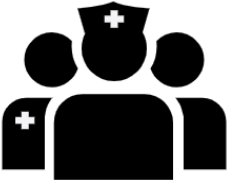




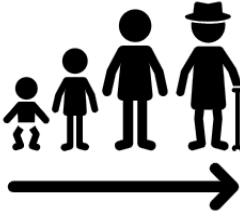
2.2 Who responded?

A summary of the demographic profile of respondents is set out below. Further detailed breakdown of this data can be found in Appendix 3.

- The vast majority of respondents did not have experience of using inpatient mental health services in the last 3 years. A small proportion (3%) had used more than one mental health service in the last 3 years.
- A large proportion of respondents (56%) were from deprived postcodes in Northolt, Acton and Southall.
- More women than men (58% compared to 39%) responded.

Table 2: Respondent profile



	<p>6% of responses from current or former service users</p>		<p>69% of responses from members of the public</p>
	<p>9% of responses from staff (those directly providing inpatient mental health care)</p>		<p>20% of responses from those who have direct experiences of using adult inpatient mental health services</p>
	<p>45% of respondents were White and 52% were from black and other minority ethnic groups</p>		<p>7% of respondents identified as Gay, Lesbian or Bisexual</p>
	<p>17% of respondents stated they have a disability.</p>		<p>83% of respondents were aged between 18-65</p>

2.3 Key findings

Feedback received often demonstrated strong sentiments towards the proposal. There were many areas of consensus across all stakeholder groups. These key findings summarise the **most frequently heard** feedback from all respondent groups. Section 5 discusses these themes in more detail, also breaking down feedback by stakeholder group to show any key difference and similarities between groups. Due to the very personal and nuanced experiences of accessing mental health services, large number of individual comments were also received. These are captured and included in Appendix 4.



2.3.1 Overall response to the proposal

Over 65% of survey respondents and the majority of qualitative responses indicate that people do not agree with the reduction in beds for Ealing patients.

Table 3: Q13. How much do you agree or disagree with the closure of 31 beds in Ealing and for the provision to provide 18 beds in Lakeside with other crisis pathways?

Answer choices	Number	% of survey responses
Strongly agree	11	3%
Agree	27	7%
Neither agree or disagree	62	15%
Disagree	130	32%
Strongly disagree	147	36%
Don't know	27	7%
Prefer not to say	1	0%

Total number of responses: 405

2.3.2 Overall response to introducing a travel reimbursement scheme

When asked about introducing a travel reimbursement scheme to support visitors accessing the Lakeside Unit, 59% of survey respondents and a substantial proportion of qualitative responses agreed that it would be supportive. There was significant feedback about how the process could be improved with many suggestions around improving the scheme.

Table 4: Q15. Do you believe introducing a travel reimbursement scheme will support visitors accessing the Lakeside Unit?

Answer choices	Number	% of survey responses
Yes	228	59%
No	90	23%
Don't know	68	17%
Prefer not to say	3	1%

Total number of responses: 389

Table 5: Q16. How supportive are you of the following areas of the draft travel reimbursement scheme?

Answer choices	Very supportive	Supportive	Neither supportive or unsupportive	Unsupportive	Very unsupportive
Who could claim	12%	31%	13%	25%	11%
How often you could claim	5%	33%	28%	27%	7%



What you could claim for	9%	45%	21%	15%	10%
How you submit a claim	5%	35%	29%	18%	13%

2.3.3 Overall themes from feedback

- Concern that the proposal represents a **significant reduction in inpatient beds** for Ealing patients and has a knock-on impact around access to beds for residents in Hammersmith & Fulham and Hounslow
- Concerns over the **growing demand for mental health services** in general, but recognition that **Ealing borough is growing and already is the greatest user of inpatient mental health services**
- Recognition that Hope and Horizon wards are **not a suitable environment** to deliver modern mental healthcare
- Questions over **capacity and resources** being given to Lakeside Mental Health Unit and Charing Cross hospitals to **anticipate additional demand**
- A desire for **greater transparency** around the process undertaken to develop and appraise the options
- Recognition that the **proposal significantly impacts service users, families and carers by increasing travel time**
- Similarly, there was recognition that the **proposal will impact staff** (if they live in Ealing) by increasing travel time as well as a perception that more staff are needed, adding pressure to their ability to provide high quality services
- Feedback also **highlighted impacts on specific equalities groups** that need to be considered
- Concerns that the **engagement process has not been robust enough** and that formal consultation was/is needed



3. Engagement methodology

Following a period of early engagement from January – July 2022, WLT launched a wider period of enhanced engagement to support decision-making around where services should be housed in future. This began on the 18th October 2022. Initially this was due to run for 12 weeks (in line with normal recommended practice for a full public consultation) until 13th January 2023. However, following a mid-point review and feedback from key stakeholders, the engagement window was extended until the 28th of February 2023 – meaning engagement ran for a total of 19 weeks.

3.1 How the communications and engagement programme was designed

In planning this phase of engagement, the Trust worked with key stakeholders including the Carers Council, Healthwatch, Mental Health Forum, CAPE, London Borough of Ealing and NWL ICS engagement colleagues to test their plans, ensuring they would reach and hear from as many people who may be affected or interested as possible. At the mid-point review this planning was extended to incorporate engagement activities from the London Boroughs of Hounslow and Hammersmith & Fulham.

Feedback received helped shape plans and offered contacts and opportunities to be utilised during the engagement period.

Following discussion and guidance from NHS England London Region and agreement with NW London ICB, WLT pursued an enhanced engagement approach rather than formal consultation – the key difference between the two being lighter touch assurance from NHS England, who felt comfortable with taking this approach. The enhanced engagement approach was developed in line with good practice processes which would be undertaken through a full public consultation and were finalised through ongoing discussions with the ICB and NHS England.

NHS England London Region felt that this approach was; proportionate to the scale of the proposal, backed up by three years of evidence that services have been operating adequately during the suspension, and that WLT have been able to re-provide 18 of the 31 beds affected with alternatives of the same nature.

3.2 Target audiences

Engagement focussed on reaching those most likely to be affected by the proposal – identified through early engagement and the EIA. this included:

- Current and recent service users and their families and carers
- Voluntary and community organisations i.e. those supporting service users and other communities identified
- People with a physical and/or learning disability
- Elected members and interest groups
- People from black and other ethnic minority communities



- People experiencing homelessness or from income-deprived households
- Scrutiny and assurance bodies
- Staff - most intensively with those working in these services but also informing wider staff groups to understand any impacts
- People from postcodes that use the service most frequently: Southall, Northolt, Acton, Chiswick, Hanwell, Greenford, West Ealing and Ealing
- People from other boroughs served by the Trust: Hammersmith & Fulham and Hounslow

3.3 Engagement methods

A mixed approach was taken to engagement to ensure accessibility – offering online and face-to-face engagement. To support in reducing digital exclusion, options were provided for those without access to/ knowledge of digital devices and technology.

