

Communications and engagement report:

Patient and Public Engagement to Support the Review of Hospital Services – Phase 1b engagement report

February 2018

Summary

This is a report of the second phase of engagement with the public and patients to look at hospital services in South Yorkshire, Bassetlaw and Chesterfield.

The purpose of phase one of the engagement was to understand from a patient and public's perspective what makes a sustainable health service, what is important to them about hospital services and to support the development of a series of principles to inform the work looking at hospital services. A summary document which covers an overview of the engagement; an overview of the feedback and how the feedback was taken into account can be found on our website:

https://www.healthandcaretogethersyb.co.uk/application/files/3515/0903/4254/Hospital_Services_Patient_and_Public_Engagement_Report.pdf

The purpose of phase 1B (to which this report refers) was to:

- Receive patient and public input into the development of evaluation criteria that will be used to assess options going forwards
- Engage with patients and the public to understand their main concerns around the five services (upon which the review focuses) and to ask for their ideas on good practice.

This report sets out the outcomes of this phase of engagement, which took place between October 2017-February 2018, and outlines how the engagement has been used and will continue to be used by the review team to impact on the review. An initial summary of some of this material was included in the Stage 1B Report of the Hospital Services Review, which was published in January 2018 while Phase 1B of the engagement was being completed.

Hospital Services Review

South and Mid Yorkshire, Bassetlaw and North Derbyshire: Summary of Patient and Public Engagement to Support the Review of Hospital Services

Second Patient and Public Engagement Report: February 2018

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1. Introduction

This report summarises the feedback from engagement activities with patients and the public across South Yorkshire, Bassetlaw, North Derbyshire and Mid Yorkshire during the period September 2017– February 2018. The purpose of the engagement was two-fold:

- Receive patient and public input into the development of evaluation criteria to be used to assess options going forwards
- Engage with patients and the public to understand their main concerns around the five services (upon which the review focuses) and ask for their ideas on good practice.

This engagement, which was developed and delivered by the Accountable Care System communications team, was the second phase of a long term programme of engagement to inform the review.

The purpose of phase 1A of the engagement was to understand from a patient and public perspective what makes a sustainable health service, what is important to them about hospital services and to support the development of a series of principles to inform the work looking at hospital services. A summary document which covers an overview of the engagement; an overview of the feedback and how the feedback was taken into account can be found on our website:

https://www.healthandcaretogethersyb.co.uk/application/files/3515/0903/4254/Hospital_Services_Patient_and_Public_Engagement_Report.pdf

The purpose of phase 1B (to which this report refers) was to:

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- Engage with patients and the public to understand their main concerns around the five services (upon which the review focuses) and to ask for their ideas on good practice.

This report sets out the outcomes of this phase of engagement, which took place between October 2017-February 2018, and outlines how the engagement has already been used and will continue to be used by the review team to impact on the review.

An initial summary of some of this material was included in the Stage 1B Report of the Hospital Services Review, which was published in January 2018 while Phase 1B engagement was being completed.

An action planner for the full communications and engagement approach for the hospital services review can be found at appendix 8. Please note this is a working document and is subject to change post-publication of this report.

2. Background

The South Yorkshire and Bassetlaw (SYB) Accountable Care System, as well as the acute providers in Mid Yorkshire and North Derbyshire are in the process of developing plans to put their health economies onto a more sustainable footing and to deliver better services for patients. One important part of this is to ensure that acute hospital services are providing good quality care for patients, and are sustainable for the future.

To support this process an independent review of acute hospital services was commissioned to set out recommendations around how acute services might be made more sustainable. The review covers five acute hospitals which are within the geographical footprint of the SYB ACS (Barnsley Hospital NHS Foundation Trust; Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust; The Rotherham NHS Foundation Trust; Sheffield Children's NHS Foundation Trust; and Sheffield Teaching Hospitals NHS Foundation Trust). The review also includes two acute hospitals outside the ACS (Chesterfield Royal Hospital NHS Foundation Trust, and Mid Yorkshire Hospitals NHS Trust) since these have significant patient flows to and from SYB for some services.

During the course of the review, three Review reports will be published. The 1A and 1B reports have already been published and are available on our website: <https://www.healthandcaretogethersyb.co.uk/what-we-do/working-together-future-proof-services/looking-at-hospital-services> The stage 2 report is due for publication in May 2018.

Alongside these three reports of the Review, three reports about public engagement will be published. This is the second engagement report. The themes from it will feed into the next stage of the Hospital Services Review, which will put forward a number of recommendations about how acute hospital services might be put on a sustainable footing for the future in South Yorkshire and Bassetlaw.

3. Purpose

The purpose of the Phase 1B engagement was two-fold, to:

- Receive patient and public input into the development of evaluation criteria to be used to assess options going forwards
- Engage with patients and the public to understand their main concerns around the five services (upon which the review focuses) and to ask for their ideas on good practice.

Evaluation Criteria

The engagement activity to receive patient and public input into the development of evaluation criteria was closed at the end of November.

The hospital services review is developing a large number of possible options and must have a model for narrowing down the options to decide which ones to include in the final report. Full details around this use of the evaluation criteria to narrow down the options can be found in the 1B report [http://www.healthandcaredtogethersyb.co.uk/application/files/9615/1809/8702/Hospital Services Review 1b report.pdf](http://www.healthandcaredtogethersyb.co.uk/application/files/9615/1809/8702/Hospital%20Services%20Review%201b%20report.pdf) and a separate summary evaluation report [http://www.healthandcaredtogethersyb.co.uk/application/files/8515/2000/0727/13. Evaluation criteria.pdf](http://www.healthandcaredtogethersyb.co.uk/application/files/8515/2000/0727/13.Evaluation%20criteria.pdf)

The review team drew on the terms of reference of the review, conversations with stakeholders, and examples from previous NHS consultations to develop a longlist of factors which might be relevant evaluation criteria.

Patient and public input was used alongside input from clinicians and system leaders to identify what they considered to be the most important issues in considering options going forward, from this longlist. Patients and the public were asked to identify how important they thought each issue was from the following:

- That the care is as good as national guidance says it should be and how we deliver the care is as good as other areas in the country
- That there are enough qualified, permanent staff to run the service safely for patients
- That the doctors see enough patients to practice their skills regularly
- That ALL people in South Yorkshire, Bassetlaw and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialized doctors and nurses and have access to the best technology for their care
- That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided
- That all patients can get to emergency services within safe timescales by ambulance
- That the service can meet required standards on waiting times
- That the service can offer care that's not just 9am-5pm Monday to Friday
- That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills
- That the service does not cost more to run than it currently does
- That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources

The priority issues identified by patients and the public, combined with those identified by clinicians and system leaders were used to identify five themes for the criteria. See the summary evaluation report [http://www.healthandcaredtogethersyb.co.uk/application/files/8515/2000/0727/13. Evaluation criteria.pdf](http://www.healthandcaredtogethersyb.co.uk/application/files/8515/2000/0727/13.Evaluation%20criteria.pdf) for more information.

Understanding concerns and ideas for good practice

The engagement activity to understand patient and the public's main concerns around these five services, and to ask them for their ideas on good practice, took place between October 2017 and February 2018.

Patients and the public were asked if they had used any of the five services upon which the review is focusing (care during pregnancy and for mother and baby; urgent and emergency care; care for poorly children who need a hospital service; care for people who have a stroke; care for stomach and intestine conditions) and if so what made their experience of that service good and what (if anything) could have been done differently or better.

Patients and the public were then asked, even if they didn't have experience of the services, what in their opinion would make care the best it could be in each of the five service areas.

Finally patients and the public were asked regarding the five areas upon which the review focuses, if they had seen any examples of excellent care elsewhere in the last two years.

4. Overview of engagement undertaken

This is the second phase of a long term programme of engagement with patients and the public which has been developed and delivered by the Accountable or Integrated Care System communications and engagement team. It included:

An online survey which invited public to give their views on, and ideas for, the five core services. Until Mid-November the survey also included a series of questions on people's priorities for the evaluation criteria (these priorities were relayed to the Clinical Working Groups to inform their discussions). The online survey was promoted via regular social media promotion, promotion in partners' communications mechanisms, web presence, and distribution of the link via existing engagement networks held by Healthwatch and other voluntary/community/faith sector organisations, the CCGs and the ICS team's own database. A summary analysis of the online survey (combined with the paper-based responses and categorised as self-completion) is attached at Appendix 1.

A telephone survey of a random sample of 1000 members of the public who were selected to be as representative as possible of the demographic makeup of South Yorkshire and Bassetlaw. A summary analysis of the telephone survey is attached at Appendix 1.

Sessions with seldom heard groups, arranged with the help of organisations in the voluntary sector. This included face to face sessions with people from seldom heard groups including: young mothers, asylum seekers and refugees, members of ESOL (non-english speaking) groups, members of the deaf and mute community, Pakistani and Somali women, members of the Roma community, members of the LGBT community, young people's groups, elderly people's groups, recovering addicts, current drug and alcohol addicts, members of a support group for people with physical and/ or mental health conditions, and young people from the autistic

community. Two summary reports of the outcomes of these sessions can be found at Appendices 2 and 3.

Public event open to anyone in South Yorkshire and Bassetlaw. This event, attended by 68 people from across the footprint, took place in The Source, Sheffield on 6th December. Invites to the event were promoted via regular social media promotion, promotion in partners' communications mechanisms, web presence, and distribution of the link via existing engagement networks held by Healthwatch and other voluntary/community/faith sector organisations, the CCGs and the ICS team's own database. A summary of the event is attached at Appendix 5.

A session with the Youth Forum of Sheffield Children's NHS Foundation Trust was held to ensure the voices of young patients are heard around services for children and young people. A summary of this session is attached at Appendix 4.

Face to face drop-in sessions for the public in individual places within the footprint of South Yorkshire and Bassetlaw. These were held in Barnsley on 14 November 2017; Rotherham on 12th December; Bassetlaw on 19th December and Doncaster on 19th December. These events were led and marketed by the CCGs in each place. Sheffield CCG made the decision not to hold a local event due to the regional consultation taking place in Sheffield in the same timescale; it was felt that running events on two different issues would be confusing to the public. A summary report from these sessions is attached at Appendix 6.

Patient discussions in North Derbyshire. Chesterfield Hospital is within the scope of the Hospital Services Review so events were also held by North Derbyshire CCG. Rather than hold face to face drop-in sessions, North Derbyshire CCG had conversations about the Hospital Services Review in three sessions with their GP Practice Patient Participation Networks and with their North Derbyshire CCG Patient Reference Group. Their feedback reports are attached at Appendix 7.

Paper-based surveys were also made available at a range of events, by request, and were given out in hospital out-patient department waiting areas, main entrances, and areas convenient for staff, including Sheffield Children's hospital on 20th and 27th November, Rotherham hospital on 29th January and Chesterfield hospital on 23rd January. A summary analysis of the paper-based survey responses (combined with the online responses and categorised as self-completion) is attached at Appendix 1.

5. Demographic information

Total number of participants/ contributions:

1849

Please tell us if you are answering as:

A member of the public	1438
A member of NHS staff	247

NB: This information was not recorded in all engagement activity and/or not all respondents chose to provide this information

Where are you answering from?

Barnsley	386
Bassetlaw	161
Doncaster	248
North Derbyshire / Chesterfield	193
Rotherham	302
Sheffield	494
Other	17

NB: This information was not recorded in all engagement activity and/ or not all respondents chose to provide this information

What age are you?

0-15	9
16-24	32
25-34	41
35-44	27
45-54	26
55-64	18
65+	45

0-34	246
35-54	604
55+	671

NB: Age was captured differently in different engagement streams, as represented by the two tables. This information was not recorded in all engagement activity and/or not all respondents chose to provide this information

What is your sex?

Male	593
Female	1126
Other	1

NB: This information was not recorded in all engagement activity and/ or not all respondents chose to provide this information

Have you gone through any part of a process, or do you intend to (including thoughts or actions) to bring your physical sex appearance, and/ or your gender role, more in line with your gender identity?