People could feed back through:

- A structured survey – available online and in hard copy
- Face to face survey in GP practices, with a focus on surgeries in the most deprived postcodes – commissioned from Healthwatch
- Online events – open to all
- Borough specific face to face events – supporting individuals in each of the three boroughs to share feedback around what the proposal would mean for them
- Attendance at local meetings online and face to face
- Dedicated engagement email address
- Dedicated telephone number
- Social media
- Meeting with Overview and Scrutiny Committees across the three boroughs – formal meetings open to members of the public
- Formal email and mail responses.

3.4 Promotion

A range of steps were taken to promote the engagement period, with promotion focused on directing people to the online survey or to attending events as the main way to give structured feedback.

- **Directly writing over 1900 letters to current and recent service users** who had used the services affected in the last three years - focussing on inpatients and those who used Ealing CATT services
- **Website** – The engagement webpage¹ hosted key materials, available in a number of formats, including:
 - Engagement document
 - Summary slides

¹ <https://www.westlondon.nhs.uk/EalingMH Beds>



- Video of Hope and Horizon Ward environment
- Link to the online survey
- Easy read and translated versions of the survey and flyer
- Key supporting documents including; case for change, early engagement feedback report, equalities impact assessment and frequently asked questions

During the engagement period, the engagement website and hosted materials had over 570 page views.

- **Social media posts** – on Trust Twitter and Facebook, Instagram, LinkedIn and NextDoor
- **Mailing databases of voluntary and community organisations** – contacts were sent out information about the engagement exercise to staff, service users, voluntary and community groups.
- **Partner channels** – content was provided for statutory and voluntary sector partners i.e. Healthwatch and NWL Integrated Care Systems.
- **Outreach promotion via Each Counselling** – at Ealing Broadway and Southall stations
- **Stakeholder newsletter** – shared across North West London with ICB support
- **Documents shared** – with WLT and patients visiting our wards and clinics
- **Engagement with local/key community groups** – Mailings, emails and phone calls proactively engaged more than 250 community groups or organisations to make them aware of the engagement exercise (for example Healthwatch in the three boroughs, Ealing and Hammersmith & Fulham Save our NHS) and help promote it within their networks. This included regular communications and materials to support promotion of the engagement exercise through their channels, e.g. newsletters, mailing lists, social media.
- **Presentations at local/ key community groups** – invited to make them aware of the engagement exercise and help them to promote it within their organisations and to their service users and members.
- **Information on GP screens** – across Ealing
- **Articles in local media** – across Ealing

Partners and voluntary and community organisations were encouraged to retweet/ share posts made by WLT.

3.5 How the approach adapted during the engagement period

Taking a best practice approach to this engagement work, the WLT team undertook a mid-point review of engagement in late November 2022 – around 6 weeks into the initial engagement period. This mid-point review aimed to:

- Understand activities that had been completed, to date
- Review response rate overall and from specific target groups (identified through early engagement and the EIA)
- Understand key themes from feedback and how this was influencing thinking
- Review upcoming planned activities to ensure they are fit for purpose



- Consider additional activities that may be required to reach communities that were not being reached.

At this point, there had been limited interest and engagement with online meetings and responses to the survey were primarily from staff. A different approach was needed to reach key target groups from whom there was limited response; those with a learning disability, people experiencing homelessness, people from black backgrounds, people from the most deprived parts of Ealing and to strengthen engagement with people and partners from Hammersmith & Fulham and Hounslow.

Additional activities were added to reach these groups, including:

- Running face to face events in Hammersmith & Fulham and Hounslow
- Running a face to face event in Ealing within the Hope and Horizon wards
- Commissioning Healthwatch to complete surveys in Ealing – face to face in GP surgeries, with a focus on surgeries in the most deprived postcode areas
- Recirculating information via voluntary and community organisations
- Writing again to current and recent service users
- Proactive contact with Mencap, homeless team and black organisations to raise awareness of the engagement period
- Creation of additional materials in different languages/ formats to better reach communities
- Promoting engagement opportunities on the street at railway stations
- Utilising the three local authorities' communication channels to expand the reach

Feedback was beginning to be received around the travel reimbursement scheme and how it could be made easier to administer. Within the engagement period, the WLT team began investigating different possibilities, such as online forms and simple processes in response to this feedback. Feedback was also received about awareness/ uptake of engagement activities and it was proposed that the engagement period be extended to allow for greater responses from these groups. The team extended the engagement period by six weeks to ensure as many people as possible could respond and to allow council scrutiny members further opportunity to review the proposals.



4. Approach to analysis

Transforming Partners in Health and Care (an NHS team hosted by the Royal Free London NHS Foundation Trust, providing a range of high-quality bespoke consultancy services) were commissioned to receive and independently analyse feedback from all engagement methods.

The executive summary gives an overview of the most frequently heard themes from across all feedback methods and audiences. More detailed commentary can be found in section 5. Where appropriate, differential findings have been drawn out when comparing feedback from different respondent groups.

Thematic analysis was undertaken on qualitative responses from all feedback methods, to understand the breadth of feedback and consensus of opinions, where present.

Unless expressly stated, the themes within this report represent a majority view; in other words, the themes which were most commonly expressed. Respondents often commented on services which were broader than those in the scope of this engagement phase. These have been included and been separated out to ensure focus remains on adult inpatient mental health beds in Ealing.

Points to note regarding data:

- Some respondents may have fed back on the engagement exercise through more than one method, for example they may have completed the online survey and participated in an online event, giving mirrored responses. This may mean that the number of responses received to the engagement exercise may be different from the number of people who participated
- Not all survey respondents completed every question
- Not all survey respondents or event attendees completed demographic information. We have therefore only used feedback that can be identified by stakeholder group for sections where we are comparing views
- Feedback presented is from the perspective of the respondent – no adjustments have been made to correct any factual inaccuracies in statements
- When seeking to understand how views from specific groups may differ from others, we have used demographic data provided to us by respondents. For the purposes of this report, when looking to understand experiences of those from black and other minority communities, we have included data from black, Asian and other ethnic categories
- When working with percentages, these have been rounded up from two decimal points



5. Key themes

This section focusses on exploring the key themes, identified in section 2, in more detail as well as identifying differences and similarities in feedback from different stakeholders.

5.1 Overall themes

5.1.1 Feedback about the proposal

A significant number of respondents (generally members of the public) felt that the proposal doesn't impact them, however many recognised that others who use services would be directly affected.

Some held the belief that the decision has already been made and that thoughts and feelings have not been considered or won't affect the decision.

There were questions over why the change needs to be permanent and whether the decision would be reviewed if circumstances were to change.

From an equalities perspective, there were concerns as to how the proposal would impact different groups i.e. black and other minority communities, those on low incomes, females and people who identify as LGBTQ+.

It was felt that greater awareness is needed of this change, together with further engagement.

5.1.2 Loss of service for Ealing residents

Significant numbers of respondents highlighted that, in their minds, this proposal amounts to a loss of service for Ealing residents. There was a strong feeling that the reduction of bed numbers and the movement of services out of the borough significantly disadvantaged Ealing service users, their families and carers.