Yes	7
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No	46
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NB: This information was not recorded in all engagement activity and/or not all respondents chose to provide this information

Which of the following best describes your sexual orientation?

Heterosexual	43
Gay	1
Lesbian	2
Bisexual	2
Other	1

NB: This information was not recorded in all engagement activity and/or not all respondents chose to provide this information

What is your ethnic group?

Asian/ Asian British	19
Black/ African/ Caribbean/ Black British	19
Mixed/ Multiple ethnic groups	19
White	134
Other	7

NB: This information was not recorded in all engagement activity and/or not all respondents chose to provide this information

What is your religion?

No religion	23
Atheist	2
Buddhist	0
Christian	25
Hindu	0
Jewish	0
Muslim	2
Sikh	1

NB: This information was not recorded in all engagement activity and/or not all respondents chose to provide this information

Are your day to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months?

Yes limited a lot	208
Yes limited a little	273
No	1159

NB: This information was not recorded in all engagement activity and/ or not all respondents chose to provide this information

6. Overview of feedback

Have you or a member of your family used (or worked in) any of the following services in the last 2 years? Please tell us what made your experience of this service(s) good

Soft skills (including staff being empathetic, caring and friendly) and being satisfied with the overall service received were the most influential factors for respondents to the tele-survey, with staff soft skills and staff knowledge and expertise being the most consistent response from the people completing the online or paper-based surveys. Both groups also noted the quality of care, and availability, ease and speed of getting appointments as important factors in making their experience of a service positive.

'My late husband was in the stomach and intestines service when he died. The staff, doctors and nurses were superb and so compassionate and caring.' (Survey respondent from Barnsley)

Soft skills of staff were also the most frequently referred to positive experience of the seldom heard groups. *'Staff were friendly and had time for you even though they were extremely busy.'* (Seldom heard group respondent)

'The staff couldn't work any harder than they were already doing.' (Seldom heard group respondent)

'One patient opposite me in the hospital bed, well, he just went really quiet. He didn't press the help button but before I knew it a nurse came out of nowhere and just said to him 'are you okay lovely?' his face just lit up. That made me smile.' (Seldom heard group respondent)

Speaking about their experiences of acutely unwell children's services at Sheffield Children's Trust the Youth Forum were particularly positive about the staff, referring to them as friendly and good at communicating. They also felt positive about a welcoming environment, consistency of staff, low waiting times and being treated in an age appropriate way.

- 11 *'Staff in all wards and departments are friendly and they communicate with you as an individual and make sure that you understand.'* (Youth Forum attendee)

Speaking about their experiences of A&E the Sheffield Children's Trust Youth Forum were positive about having been seen quickly and staff being friendly.

Attendees at the Chesterfield PPG Network praised 'responsiveness' of stroke services, *'I want to acknowledge the developments in stroke care over the last 10 years and the excellent responsive service that is now available to patients at Chesterfield Royal.'*

Please tell us if you think there is anything we could have done differently or better

Many respondents to the surveys felt that there was nothing that could be done differently to improve services, however others suggested improving quality of care, reducing waiting times, increasing staffing and improving communications would make their experience more positive.

'I worry about the amount of clinical supervision. Junior doctors don't have access to the appropriate expertise which can lead to bad decisions.' (Survey respondent from Bassetlaw)

'More available appointments. It takes one month to see the doctor!' (Survey respondent from Chesterfield)

Seldom heard groups were concerned about waiting times in all services from community, primary care through to all the hospital services, *'Long waiting times in A&E, it can be difficult waiting when feeling agitated.'*

'The care I got was good but getting through to the doctor and waiting is bad.'
'Waiting times with a child are too long. There's nowhere to breastfeed a baby in the waiting area.'
'The long waiting times are not acceptable.'
(Seldom heard group respondents)

Improved communication was a theme for the seldom heard groups, *'I stayed in hospital for a week. During the day care was good but information given poor.'*

'Better public information via community groups would be good.' (Seldom heard group respondent)

'Talk to people in a personal way.' (Seldom heard group respondent)

'Explain what's happening to the patients in more details so that they are not panicking and worrying.' (Seldom heard group respondent)

¹² The seldom heard groups particularly highlighted communications issues relating to language barriers and interpreters, *'More signage (eg drawings rather than word) around the hospital so that people can find their way more easily.'*

Youth Forum attendees highlighted that the sharing of information and resources between more than one hospital and GPs could be better.

'In many cases you have to make sure that each service has talked to each other, then it doesn't cause long delays and an appointment isn't wasted.' (Youth Forum attendee)

Seldom heard group respondents felt that their vulnerabilities weren't always taken account of, particularly around addiction and mental health conditions.

'I felt the doctors were judgemental due to my past addictions.'
'People are people whatever their circumstances.'
'My mental health problems weren't accommodated for, I didn't feel they understood me and what I was going through.'

(Seldom heard group respondents)

Other comments included:

'It is so hard to get discharged from hospital – paperwork always seems to be done after 5pm despite being ready to go at 10am' (Regional event attendee)

'Paramedics were amazing on the night trying to do everything that they could, however it took 3 ambulances and car to get the right equipment together.' (Seldom heard group respondent)

'Once you're through the door and on the ward you can't leave to go for a cigarette, leaves smokers frustrated and craving nicotine.' (Seldom heard group respondent)

In your opinion what would make care during pregnancy and for mother-and-baby (maternity) the best it could be?

Patient experience data shows experiences of maternity services in the region are generally good, with Friends and Family Test scores showing 93% - 100% of respondents saying they would recommend the hospital in which they'd received their antenatal care; 95% - 100% of respondents saying they would recommend the hospital in which they'd given birth; 88% - 100% of respondents saying they would recommend the hospital in which they'd received their postnatal care.

Respondents to the surveys, and from seldom heard groups raised particular concerns about shortages of midwives and the impact this has on patient care.

'More staff would help, for more personal care for the mothers. They have to run about. When someone is pregnant they need reassurance.' (Survey respondent from Doncaster)

Attendees at the regional event and at the Rotherham public event said that one problem with the traditional routes for training staff was that some people might not be academic enough for a degree-based route but could still be excellent midwives or other healthcare staff. There was a suggestion that there should be more vocational routes into training for such staff.

'Midwifery is too hard to get into! There's no funding – it needs to be more vocational.' (Regional event attendee)

There was discussion in the public events (particularly in Barnsley and at the regional event) about how the system balances patient choice with patient risk. Comments focused in particular on home births and midwifery led units, with some people in favour of these and some concerned that they exposed women to higher levels of risk. Respondents to the online and paper-based surveys suggested that locally available services was important for making maternity services the best they could be.

'Choice for women is very important, so they can give birth in the way they choose subject to medical constraints.' (North Derbyshire CCG Patient Reference Group attendee)

'Streamline patients to be seen more by community midwives in their homes to relieve hospital pressures.' (Regional event attendee)

'It's very important that all babies are born in their own towns ie Barnsley, Rotherham etc.' (Regional event attendee)

'Make sure there's maternity within 15 or 20 minutes.' (Survey respondent from Rotherham)

Respondents from the seldom heard groups said that the most important thing was that the environment needed to be calm and relaxing in any kind of unit and said that at the moment that was not always the experience. They raised better care for mums who suffer miscarriage. They also highlighted a need for improved communication.

'Keep people informed all the way through'

'Provide more information about health and hospital services available'

'Effective communication with mother at each stage about what's happening and her rights'

(Seldom heard group respondents)

In your opinion what would make care when you need it urgently (urgent and emergency care) the best it could be?

Experiences of A&E services in the region are generally good, with Friends and Family Test scores showing 81% - 93% of respondents saying they would recommend the hospital in which they'd received their A&E care.

Respondents from across all the patient and public groups, particularly the seldom heard groups, wanted to see a reduction in waiting times at A&E.

14 *'Reduce waiting times'*

'Waiting times need to be shorter'

'Shorter time frames of response'

'More people on service so it's quicker to be seen'

(Seldom heard group respondents)

Improved response times was also the key theme to emerge from the survey responses. *'Quick response times, make sure the patient is seen as fast as possible.'* (Survey respondent from Sheffield)

Attendees at the regional public event on 6th December asked what research had been done into the reasons that people attend A&Es, and whether A&Es were being used appropriately. They questioned how far it was possible to reduce demand for A&E services within existing expectations of A&E. Like the Clinical Working Group attendees, they raised the point that A&Es are the most immediately recognizable 'gateway' into the health system. Precisely because it offers fast and easy access to

care, people will use it more; we need to think through how far it is feasible to direct people elsewhere and how to make the alternatives more attractive. Some attendees of the regional public event suggested that the Review needed to analyse peak usage and whether all A&Es are working to capacity all of the time, or whether there are times when demand is lower and the service may not be needed in the same form.

Similarly the seldom heard groups raised whether more could be done to stop patients visiting A&E when they could be treated elsewhere, *'simplification on where to phone or go'*.

Better promotion of primary care services to stop people attending A&E when they could be treated elsewhere was raised at both the regional event and by the North Derbyshire PPG networks.

'Could stop people attending A&E by campaigns on use of pharmacies, GPs and 111' (Dales PPG Network attendee)

'I would suggest A&E overcrowding would be eased by a network of Walk-In Centres/GP units that are available out of hours and available for urgent appointments.' (North Derbyshire CCG Patient Reference Group attendee)

Attendees at the regional public event felt that one of the main reasons for increasing usage of A&Es was the reduction in support for older people in non-hospital settings, as a result of funding cuts. Increased attendance at A&E was seen as a direct consequence of the reduction in social care wardens, sheltered housing etc.

Attendees at the regional public event pointed out that pressures on A&E were increased because there were not clear pathways for GPs to access urgent diagnostics such as x-rays. They suggested that there needed to be closer working with primary care, such as joint working. They also felt that more work needed to be done to train care workers in nursing homes and care homes, to help them avoid admissions.

- 15 *'Better education/ training of care workers in care/ nursing homes to avoid hospital admissions.'* (Regional event attendee)

All the groups raised concerns about access or services being available locally, and it will be essential for the review to take travel times and transport arrangements into account in any discussions around the future of A&E. Respondents from the seldom heard groups particularly flagged issues around the difficulty of travelling from a hospital site, when there were no buses or taxis available. Attendees also suggested that there should be better communication between A&Es and ambulances, to allow them to be directed to hospitals with lower waiting times. Some respondents, however, indicated that they would be happy to travel further for 24/7 urgent care.

'We need good access to out of hours services.' (Survey respondent from Doncaster)

'I would support plans for A&E depts not to be open 24 hours as long as public adequately informed and travel times not too great. As a Chesterfield resident, for example, I can get to hospitals in central Sheffield in 30 mins, whereas Chesterfield RI takes 15 mins. The difference is not so great except in life threatening situations, when an ambulance would probably be called anyway and care can be given on the journey.' (North Derbyshire CCG Patient Reference Group attendee)

A preference for increased staffing was indicated across the survey responses. *'They need enough staff working to allow staff not to be working under unnecessary pressure.'* (Survey respondent from Rotherham)

Again the seldom heard groups raised the need for staff to be more aware of the needs of vulnerable patients.

*'A specialist patient interface for patients with specific conditions'
'Awareness training for all staff so they're better able to care for vulnerable people appropriately.'*

(Seldom heard group respondents)

Other comments included:

'What about a street triage in the town centre to be open during the evenings and weekends?' (Barnsley event attendee)

'GP streaming sounds like a good idea' (Barnsley event attendee)

'They need a flagging system so that you go to the right hospital and get the right immediate care.' (Youth Forum attendee)

'We need to know more about the A&Es which are not busy 24/7.' (Regional event attendee)

'Obviously ambulance service co-operation for any plans for the future is imperative.' (Regional event attendee)

How the review has already taken account of this feedback:

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- Whilst not directly linked to the review, patients from seldom heard communities may be reassured to hear that in 2017 funding was secured by the South Yorkshire and Bassetlaw Accountable Care System for mental health liaison staff to work in Sheffield's A&E, and soon Rotherham
- Work is already underway in the South Yorkshire & Bassetlaw Accountable Care System to implement a system that will allow ambulance services to have a more real-time picture of pressures in all of the region's A&Es.