Many requested clarity on the services that would continue to be provided in Ealing, and how preventative services and those required following discharge would work together to support those who now have to go outside of Ealing to receive care. It was clear from feedback that many had little confidence that this would improve service user experience.

5.1.3 Bed loss

Although there was recognition of national and local aspirations to provide care closer to home and through other service models, the general perception was that there remains a high demand for inpatient beds overall, but especially in Ealing as the largest user of these services across the three WLT boroughs. Reducing the number of these types of beds, it was felt, leads to unmet need for these services and a risk to patient safety – with the perception that, if this change is made



permanent, that patients would be discharged early to free up beds. Many advocated for a reinstatement of the original bed numbers.

It was strongly felt that the reduction in the number of adult inpatient mental health beds would lead to a bed crisis/ difficulty in Ealing residents being able to access a bed when needed. It was felt that this would have a knock on impact on the availability of beds for Hammersmith & Fulham and Hounslow residents. There were concerns that the Lakeside Unit and Charing Cross Hospital could not cope with demand and needed more resources. There were concerns around delays in admittance/ access – if all beds are full, people were keen to understand who would get prioritised to access available beds.

Many were keen to understand the modelling undertaken to create this proposal – wanting reassurance of the current situation with bed numbers, future demand, flows and readmittance rates.

5.1.4 Ward environment at Hope and Horizon

Broadly, it was recognised that Hope and Horizon wards are not fit for purpose for providing modern day healthcare for acutely mentally unwell patients. However, many raised that these wards had been an issue for a number of years, leading to a feeling that these services had been neglected and the estate allowed to deteriorate to a point where it was no longer salvageable.

Many questioned why Hope and Horizon wards could not be refurbished, even partially, to allow some beds to remain in Ealing. Questions were also raised about remaining services on the St. Bernard's Hospital site and why some services continue to be provided in, what are perceived as, similarly unsuitable ward environments.

A small number of comments suggested that the worst parts of Hope and Horizon wards had been used in the video and that Lakeside Mental Health Unit was made to look better than it is. Several comments suggested the unit in Hounslow itself has issues with ligature points.

5.1.5 Lakeside Mental Health Unit and Charing Cross Hospital

Many said they would prefer to go to the Lakeside Mental Health Unit/ Charing Cross Hospital if it is a better environment. Though it was recognised that parking arrangements in Hounslow were non-existent for visitors.

Many, who had the means to do so, stated they would be happy to travel for services if they were needed and that additional travel time was not an issue.

5.1.6 Funding

Many were unclear how savings from the temporary closure of the wards was being used to support Ealing residents, specifically, and there was a feeling that this



money was being used to supplement/ support services in other boroughs – increasing the loss for Ealing patients.

It was felt that the proposal is financially motivated.

5.1.7 Demography of Ealing

It was recognised that Ealing uses the greatest proportion of adult inpatient mental health beds out of the three boroughs, and that demand is growing in all boroughs. Respondents questioned how sustainable this proposal would be given the increasing demand and rising population numbers.

Many recognised the socio-economic profile of Ealing – with large pockets of deprivation. Connecting deprivation with poor mental health led many respondents to worry about the impact of increased travel to access services as well as the potential increase in travel costs to visit family members placed in Hounslow. A small number of respondents indicated that they would disengage with services if they were too far from home.

5.1.8 Impact on service users, carers and families

The majority of feedback received was around the impact on services users, carers and families – specifically the increased travel times and potential increase in travel costs, particularly for those on lower incomes. Some felt they would need to visit less as getting time off of work may be a challenge if visits were to take longer. Many worried about the impact of this on recovery and the potential for isolation if service users are further away from familiar surroundings and social networks. This concern extended to the ability to easily access cultural support.

The stress of travelling to a new, unfamiliar, area was also a concern. It was felt that public transport was not very accessible, with journeys often requiring a few changes. This may be particularly challenging for older people and people who are more vulnerable.

5.1.9 Impact on staff

Questions were raised over how prepared staff were to deal with making these changes permanent, as well as a belief that it would place more stress and burden on staff to spend less time with patients and more time processing and discharging patients to ensure bed numbers are carefully managed.

Several comments suggested there were not enough staff in inpatient and community services to support service user's needs, meaning they were not able to frequently carry out functions such as chaperoning people outside – which has an impact on recovery.

5.1.10 Impact on surrounding boroughs

Those from the boroughs of Hammersmith & Fulham and Hounslow raised concerns around the likelihood of additional pressures on beds for residents of these



boroughs. With the overall reduction in bed numbers, there were concerns that they would not be able to access beds in their own boroughs.

5.1.11 North West London context

Although there was understanding of the local picture, many felt it is important that North West London be treated as a whole when considering mental health provision and inpatient beds. There was recognition that another programme within the broader geography is looking at making changes to the inpatient beds which may have an impact on how people view the changes proposed in Ealing. There were calls for a joined up approach to engagement on this topic.

5.1.12 Impact on supporting services

Community mental health services need to be better resourced and more responsive to support any planned changes to inpatient services. There was a desire for greater clarity around how funding that had been saved had been used to support community mental health services in Ealing. Many felt these were already stretched and unable to cope with demand, with the perception that this would likely worsen with less inpatient beds. Many were concerned about staff shortages across the whole pathway and how this would impact inpatient services – especially if this meant increased waiting times for services.

There was a perception that service users are likely to experience disjointed discharge if being treated out of borough and that this process needed to be carefully thought through and managed so as not to negatively impact on service user experience. There were concerns over connections between Lakeside Mental Health Unit and local Ealing crisis teams, community mental health services and local authority social work teams.

Some also referenced that, although several services are available in Ealing, they are not generally comparable to those that have been lost. It was felt that more were needed around crisis prevention to help lessen the need for inpatient services.

5.1.13 Travel reimbursement scheme

Although just under 60% of survey respondents were supportive of introducing support, many commented that the scheme needed to be more generous to allow for more frequent visits – rather than two per week as is currently in the scheme.

It was important to respondents that the process be quick and simple, with the possibility of being paid in advance, recognising that people cannot always afford to pay then claim back (e.g. carers and those on low incomes). Some worried that the reimbursement process seems complex and therefore off-putting which could increase stress. It was also felt that there were too many criteria, making it inaccessible. Many felt the scheme should focus on supporting those on the lowest incomes.



It was strongly felt that the scheme should be more inclusive and include all Ealing postcodes and broader geographies – as visitors can come from anywhere. Many commented that staff should also have the ability to claim for the additional travel time.

In addition to public transport, the scheme should include travel by car and private travel (taxis) for those unable to use public transport (i.e., with physical disabilities/sensory impairments).

Some worried this would increase the admin burden on staff if they needed to “sign off” expenses and support people to complete these forms.

Many respondents offered additional ideas and solutions to improve the draft scheme, including considering providing pre-paid travel cards/ paying people in advance of their journey and being able to submit claims online (perhaps via an app).

5.1.14 Engagement process

A small number commented on the engagement process itself, seeking greater clarity on why this was “enhanced engagement” rather than a full consultation.