In your opinion what would make care for poorly children who need a hospital service the best it could be

Improving response times is a key priority for the South Yorkshire and Bassetlaw residents who responded to the tele-survey, but many of the respondents also felt that little could be improved as services were already good. They did indicate that they would like to see increased staffing, which would lead to improved quality of

care, and knowledgeable staff, increased funding and local services were also points they raised.

'Quick service, because things can go wrong quite quickly, and quick response times because they're a bit more vulnerable.' (Survey respondent from Rotherham)

Seldom heard groups also agreed about the need for waiting times to be reduced, *'be seen straight away'*.

Attendees at the regional public engagement session put forward concerns and ideas around the workforce for paediatrics. There was a suggestion that paediatric training should be part of the training for all GPs, and that there should be more financial support for staff wishing to gain additional qualifications in working with children. Members of the seldom heard groups expressed a wish to see more staff 'on duty'.

There were different views expressed around the issues of access and quality. A number of respondents to the online and paper-based surveys believed that overnight paediatrics services should be available on every hospital site, with a number of respondents specifically referencing the changes to paediatrics services at Bassetlaw. However some attendees at the regional public event said that quality of services was more important, and that it was a *'no brainer'* to focus care for acutely ill children on more specialist sites.

'Children's services have changed a lot while hospital provision hasn't. I would suggest putting all acute/ intensive children's beds on one specialist site but having a network of paediatric assessment units in strategic places in the community.' (North Derbyshire CCG Patient Reference Group attendee)

'Is there a case for children's specialist doing out-reach clinics in local venues and providing in-patient care in specialist units followed by local care for recovery.' (Regional event attendee)

17 *'Reopen the children's ward at night at Bassetlaw so poorly children don't have to travel. So their siblings are not left for long periods without a parent who has to travel to Doncaster.'* (Survey respondent from Barnsley)

'Access to facility locally to prevent children's parents from travelling.' (Survey respondent from Sheffield)

Wherever services were based, respondents from the seldom heard groups talked about the need for paediatric units to be friendly spaces, *'as home-like as possible'* with toys available for children to play with whilst waiting for care, and with support available for parents and carers to enable them to understand their child's care and play their role in it.

'Make sure all children and young people feel safe and secure with reassurance and care as well as ensuring that families are able to be with their children and understand what's happening along the way.' (Seldom heard group respondent)

The attendees at the regional public event raised questions around how mental health services for children would fit into the review. Support for young people was seen as vitally important to prevent life-long mental health problems.

Youth Forum attendees commented that making more available locally outside of hospitals to complement their treatment, such as treatments in pharmacies or GP would improve services.

In your opinion what would make care for people who have a stroke the best it could be?

Attendees at the regional public engagement event felt that more needed to be done in order to ensure access to a specialist stroke unit quickly. They pointed to data suggesting that the system was not performing well against this metric.

Survey respondents also felt that improved response times and improved aftercare were key priorities, *'Quick response time to prevent patients from getting worse.'*

'The aftercare should be improved as it's so important. There's a lot of patients stuck in hospital because of the lack of aftercare.' (Survey respondent from Sheffield)

Seldom heard groups agreed, *'Aftercare needs to be in place within the community after rehabilitation ends from stroke unit.'*

Respondents from the seldom heard groups were particularly concerned that there needed to be enough bed capacity on acute sites for patients to stay until they were well, and not be discharged too quickly since this created unmanageable burdens for families.

'Allow family to stay close' (Seldom heard group respondent)

Attendees at the regional public engagement event emphasized the importance of mental health services working alongside physical health, in treating stroke. They pointed to high rates of depression amongst stroke survivors, which can in turn hamper the patient's recovery.

Attendees at the regional public engagement event raised concerns that ambulance transfers were already under strain. They suggested that it will be essential to include both travel times and the implications for the ambulance service in the analysis done for the review.

Respondents to the online and paper-based surveys prioritized locally available services as well as response times. This wasn't a concern shared by all respondents.

'There should be trained staff to deal with this locally, not given more stress to the patient / relatives with an ambulance journey to Doncaster.' (Survey respondent)

'I would support larger, specialist units for acute stroke care (even though they may be further to travel) followed by supported rehabilitation close to or in the patient's own home.' (North Derbyshire CCG Patient Reference Group attendee)

Seldom heard group respondents highlighted that there should be improved communication with the patient and their family, and that more information should be circulated and promoted around stroke prevention. They also again expressed that they felt the workforce should be bigger.

'Effective communication with patient about what is happening at each stage' (Seldom heard group respondent)

'Employ more staff and ensure wards have the correct equipment to help patients' (Seldom heard group respondent)

How the review has already taken account of this feedback:

- In the next stage of the Review (after April 2018) the review team are looking to set up a specific travel and transport group to ensure these concerns are looked into (across all service areas of the review not just stroke)

In your opinion what would make care for stomach and intestine conditions including investigations (gastroenterology and endoscopy) the best it could be?

Attendees at the regional public event raised concerns that having services duplicated across sites was not efficient, and was confusing for patients. They specifically referenced the Royal Hallamshire and Northern General hospitals, both of which provide gastroenterology and endoscopy. There was a suggestion that it might be more efficient and less confusing to have services for gastrointestinal bleeds on a smaller number of sites. However, respondents to the online and paper-based surveys rated services being available locally as a high priority.

¹⁹ *'Endoscopy services need to be available at all times in all hospitals.'* (Survey respondent from Sheffield)

'Why isn't Bassetlaw used as a centre for excellence/specialism? It is currently delivering bariatric surgery and there must be possibilities for looking at what else it could deliver' (Bassetlaw event attendee)

'Older people don't want to go to hospital when they need small tests. People want to stay at home. Better access is needed to diagnostics in the community.' (Rotherham event attendee)

Attendees from the seldom heard groups were particularly concerned that proper investigations for gastrointestinal issues should be carried out, and patients should not be sent home until a full diagnosis had been found. This was felt to be particularly a concern where there were communication difficulties for patients or the family, and translators needed to be available. There also needed to be a focus on patient dignity and privacy.