5.1.15 Solutions development

Questions were raised over why space could not be found in Ealing so that these services could remain in the borough and why the Trust was not seeking alternative funding to build a new unit.

There were calls for greater transparency around the options appraisal process and sharing this information, and the business case, publicly.

5.2 Perspectives from different stakeholder groups

There was broad agreement, across all stakeholder groups, with the key themes set out in section 5.1. Described here are perspectives from the most affected stakeholder groups, set out in WLT’s equalities impact assessment, to highlight different emphases in the specific feedback received.

5.2.1 Service users/ those with direct experience of inpatient mental health services

Particular concerns centred around keeping beds in Ealing and the overall reduction in bed numbers. There was strong recognition that Hope and Horizon wards are not a suitable environment for treatment and recovery, with some feeling that, despite increased travel, Lakeside Mental Health Unit provided better quality facilities.

Increased travel times were of concern as well as being away from the support of family, friends and community support networks.



If family and friends are required to travel further to visit, being able to claim in advance for travel expenses would be helpful.

5.2.2 Carers

Mirroring feedback from service users, increased travel times were frequently mentioned as well as the importance of being reimbursed for travel in advance. Carers also expressed anxiety around travelling to unfamiliar locations to see loved ones – particularly if they are old/frail or less able to travel on public transport due to disability. Many noted that they would be less able to visit regularly.

There was a feeling that bed numbers need to be reinstated as there was a belief that suitable beds would not be available.

Carers also noted that it was well known that a solution for Hope and Horizon wards had been needed for a long time and there was some frustration with the process.

5.2.3 Staff

Feedback from staff (both those who work directly on inpatient wards and wider WLT staff) focussed on:

- The increased travel (for staff and service users)
- Missed connections with family due to being further away from home
- No facilities to park for staff and visitors
- Concerns over readmission rates, with some staff feeling pressure to discharge service users earlier than they felt comfortable with, to manage bed numbers
- Finding solutions to make better use of vacant space across WLT estate
- The large demand for inpatient beds from the Ealing population, which is set to grow in the coming years
- Highlighting the increasing pressure on Lakeside Mental Health Unit and Charing Cross Hospitals to cater for patients across the three boroughs
- Ensuring enough staff are available to cope with demand
- Highlighting the need to increase resources in the community and other support services to help ensure prevention and risk management

A small number of staff thought the proposal was a good idea – providing a better working environment for them and for service users.

5.2.4 Voluntary and community (VCS) organisations

There was a clear desire to ensure patient voice is heard.

As with other groups there was a focus on the loss of beds, additional travel and the negative impact of being further away from family, friends and networks

In terms of the draft reimbursement scheme, it was felt important that this covers all areas of Ealing and finding mechanisms to support claiming before travelling.



5.2.5 Residents from the boroughs of Hammersmith & Fulham and Hounslow

Most respondents to the engagement period were from Ealing. However, Hammersmith & Fulham and Hounslow residents broadly agreed with the key themes, but placed increased focus on:

- The impact on service users and their families of being out of their “home” borough
- The need for inpatient beds in every borough and dissatisfaction with the reduction
- The risk that discharges are happening earlier than is safe, with the need for careful bed-management
- Recognising that the cheapest travel option not always most suitable
- Concerns over whether there will be enough beds for service users from Hammersmith & Fulham and Hounslow if they are shared with Ealing residents
- The long-term plan to manage increasing demand, across all three boroughs, for inpatient care – recognising Ealing is generally more deprived
- Insufficient engagement with Hammersmith and Fulham and Hounslow residents and stakeholders
- Seeing the changes in the broader strategic context and understanding how other services and processes will be supported to improve i.e., community services and discharge processes

5.2.6 People with physical, sensory and learning disabilities

Direct feedback from learning disability groups explained that they felt the proposal was not applicable to them and they did not have any specific feedback.

Other respondents with disabilities felt they needed more information about other services available.

Support would be needed to complete travel reimbursement forms. Feedback suggested that the draft reimbursement scheme should be available to all Ealing residents.

As with other groups, there was concern around the reduction in beds feeling Ealing needs its own inpatient services. There were questions over why a new site could not be built or opened in Ealing.

Difficulties with travelling due to physical or sensory impairments were also mentioned by this group.

5.2.7 People from black and other minority ethnic communities

A significant amount of feedback was received from black and other minority ethnic communities. Their feedback focussed on:

- Raising awareness that the change is happening and what other mental health services are available
- Feeling that public transport is not accessible to get from Ealing to Hounslow



- Keeping beds local and increasing bed numbers
- Feeling engagement is too late and that a decision has already made
- Concerns that Lakeside Mental Health Unit will not be able to cope with Ealing patients leading to a perceived difficulty in accessing services
- Highlighting that Hounslow is an unfamiliar area and the building being unfamiliar too, which may be unsettling for service users and visitors
- Noting that the crisis pathways need improvement
- The broader picture of other services closing/ moving from Ealing and the perceived loss of services, in general, in the area
- Increasing the amount of times you can visit, under the draft travel reimbursement scheme
- Offering reimbursement only to those on low incomes, but expanding access to the scheme to all Ealing residents and making the criteria less restrictive
- A preference for submitting claims online



6. Wider feedback not directly about the proposal or draft travel reimbursement scheme

Some feedback received focussed on aspects connected to but not directly about the proposal and draft travel reimbursement scheme. This feedback is presented below.

Several comments recognised the lack of funding available for mental health services overall and some were supportive of the Trust seeking additional funds from the government. One suggested fund-raising. Feedback was also received about the need for mental health care workers to receive a substantial pay rise.

In addition to early comments about the perceived high demand for inpatient services, other comments suggested there is an increasing demand for mental health services in general. There were questions over why the thresholds for some services are so high, meaning some people with more moderate needs are not adequately supported and provided for.

Adding to recognition that the proposal represents a perceived loss of service for Ealing residents, some noted that other services such as A&E, the urgent care centre and maternity department have also been moved out of Ealing, leaving people concerned over broader service available for the community.

There were concerns about viewing this proposal in isolation, with calls for mental health services across North West London ICS to be treated as a whole when considering mental health provision and inpatient beds. It was noted that, in addition to this project, CNWL are looking to close wards within the Gordon Hospital. Questions were raised around why there had not been a joint engagement process encompassing both sets of proposed changes.

One respondent highlighted issues with contacting the single point of access. When they do get through, the response is not always positive or helpful – putting people off accessing the service.

It was felt that more proactive management in the community is needed to regularly review service users mental state and risks so that they can be managed effectively, using admission as a last resort.

There were concerns that the closure of inpatient beds may be part of a trend for moving mental health treatment into the private sector and out of public control.

As well as the lack of adult mental health inpatient beds in Ealing, the Ealing Save Our NHS petition also focussed on the non-existence of beds, in Ealing, for children in crisis. With the suggestion that some young adults (aged 16/17) had been admitted to adult wards, which was felt to be unacceptable. One respondent wanted clarity on where these service users should be seen. Also highlighted was the lack of



Paediatric Intensive Care Unit beds for female patients, with concerns that these service users are being sent out of the tri-borough area. Additionally, some comments suggested there are a lot of young people in hostels who are not getting the support they need - preferring to stay out on the streets due to feeling scared or lonely once admitted. A perceived lack of service provision and long timescale to get support mean some young people are less likely to seek help.

One respondent was keen to understand what support is available/ being set up in schools and colleges. They recognised that identifying mental health issues and intervening before it reached crisis is important. Others felt CAMHS beds/services remain a significant challenge in Ealing and surrounding boroughs.

It was felt more could be done to help destigmatise seeking help for mental health issues, particularly in Black and minority ethnic communities.

There was some confusion about the structure of the NHS and who provides services in Ealing and on the Ealing Hospital site.

In addition to earlier comments about staffing, one respondent suggested more work needs to be done on workforce planning, to bring workers into the local NHS services.

Several comments focussed on the specialist forensic mental health unit in the Tony Hillis Wing, and the fact that it is a similar environment to Hope and Horizon. However, services there are set to remain and are presumably regarded as safe. Several respondents were unclear about how services within the same building could be in such different condition. Comments pointed out that funding had been found and improvements had been made to these wards. The suggestion was that this could be undertaken for Hope and Horizon wards as well.

Conversely, some cited the John Conolly Unit and the Paediatric Intensive Care Unit beds as examples of misused resources – where these buildings were built and then demolished to make room for more forensic beds. There was a feeling that forensic beds are being prioritised over inpatient beds. Some commented that, when these changes were being made, no mention was made that Hope and Horizon wards needed refurbishment.

Some respondents raised concerns about the quality and availability of mental health services for older people.



7. Reflections

Despite significant attempts to engage with affected communities, set out in section 3, there were limited responses from those with direct experience of accessing or working in services, people with a learning disability, people experiencing homelessness and people from Hammersmith & Fulham and Hounslow. There were good response rates from people living in deprived areas of Ealing and from black and minority ethnic communities.

It is unclear, with those groups who did not respond, whether information was received, and a choice was made to not respond or whether these groups were not adequately reached through the engagement process, despite best efforts.

The majority of responses received were from members of the public with an interest in but no direct experience of using services. Many of whom recognised that the change would not impact them directly but acknowledged it would affect future services users and their families and carers.

Direct feedback was received from the learning disability community that they felt the issue was not relevant for them.

Comments regarding the need for further engagement may present an opportunity to hear from the groups that were less heard from.



8. Next steps

This feedback report has been independently compiled by Transforming Partners in Health and Care, and will be shared with West London NHS Trust, who will be considering feedback and the key themes as part of their decision-making processes. An emerging response will be produced by the Trust to further develop the proposal. Both documents will be shared with the West London NHS Trust Board in April 2023. Following this, they will be published online so that those who responded have the opportunity to understand what was said and how feedback has influenced the project.

Further opportunities for Local Authorities and other partners to review the feedback received and the Trusts emerging response is planned during April 2023.

The proposal is scheduled for a decision at the West London NHS Trust public Board meeting in May 2023 and with ratification of that decision at the North West London JHOSC in June 2023.



9. Appendices

Appendix 1 – Summary of communications and engagement activity

Table 6: Engagement summary - activities undertaken by WLT / engagement partners to reach local people and stakeholders

Activity	Numbers reached	Target audience
3 Online public events <ul style="list-style-type: none"> - 31 October - 23 November - 5 December 	8 people attended	All stakeholder groups
3 Face to face public events <ul style="list-style-type: none"> - Ealing (19 January) - Hounslow (27 January) - Hammersmith & Fulham (31 January) 	20 people attended	
Online survey	146 responses	All stakeholder groups
Healthwatch face to face survey in GP practices	301 responses	All stakeholder groups
Attendance at 14 community events <ul style="list-style-type: none"> - Health and Care Residents Forum (3 November) - Residents Forum @ Ealing Town Hall (4 November) - Two sessions with Hounslow Integrated Care Patient & Public Engagement (ICPPE) Committee (8 November and 31 January) - Acton Garden Community Centre – event for the black community (18 November) - Carers Council (21 November) - EVCS Mental health forum (25 November) - GOS&D's BAMER Dementia and Mental Health Event (8 December) 	237	Residents, service users, carers and those communities identified as most affected including Black communities and those with learning disabilities

<ul style="list-style-type: none"> - Mencap parents engagement event – event for those with a learning disability (18 January) - EACH Carers service user group (20 January) - Patient and Carer Participation Group (30 January) - Service User Forum (2 February) - Learning Disability Power Group (6 February) - Ealing Residents Forum (7 February) 		
<p>Outreach promotion</p> <ul style="list-style-type: none"> - Promotion in person at Ealing Broadway Station (via Each Counselling) - Promotion in person at Southall Station (via Each Counselling) 	N/A	All stakeholder groups
<p>Visit to Wolsey Wing with local Councillors and Ealing Save Our NHS</p>	N/A	Councillors and Ealing Save Our NHS
<p>Meetings with staff</p> <ul style="list-style-type: none"> - Hounslow IPC SLT - AHMS SMT Meeting - Local Team Forums/Meetings - Hounslow Borough Based Partnership Mental Health Meeting 	N/A	Staff
<p>Meetings with Overview and Scrutiny Committees</p> <ul style="list-style-type: none"> - North West London JHOSC (12 October) - Hammersmith & Fulham Scrutiny Committee (16 November) - Ealing Health and Adult Social Services Standing Scrutiny Panel (30 November) - Meeting with Ealing Scrutiny Panel Chair - Hounslow's Overview and Scrutiny Committee (15 February) 	N/A	Local Councillors

Table 7: Communications summary - activities undertaken by WLT to promote the engagement period

Activity	Numbers reached	Target audience
First wave: Newsletter/ launch email (Circulated digitally through Trust networks)	1056	Staff (working in WLT and wider teams such as SPA, CATT and LPS leads), voluntary and community organisations in Ealing
First wave: Newsletter/ launch email	N/A	Voluntary and community organisations in Hammersmith & Fulham and Hounslow
Second wave: Newsletter/ launch email (Circulated digitally through Trust networks)	1056	Staff (working in WLT and wider teams such as SPA, CATT and LPS leads), voluntary and community organisations in Ealing
Second wave: Newsletter circulated to Hounslow MH and Wellbeing Network	120 organisations	VCS and faith groups in Hounslow
Second wave: Newsletter circulated via Hammersmith & Fulham Council	N/A	Hammersmith & Fulham stakeholders
Exchange banner on intranet	4,250	Staff
Trust webpage – specific Ealing beds website	557 hits	All stakeholder groups
Letter to current/previous service users	1,993	Ealing inpatients who used Hope and Horizon wards from the past 3 years and CATT services
Proactive email/ letter/telephone calls (to raise awareness with Councillors, MPs, individuals, Public Health and VCS)	121 organisations/ individuals contacted	Organisations working with target groups identified in the EIA: people who maybe homeless, Black and other minority ethnic communities, carers, learning

organisations. And, to plan focus groups with community groups)		disabilities, physical disabilities and deprived communities. Also, Healthwatch Ealing, Hounslow and H&F organisations and Ealing and H&F Save Our NHS'
Video (embedded on website and shared via social media)	198 views	All stakeholder groups
Engagement document shared with ward staff	N/A	Staff and current patients and visitors. Tri-Borough MINT Teams, SPA, CATT and LPS leads, Trust Ward admin
Social media (53 posts across all channels)	938 interactions (like/comment/share)	All stakeholder groups
Posts on NextDoor App (1 post each in first and second wave of communications)	2,273 opens of the post	Residents in Ealing
Posts on Citizens Panel (1 post each in first and second wave of communications)	294 reads	Residents in Ealing
Ealing.news article	N/A	Ealing residents
Ealing Community Network article	N/A	Ealing residents
GP newsletter article	N/A	Tri-borough clinicians, circulated via NWL ICS
Information on GP screens	N/A	Ealing residents with a focus on deprived postcodes