Again waiting times and the size of the workforce were issues raised by the seldom heard groups. Response time was also seen as a priority for all the survey respondent groups.

'Enough hospital staff to be seen quickly, small waiting times for appointments'
(Seldom heard group respondent)

'Even with the slightest complaint you need a speedy referral no matter what.'
(Survey respondent from Barnsley)

In relation to the five services we have been asking about, have you had or seen any examples of excellent care anywhere else in the last two years? If so please tell us about it

'London hospitals have a far better clinical information system which is compatible with other healthcare organisations in the city, making it much easier to get information about patients from one place to another.' (Youth Forum attendee)

'One learner said that in Hungary in a public hospital it took 5 days to see a GP, then just 5 days to see a specialist, then around 5 days to have a knee operation, which was done well and it was not private but free healthcare.' (Seldom heard group respondent)

'My family live near Addenbrookes Hospital in Cambridge, on the few occasions they needed emergency treatment they didn't have to wait too long and the follow up treatments needed were done quickly and my family were kept informed and treated well.' (Seldom heard group respondent)

'My daughter became ill on holiday and the urgent care centre at Louth, in terms of waiting times and staff support.' (Survey respondent from Barnsley)

²⁰ *'My father had brilliant care at Birmingham Heartlands Hospital stroke unit, until he was moved to a different hospital.'* (Survey respondent from Rotherham)

Please could you tell us how important the following are to you

The seldom heard groups rated the following statements as:

- Not at all important to me
- Not that important to me
- Not the most or least important to me
- Quite important to me
- Very important to me

The full results can be seen in appendix 2.:

In order of priority (i.e. highest level of importance) the statements were rated as follows:

- *That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialised doctors and nurses and have access to the best technology for their care.*
- *That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills.*
- *That there are enough qualified, permanent staff to run the service safely for patients.*
- *That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided.*
- *That the care is as good as it national guidance says it should be and how we deliver the care is as soon as other areas in the country.*
- *That the service can offer care that's not just 9am-5pm Monday to Friday.*
- *That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources.*
- *That the service can meet required standards on waiting times.*
- *That all patients can get to emergency services within 40 minutes by ambulance.*
- *That the doctors see enough patients to practice their skills regularly.*

Respondents to the online and paper-based surveys also rated the statements in the same way. Full results can be seen at Appendix 1, however the statements were rated as follows:

- That there are enough qualified, permanent staff to run the service safely for patients
- That a service can run safely because the other services that regularly provide additional care around maternity, A&E, stroke, children's or gastroenterology are also provided
- 21 • That all patients can get to emergency services within safe travel times by ambulance
- That the care is as good as national guidance says it should be and how we deliver the care is as good as other areas in the country
- That ALL people in South Yorkshire and Chesterfield, not just people who live in one part of the area, can see the same level of highly specialized doctors and nurses and have access to the best technology for their care
- That the service can offer care that's not just 9am-5pm Monday to Friday
- That the doctors see enough patients to practice their skills regularly
- That the service provides a wide range of training opportunities for trainees and supports all staff to develop their skills
- That the service can meet required standards on waiting times
- That staff, venues and equipment are used in the best possible way so that we aren't wasting valuable staff skills and resources
- That the service does not cost more to run than in currently does

How the review has already taken account of this feedback:

- The engagement activity with patients and the public has been used in the development of the evaluation criteria. Full details of how can be seen in the summary evaluation report [http://www.healthandcaredtogethersyb.co.uk/application/files/8515/2000/0727/13. Evaluation.criteria.pdf](http://www.healthandcaredtogethersyb.co.uk/application/files/8515/2000/0727/13.Evaluation.criteria.pdf)

7. Themes emerging throughout stage two of the Hospital Services Review engagement

Workforce

Respondents to the survey and in the public events emphasized the importance of workforce, as being central to a positive experience of care.

The overall quality of care and service from staff is central to a positive experience, with friendliness, caring nature and professionalism of staff the consistent theme from the seldom heard groups.

The overwhelming theme from survey respondents was that staff are the key drivers to a positive healthcare experience. Most importantly, that there are enough qualified staff to run healthcare services safely, and that staff soft skills, such as their friendly nature creates a positive experience.

One issue which was raised by some respondents from the seldom heard groups was the issue of language skills amongst the workforce, with a lack of interpreters impacting on communication with staff and therefore the quality of care. There was also an issue around the availability of sign language interpreters for Deaf patients.

22 The public survey included a significant number of responses which focused on the need for increased staffing levels. Attendees at the regional public engagement event, and the public engagement event at Rotherham, suggested that the NHS needed to look at non-traditional routes to recruit staff, including greater use of non-degree routes such as apprenticeships. They also suggested that NHS organisations and universities needed to work with schools and sixth form colleges to increase awareness of medical careers amongst students at the time that they were thinking about future careers.

Shortages of staff were seen as having a major impact on quality of care, and respondents to the public engagement event gave examples of occasions when staff had been too rushed and overworked to be able to provide compassionate care.

Staff shortages were also seen as exacerbating problems with waiting times. Feedback from the online survey pointed to waiting times in a wide variety of areas (diagnostics, elective, emergency and ambulance services) as impacting on the quality of care. Respondents from the seldom heard groups said that long waiting times, for example in A&E or a GP surgery were particularly hard for patients who had mental health issues and might get agitated.

'Never get to see the same doctor so always have to give my history every time.'
(Seldom heard group respondent)

Attendees of the North Derbyshire PPG Networks felt a solution to the workforce crisis could be creating alternative roles that contain the skills sets required, *'Pleased to say that Chesterfield is already working on the Productive Ward initiative putting in other staff roles to undertake tasks'*. A respondent to the survey also indicated that they would like to see a diversification of traditional roles, *'The doctors struggled to put a cannula in and didn't seem to know what to do. There could have been a specific nurse practitioner on the paediatric ward who can do something like that.'*

'Staff are feeling stretched – more and more are now leaving as a result of exhaustion' (Barnsley event attendee)

'Staff are feeling anxious about the future and there are huge numbers of vacancies – does this indicate a general feeling that many of our services will close?'
(Bassetlaw event attendee)

'What about apprenticeships for young people?' (Rotherham event attendee)

'If a young person is not accepted to medicine signpost them to some other health/ social care qualification. Hold on to that caring quality that made them look into medicine.' (Dales PPG Network attendee)

'Need to get people to see caring as a career and promoting that – 'Cool to care', widen the promotion of caring. Try to entice people to stay within the caring profession.' (Dales PPG Network attendee)

'We have a severe shortage of specialized medical and nursing staff, and any scheme to retain, recruit and bring qualified staff back into practice is to be welcomed. There are some examples of these from other places that seem good eg. Midwives in Australia.' (North Derbyshire CCG Patient Reference Group attendee)

23 Issues around nurse bursaries, student fees, pay freezes and pensions were also raised at the regional event and at some of the drop-in events attended by staff, as reasons that careers in healthcare are not as attractive as they once were.

'Evidence that supportive workplace and manageable workload and good management are important.' (Regional event attendee)

How the review has already taken account of this feedback:

- Following the suggestions around encouraging more young people to consider a career in the NHS, including through alternatives to the traditional degree-based training, such as apprenticeships, the arm of the review team focused on workforce increased their focus on this line of thought.

Access to local services

A key theme of the online survey responses related to having local services that they can easily access. The online survey included a particularly large number of responses related to the reduction in paediatrics services at Bassetlaw, with people

concerned about the closure of the paediatrics ward overnight. Attendees of some of the local events also echoed concerns about access and potential service closures.

'People fear that Bassetlaw Hospital will close and that services are being transferred to Doncaster in a stealth like way.' (Bassetlaw event attendee)

'We want reassurances that Mexborough Hospital will remain open and that services will not face closure.' (Doncaster event attendee)

Responses from the attendees at the public event in December were more mixed, with a number of attendees commenting that they would prefer to see high quality services, even if this meant travelling further because specialist expertise had been consolidated onto a smaller number of sites. Some of the conversations at the North Derbyshire PPG Networks also echoed this, *'Need to accept that sometimes there is going to be a conflict between matching choice with people's rights. People may prefer a local service but it is not always possible to provide services in every back yard.'*

A key theme across all of the discussions around access to care was transport, particularly the importance of engaging the ambulance service and understanding the impact of any proposals on them. The impact on travel times was also highlighted as a theme in responses to the survey and in the public session.

'Extra travelling to Doncaster and other hospitals will impact on patients and families, which needs to be considered.' (Bassetlaw event attendee)

At the Doncaster event it was suggested that a free bus service from Mexborough Montague to DRI for staff, patients and visitors would help alleviate some of the concerns people have about travelling further.

Attendees of the Derbyshire PPG networks felt that if a patient had to be treated in a hospital outside of their local one it would be important that they were transferred back to 'their own' hospital as soon as possible. They also felt that improved communication would be important in addressing access issues, *'Families might not be familiar with travelling to out of region hospitals. The public need to know where their relative might be sent so that they know where to find them.'* They were also concerned about babies being born on journeys to hospital if pregnant women were forced to travel to a hospital further away.

Members of Sheffield Children's Trust Youth Forum were less concerned about travel, with a number stating they were happy to travel so long as they receive the best service. *'My care is my priority', 'I am happy to see the person my hospital doctor or GP recommends that I see, wherever they are based, if they can provide me with the best care.'*

'People want to be treated at home or as near to home as is feasible; they also want the best possible treatment. They cannot have both. In most instances, especially nowadays when the average hospital stay should be short and the strain on visitors reduced to fewer days than in the past.' (North Derbyshire CCG Patient Reference Group attendee)

Feedback from the seldom heard groups emphasized that access to services needed to be equitable.

Reduced waiting times/ improved response times

Improved response times is a key theme across the survey responses across all five services. It is also a recurring theme from the seldom heard groups engagement.

Seldom heard groups were concerned about waiting times in all services from community, primary care through to all the hospital services, *'Long waiting times in A&E, it can be difficult waiting when feeling agitated.'*

'The care I got was good but getting through to the doctor and waiting is bad.'

'Waiting times with a child are too long. There's nowhere to breastfeed a baby in the waiting area.'

'The long waiting times are not acceptable.'

(Seldom heard group respondents)

'Quick response times, make sure the patient is seen as fast as possible.' (Survey respondent from Sheffield)

Respondents seemed to link the waiting times to workforce shortages.

'Enough hospital staff to be seen quickly, small waiting times for appointments' (Seldom heard group respondent)

Links to primary care, mental health, community sector, social care

A major theme across all the channels of public engagement was that the Hospital Services Review cannot look at acute services in isolation. Acute services are interdependent with primary care, mental health, the community sector and social care services. There was a strong steer in the regional public event that the Review team needed to engage with all of these sectors, particularly social care.

'Primary care must be part of the Hospital Services Review – hospital services don't stand alone, the community aspect is important.' (Regional event attendee)

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'More care needs to be available locally, especially being able to have specific bloods taken so that it doesn't always mean coming to a hospital.' (Youth Forum attendee)

'Need to find the correct balance between services offered from GP practices and Emergency Depts in hospital. More to be offered in the community or acknowledge that people are going to make their way to local hospital if they can't get an appointment and deal with them appropriately there.' (Chesterfield PPG Network attendee)

Better promotion of primary care services to stop people attending A&E when they could be treated elsewhere was raised at both the regional event and by the North Derbyshire PPG networks.

'Promote the use of pharmacists to take pressure away from A&E.' (Dronfield, Eckington & Killamarsh PPG Network attendee)

'Social care needs more funding and integration with hospital services. This is a national problem, but some health areas, such as Greater Manchester and North East England seem to be improving integration by better overall management.' (North Derbyshire CCG Patient Reference Group attendee)

'I would like to suggest that the hospitals consider entering into a partnership with a care supplier to design, build and run a nursing home next to the hospital which is efficient, affordable and comfortable with the nursing care supplied by the hospital on a bespoke basis. Every patient in acute care can be discharged immediately their condition is stabilised. You have to start thinking outside of the box!' (North Derbyshire CCG Patient Reference Group attendee)

'The hospital should be running the teams of community workers.' (North Derbyshire CCG Patient Reference Group attendee)

How the review has already taken account of this feedback:

- Following the feedback around primary and community care the 1b report was amended to clarify how we have engaged with primary and community care, and mental health through the CWGs
- Following the issues raised in the public engagement event around engagement with social care, the review team set up meetings with social care leads from each of the relevant Local Authorities to talk through the issues relevant to social care
- Issues around access and travel times are being considered in evaluating the options for the configuration of services going forward

The need for improved communication

26 The seldom heard groups raised the need for improved communication across all services, particularly where language is a barrier. They referred to communication with families as well as patients. This was also raised at the Barnsley event, where it was highlighted that getting an interpreter or a BSL interpreter can be particularly challenging. They also felt it was important to have local interpreters who could understand local interpretations.