Appendix 2 – List of organisations who responded

- EACH Counselling and Support
- Ealing Reclaim Social care action group
- Healthwatch Ealing
- London Borough of Hammersmith & Fulham
- North West London Integrated Care System
- Reliant Care
- West London Asian Society

Appendix 3 – Full demographic profile of respondents

Table 8: Q1. Please tell us if you (or someone you care for) have used any of the following, adult inpatient mental health, services in the last 3 years

Answer choices	Number	% of survey responses
Hope/ Horizon Wards in Ealing	44	10%
Charing Cross Hospital in Hammersmith & Fulham	20	4%
Lakeside Mental Health Unit in Hounslow	27	6%
I have not used any inpatient mental health services in the last 3 years	365	80%

Total number of responses: 456

Table 9: Q2A. In what capacity are you responding to this survey?

Answer choices	Number	% of survey responses
Carer or advocate for former patient/service user	17	4%
Current or former patient/ service user	26	6%
Member of the public	297	69%
Other public body/ stakeholder/political representative	3	1%
Voluntary organisation/ charity	9	2%
WLT Staff who work on adult inpatient mental health wards	40	9%
Other WLT staff	36	7%
Prefer not to say	9	2%

Total number of responses: 428



Table 10: Q3. Please tell us which borough you live (or work) in?

Answer choices	Number	% of survey responses
Ealing	388	85%
Hammersmith and Fulham	15	3%
Hounslow	30	7%
Another borough	22	5%

Total number of responses: 456

Table 11: Q4. Please tell us the first part of your postcode

Answer choices	Number	% of survey responses
HA2	1	0.3%
HP8	1	0.3%
N14	1	0.3%
NW10	2	0.6%
RG8	1	0.3%
SW6	2	0.6%
TW	1	0.3%
TW1	2	0.6%
TW3	2	0.6%
TW4	3	1%
TW7	5	1%
TW8	2	0.6%
TW12	1	0.3%
TW13	2	0.6%
UB	3	1%
UB1	53	15%
UB2	22	6%
UB3	5	1%
UB4	12	3%
UB5	74	22%
UB6	31	9%
UB8	1	0.3%
UB9	1	0.3%
W	1	0.3%
W3	50	15%
W4	12	3%
W5	21	6%
W6	5	1%
W7	15	4%
W12	1	0.3%
W13	11	3%



Total number of responses: 344

Table 12: Q5. How old are you?

Answer choices	Number	% of survey responses
16-17	2	1%
18-25	44	10%
26-40	135	31%
41-65	182	42%
66-69	31	7%
70+	32	7%
Prefer not to say	9	2%

Total number of responses: 435

Table 13: Q6. Which of the following options best describes how you think of yourself?

Answer choices	Number	% of survey responses
Female	258	58%
Male	173	39%
Other	4	1%
Prefer not to say	9	2%

Total number of responses: 444

Table 14: Q7. Is your gender identity the same as the gender you were given at birth?

Answer choices	Number	% of survey responses
Yes	311	97%
No	3	1%
Prefer not to say	7	2%

Total number of responses: 321

Table 15: Q8. Do you consider yourself to have a disability?

Answer choices	Number	% of survey responses
Yes	73	17%
No	347	86%

Total number of responses: 420



Specific conditions/ health issues provided:**Mental health**

- Anxiety
- Severe depression
- PTSD
- Mild Schizophrenia
- Disassociation
- Emotional borderline personality disorder
- Bipolar disorder

Respiratory conditions

- COPD
- Asthma
- Chronic lung disease

Learning difficulties

- Dyslexia
- ADHD
- Dyspraxia

Sensory impairments

- Partially sighted/ use glasses
- Hard of hearing/ use hearing aid

Physical disabilities/ conditions

- Back problems
- Wheelchair bound
- Help to walk
- Limited joint movement
- Immobility
- Spinal damage
- Arm paralysis

Long-term conditions

- Epilepsy
- Arthritis
- Low blood pressure
- Diabetes
- Fibromyalgia
- Osteoarthritis
- Psoriasis Arthritis
- Achalasia
- Migraines
- ASD

Table 16: Q9. Which of the following best describes your sexual orientation?

Answer choices	Number	% of survey responses
Heterosexual/straight	357	85%
Gay	9	2%
Lesbian	5	1%
Bisexual	8	2%
Other	3	1%
Prefer not to say	38	9%



Total number of responses: 420

Table 17: Q10. What is your ethnic group?

Answer choices	Number	% of survey responses
White: British/English/Scottish/Northern Irish/Irish/ Welsh	154	36%
White: Any other White background	41	9%
Mixed: White and Asian	8	2%
Mixed: White and Black African	3	0.5%
Mixed: White and Black Caribbean	4	1%
Mixed: Any other mixed background	9	2%
Black or Black British: Black – Caribbean	22	5%
Black or Black British: Black – African	24	6%
Black or Black British: Any other Black background	3	0.5%
Asian/Asian British: Indian	67	16%
Asian/Asian British: Pakistani	26	6%
Asian/Asian British: Chinese	8	2%
Asian/Asian British: Bangladeshi	9	2%
Asian/Asian British: Any other Asian background	39	9%
Other ethnic background:	5	1%
Prefer not to say	10	2%

Total number of responses: 432

Other stated ethnic groups

- African
- Polish
- New Zealand
- Belgium
- Somali
- Caucasian
- European
- Italian
- Australian

Table 18: Q11. What is your religion or belief?

Answer choices	Number	% of survey responses
No religion	106	25%
Buddhist	7	2%
Christian	127	30%
Hindu	34	8%
Jewish	1	0.2%
Muslim	66	16%



Sikh	35	8%
Atheist	8	3%
Agnostic	6	1%
Any other religion	5	0.8%
Prefer not to say	26	6%

Total number of responses: 421

Other stated religions or beliefs:

- Islam
- Quaker
- Wicca

Appendix 4 - Feedback themes by prevalence

Feedback from all sources (events, survey responses, individual correspondence and social media comments) have been thematically analysed to understand key themes and trends. The below tables set out feedback received and the number of mentions, highlighting areas of agreement and consensus across all stakeholder groups.