'They know I'm deaf yet when I go back for follow ups etc. there's never an interpreter available. I shouldn't have to ask every time.' (Seldom heard group attendee)

'Sometimes I'm told that it's only a short 5 minute appointment, so I won't need an interpreter, but I'm left not understanding my test results.' (Seldom heard group attendee)

'When I went to A&E the wait for so long I nearly lost my life as I couldn't properly explain what was wrong, there was no interpreters on hand and no available doctors to be seen quickly.' (Seldom heard group attendee)

The need for improved technology and particularly IT compatibility

Attendees at the Doncaster event highlighted the importance of IT systems being able to speak to each other. They also suggested using mobile phones and texts more effectively.

Youth Forum attendees all suggested ways in which improved technology and compatibility of systems would improve services. They particularly wanted to see an improvement in sharing of information between services and improvements to appointment booking systems.

Attendees of the Derbyshire PPG Network meetings felt it was particularly important that improved IT systems stretched outside of the South Yorkshire & Bassetlaw 'patch', *'Derbyshire GPs need to be able to access the hospital records if their patient has visited a hospital outside their county.'*

'IT – how do ambulances know what loading of A&E is at any one time? Doncaster waiting 3 hours, Bassetlaw waiting half an hour.' (Regional event attendee)

'Could use skype to access specialist services as far away as Wales or Australia!' (Regional event attendee)

'Other' responses

In addition to the key themes outlined here, a wider range of other issues were raised as:

- Need for improved facilities
- No car parking charges/ better parking
- Improved sign-in process
- More beds needed in hospitals
- The need for continuity of care
- Need to check records to ensure the right medication is given
- Need for better managerial support for staff
- Wards should be quieter and there are issues with quality of care eg bringing food
- Staff should be permanent not temporary locum staff who don't know the patients or the hospital
- Greater clarity around how the Review relates to Chesterfield Hospital
- Suggestions for strengthening public engagement and communication
- Worries about national legislation and national funding cuts
- Worries about viability of hospitals if procedures/ services are taken away
- Concerns about funding cuts for voluntary sector services having knock-on effects for NHS services
- The role of carers –can families and communities be worked with differently/ better
- What the Accountable Care System is; what it is 'accountable' for and who it is 'accountable' to; and how it relates to the Hospital Services Review.
- Questions about the omissions from the review –primary care/ mental health/ social care /prevention

- Concerns about privatisation

'Car parking at larger hospitals is an issue and can be expensive for patients and families whilst visiting.' (Bassetlaw event attendee)

How the review has already taken account of this feedback:

- Following this feedback the 1b report was amended to clarify how the review relates to Chesterfield and Mid Yorks hospitals
- Feedback is constantly being used to amend and shape the engagement approach, and future engagement events

8. What will we do with this information?

As detailed throughout this report, this information has been used to inform the development of the evaluation criteria, the review's overall approach, the engagement approach, and to inform the development and modelling of options.

Upon publication of the Review Team's Phase 2 report we will produce a follow up document detailing how the engagement activity throughout the review has impacted on the review recommendations.

The information gathered in our engagement will also, where appropriate, inform other Accountable Care System workstreams.

Due to the rich nature of the information we have gathered, some of which is outside of the scope of the review, we will also provide the information to partners' patient experience and PALS (patient advice and liaison service) teams.

There will be further opportunities for patients and the public to contribute to our ongoing schedule of engagement. For further information see www.healthandcaredtogethersyb.co.uk or email helloworkingtogether@nhs.net

9. Next steps for engagement and consultation

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Following completion of the second part of our engagement activity, the review has progressed to its next stage, where the main focus will turn to identifying options for addressing some of the concerns raised across stage one and developing a number of recommendations.

There are a number of key components to phase two of the review:

- A number of potential options will be developed, drawing on the rich inputs and insights gauged from the first part of the review
- The first longlist of options will be tested against hurdle criteria (which were developed using, amongst other elements, public input), to rule out options which are not feasible
- The remaining options will be modelled to understand the impact
- There will be another region-wide public engagement event on 8th March 2018 to discuss emerging options, parameters, review modelling outputs against the evaluation criteria and identify pros and cons of each model

- Views of clinicians will also be sought again through the continuation of the Clinical Working Groups
- A final report outlining a number of non-site specific recommendations will be submitted to commissioners

An engagement report will be written and published detailing the outcomes of the 8th March event.

Upon publication of the review team's phase 2 report we will produce a follow up document detailing how the engagement activity throughout the review has impacted on the review recommendations.

A second 14Z2 form will also be completed to assess potential impacts and engagement requirements following the publication of the review recommendations.

Work is underway to understand the demographic profile of the service users of the five services under review. We will use this qualitative and quantitative information to inform future engagement activity which will take place to assess potential impacts on those communities, paying particular attention to the protected characteristics.

A schedule of patient and public engagement for the summer to gather opinions on the non-site specific recommendations is being planned. This will build on the engagement that has taken place to date and will particularly target any gaps or areas where this phase of engagement has suggested we may need to diversify our audiences (for example targeting those who work and may not be able to attend meetings 9-5 Monday – Friday). The summer activity will also target the discussions with communities identified by the equalities screening.

See Appendix 8 for the full communications and engagement planner. There will be further opportunities for patients and the public to contribute to our ongoing schedule of engagement. For further information see www.healthandcaretogethersyb.co.uk or email helloworkingtogether@nhs.net