Table 19: Impact of permanently moving inpatient mental health beds from St. Bernard's Hospital in Ealing to Lakeside Unit

Feedback theme	Number of mentions
Feedback about the proposal	
Sounds well thought out/ supportive of the proposal	9
Do not agree with/ opposed to the proposal	22
Proposal negatively impacts Ealing residents	26
Clarity on any new services that will be provided, with reinvestment monies, to compensate for loss of beds	6
People do not want to be cared for out of borough in an unfamiliar facility/ area	8
Services are not set up to support complex mental health issues in community	5
Perception that it will become harder to access inpatient services and waiting times will increase	5
The proposal doesn't include clear evidence the beds are not needed	4



Unacceptable that monies saved from the closure of inpatient beds is being used to fund a HBPOS in another borough	1
Monies saved from the closure have been used to support services across the three boroughs, meaning a greater loss for Ealing	1
Need reassurance that Ealing money/investment is looking after Ealing residents	3
Belief that the proposal is financially motivated	9
Belief that the proposal is about strategic estates moves	3
Have known for a long time that a solution is needed but nothing has been done	3
Better to invest in Lakeside and Hammersmith & Fulham as they are already relatively modern	1
Proposal does not explain needs of patients and how the new facilities will meet these	4
Project has been going on for some time and has not come up with any proposals other than moving services out of Ealing	1
Proposal is in line with trend of sending patients outside of their borough for treatment	1
Request for information to be shared about different stages of the process, to increase transparency, including options appraisal process and usage of money saved following the suspension	7
Desire to understand the impact on community services, if the proposal is implemented	7
Questions over whether the quality of care will be the same, if services are permanently relocated	2
What is the cost difference of providing a service to an Ealing patient in Ealing vs in Hammersmith & Fulham or Hounslow	1
Need to publish the business case for this change and enable the public to comment	1
Feeling the proposal goes against other decisions made in previous public documents	1
Will this result in greater use of the private sector	2



What is the alternative plan should this proposal not be implemented	2
How have high suicide rates across the three boroughs been factored into the proposal	2
Questions over whether additional funding for community services is contingent on closing Hope and Horizon wards	1
What is the long term plan, should demand increase	3
Retaining services in Ealing	
Shouldn't move inpatient services to a different borough/ need to keep inpatient services in Ealing	86
Ealing is a large and growing borough and should have it's own services as demand is rising	25
Could the "best" rooms in Hope and Horizon wards be used to enable some provision to stay local	6
Should be funding new build in Ealing so that services are fit for purpose	31
Need services in each of the boroughs	8
Lakeside Unit/ Charing Cross wards	
Would prefer to go to Lakeside Unit/ Charing Cross if it is a better environment	10
Staff prefer beds at Lakeside	2
Positive service user experience of Lakeside Unit	2
Lakeside Unit has no parking for visitors	9
Lakeside Unit feels overcrowded	1
Proposal does not fairly present challenges with Lakeside Unit and Charing Cross sites – there are still challenges with ligature points, for example	3
Need to feel Lakeside is credible	1
Is Lakeside being given extra resources	1
St. Bernards Hospital estate and Hope and Horizon wards	



Recognition that Hope and Horizon ward environment is not appropriate for modern day healthcare	17
Ealing unit felt safe and easy to access – it was walkable for many and the local community depends on this service	9
WLT should be funding refurbishment of the wards, to bring them up to standard	15
The proposal will mean less money coming in for investment in and upkeep of this historic building	4
Questions around the future of St. Bernards Hospital/ Wolsey Wing and how it will be used	8
Suggestion to repurpose St. Bernards Hospital/ Wolsey Wing as a recovery house or other facility	2
Having a small lift is not a good enough justification for removing services	1
There have been opportunities to find other estate in Ealing, but other parts of the site have been sold off for private housing	1
Confirmation of what services are still provided on the site/ why they have been deemed safe to remain	4
Would like to see other modern sites to compare Hope and Horizon wards with these	1
Belief that Wolsey Wing has been allowed to deteriorate as problems have existed with the site for many years	6
Worst parts of Hope and Horizon have been depicted in the film, making it appear worse than it is	2
Bed capacity, numbers and management	
Belief that an increase in beds is needed/ that the 31 beds should be reinstated	21
Recognising that the proposal means significant loss of beds for Ealing residents, which cannot be endorsed	54
If inpatient beds are lost, they need to be replaced with other kinds of beds	6



West London NHS Trust and the North West London ICS need to supply Ealing with beds and proper mental health provision for adults and children in Ealing	994
Other beds available in Ealing are not suitable for crisis patients and so are not a like for like replacement for the loss of beds	5
Belief that the pressure for beds will remain extremely high/ that there is a shortage of beds	22
Concerns that, due to tight bed management, people could be discharged early, presenting a risk to patients	17
Mental health challenges in the area would get worse as the perception is people are waiting longer for care	9
Perception that readmittance rates are high, due to early discharge to manage bed numbers	5
Questions over what the demand and capacity modelling shows – are these the right number of beds to match current and future demand	7
Recognition that, overall, there is a larger volume of bed – despite the reduction in adult inpatient beds	2
Consider introducing some short-term beds for 3 day stays for when people are in crisis	1
Further information needed to understand the impact on Ealing residents if other boroughs close their beds	1
Step-down beds in Ealing are very welcome	1
Impact on other boroughs	
Staff in Hounslow will be negatively affected, if the change is made permanent	1
Bed numbers in Hounslow, Hammersmith & Fulham will be negatively impacted by increasing demand from Ealing residents	12
Concern around whether Lakeside and Charing Cross can cope with demand	9
Making the change permanent may lead to more opportunities for residents of Hounslow	1
HBPoS appears to be reducing available space at Lakeside	1



Proposal directly affects residents in the other two boroughs and these have not been considered	2
Hammersmith & Fulham residents do not want to travel out of borough for services	1
Impact on service users, families and carers	
Proposal doesn't impact them, however recognised that others who use services would be affected	150
Service users recovery will be negatively impacted by being further away from family, friends, networks and communities that support them, increasing isolation. Including not being able to easily access cultural support.	25
People will not be able to visit as often making the situation more stressful for visitors	36
Visiting hours should be less restricted to compensate for longer travel times	4
Service user experience will be negatively affected	10
Due to travel time, staff are more likely to attend meetings online impacting on the therapeutic relationship	2
Impact on staff	
Takes away job opportunities for those who live in Ealing	2
Feeling that this change will put a lot of pressure on staff and not enough time for staff to really know their clients	6
Desire to understand staff feedback about the move of services to Lakeside	1
Having patients in Ealing would challenge staff resource	1
Ealing is more accessible for staff	2
Perception that work space has and is being lost/ that there is reduced space to see service users face to face	2
Continuity of care and discharge	
Supporting services may have increased travel time to support service users when they are discharged back to Ealing	2



Perception that service users are likely to experience disjointed discharge if being treated out of borough. Concerns over connection to local Crisis teams, community services and Local Authority Social Work teams	31
Cross borough working negatively impacts continuity of care	3
Desire to have an overview of the pathway and how this connects to prevention and discharge	1
Desire to understand what changes are being made to the discharge process to reduce variation	3
Travel and access	
The proposal will mean increased travel time for service users, families and carers	155
Public transport is not accessible and can be overwhelming for those who do not travel regularly, are old/frail	23
Travel costs will increase and present challenges for more disadvantaged communities	14
Being happy to travel for services needed/ additional travel time not an issue	17
Perceived delays in admittance/ access – if all beds are full, people from which boroughs get first access to available beds?	16
Being less likely to access services, if needed, if it's further away	10
If you have a mental health condition, you'll be unlikely to have the capacity to travel to another borough	6
Making a longer journey is an additional burden to think about at an already stressful time for family and friends	6
Will the additional travel time dissuade police/ local services from admitting those that need to be admitted	1
Engagement process	
Greater awareness needed of this change/ further engagement to hear patient voice	13
Engagement process not robust enough – should have been formally consulting	7



Engagement with local authority not sufficient	5
Low uptake/awareness of engagement opportunity	4
Engagement process does not focus on the issue of bed closures	3
Different approaches needed to truly hear people i.e. direct engagement with certain communities	2
Suggest an extension to the engagement period to hear from more people	2
Engagement process has been good	1
Seeking evidence that a diverse range of people have been engaged	1
Decision making and next steps	
Questions over how the change will be implemented	1
Belief that the decision has already been made and that thoughts and feelings have not been considered or won't affect the decision	13
Questions over why the change needs to be permanent and how frequently the decision would be reviewed	8
Seeking reassurance that feedback will be considered before a decision is made	2
Feedback about current inpatient services	
Need more clinical staff and less managers in inpatient wards and community services	12
Questions over staffing levels since the suspension of Hope and Horizon wards	2
Staff need more time to escort patients outside	3
Staff need sensitivity training/ to be more caring	2
Need more information about what is provided on Robin ward	1
Questions over whether medical files are safe for transfer with existing patients	1
Concerns over ambulance wait times	1
Other mental health provision in Ealing	



Shortage of mental health provision for adults and for children in Ealing is unacceptable	994
Community services need to be better resourced and more responsive to support any planned changes to inpatient services	33
Greater awareness needed of other mental health provision in Ealing, for all ages, and how to access	8
Greater support at home needed	2
Clarity needed on the local provision for under 65s and whether this is within reasonable travelling distance for Ealing residents	2
Positive experience of Amadeus House	1
Getting consistent remote support has been a challenge	1
MINT service not very responsive and has staff shortages which increases pressure on the service	3
Feeling a review of the function of crisis teams is needed to better support prevention of suicide and self-harm	2
Crisis plans need to be formulated with patients and carers	2
Patient choice about where they receive their care is important	1
Community and outpatient services are not responsive and people have given up trying to access these	2
Equalities considerations	
Proposal will adversely affect BAME and other minority communities/ further work needs to be done to increase uptake	5
No explanation/ exploration of why there are low referral rate from PCNs in poorer areas to community mental health services	2
Proposal will adversely affect those on lower incomes	4
If the facility at Charing Cross is for male patients only, the proposal may have a more serious impact on female patients, due to more limited access to services	2
Access to culturally appropriate services in Ealing is essential	1
Concerned the proposal makes it more difficult to provide gender-segregated ward and cater for LGBTQ+ preferences	2



How have potential increase in demand for the service from communities such as refugees and service personnel been factored into the proposal	1
Those from the learning disability community did not feel the project was relevant/important to them	2

Table 20: Suggested improvements to the travel reimbursement scheme

Feedback theme	Number of mentions
General feedback about the draft reimbursement scheme	
Reimbursement scheme not substantial enough/ don't believe it will support people	2
The scheme is not necessary/ should not be introduced	9
Scheme is good/ helpful	11
Unsure how much people would use it – people don't tend to claim things back	7
Need to ensure it is well promoted so that people use it	2
It will be an extra burden on staff to support people to claim/ explain process	5
Should cater better for those who have issues travelling, i.e., those with disabilities, older people, carers, those with anxiety etc.	6
Need to consider how sustainable it will be to reimburse travel in this way in the long-term/ has the scheme been costed	4
Should consider promoting the scheme/ having claim forms in other languages/ for people whose first language is not English	2
Money to fund reimbursement scheme should be used instead to retain beds in Ealing	1
Once a claim is submitted, reimbursement should be quick	4
There is a lot of poverty in Ealing – need more than a travel reimbursement scheme to deal with this	1



Questions over whether a scheme has been in place since the temporary suspension of wards	2
Further involvement needed to develop and finalise the scheme	1
How you submit a claim	
Process/forms needs to be easy	20
Some people are vulnerable and are not able to complete these kinds of forms	3
Getting paper receipts may be difficult when most things are paperless	10
Online submission of claim should be available i.e. via an app	30
Online submission of claim is not compatible with people who are digitally excluded	2
Questions over whether a claim would need to be submitted on-site at Lakeside	1
Preference to submit a claim on-site at Lakeside	1
Digital receipts should be accepted	1
Reimbursement process seems complex/ off-putting/ stressful and has too many criteria	29
What you could claim for	
Revisit only allowing the cheapest routes as these increase travel time	5
Should be able to claim from work to the unit, not just from home	2
Include private travel (taxis) for those unable to use public transport (i.e., with physical disabilities/sensory impairments)	11
There should be an agreement between the ward and visitor about acceptable frequency, mode of transport and cost – on a case-by-case basis	4
Reimbursement should include travel by car	6
Reimburse all travel to / from hospitals	6
Parking fee should also be free	2



How often you could claim	
Claims should be unlimited rather than restricted to 2 claims per week	41
Twice a week is generous/ reasonable	3
Set a monthly limit rather than weekly	4
Who could claim	
Should be accessible to all patient visitors i.e. friends as well as family	10
Impossible to identify who may be most deserving of reimbursement	2
Scheme should include all Ealing postcodes and broader geographies – as visitors can come from anywhere	73
Scheme should also include people from Ealing travelling to Charing Cross in Hammersmith	1
Visitors with freedom passes should not need reimbursement	1
Reimbursement should be for those most in need, on low incomes, who would feel the benefit. Those who can afford travel should not be able to claim.	11
Staff should be able to claim	14
Suggested revisions to the scheme	
Consider providing pre-paid travel cards/ paying people in advance of their journey	8
People cannot always afford to pay then claim back (e.g. carers and those on low incomes)	16
Professionals should organise private travel for visitors	1
Contract with a taxi company so Trust pays the company directly	1
The scheme should be flexible on days when there are strikes	2
Work with the dial a bus service/ Ealing Community Transport (ECT) to provide free transport	7
Should not have a timeframe within which to claim	1
Consider providing a free bus pass for visitors	5



Provide a transport service like Ealing Community Transport/ free transport	5
Work with TFL to introduce a new bus route to help access services out of borough	1

