

# Shaping Hospital Services

## Local Open Events

## Local Events

The five CCG's within South Yorkshire and Bassetlaw Accountable Care System were approached and asked to host a local event. Sheffield CCG declined on this occasion as the time frame conflicted with local pressures around Urgent and Emergency care.

Despite extensive marketing of the event through local networks by each CCG respectively attendance was low, formal breakdown can be found below. The audience make-up was not representative of the population and in many cases was predominately made up of participants whom are already engaged with the CCG's.

Barnsley – 14<sup>th</sup> November Digital Media Centre

Bassetlaw – 19<sup>th</sup> December the Crossing Worksop

Doncaster – 19<sup>th</sup> December Mexborough Library

Rotherham – 12<sup>th</sup> December Unity Centre.

The aim of the events was focussed on engaging with patients and the public to help shape how hospital services could be delivered in the future to ensure local people continue to get safe, sustainable, high quality care and their opinions are gathered as the review moves forwards.

In Bassetlaw a formal presentation was delivered which provided an overview of the aims of the work being undertaken in relation to Shaping Hospital Services across our region and following this attendees were encouraged to feedback any comments during the subsequent question and answer session and complete a survey which forms part of the wider engagement exercise.

The events arranged in Barnsley, Doncaster and Rotherham were less formal and the presentation was used a focus for discussion and questions were taken as they arose. Each event was supported with members of the review team to ensure questions could be answered succulently. There were also resources available on the day including the 'survey' which those attending were asked to complete and copies of the Question and Answer sheets and information relating to the Accountable Care System.

The Bassetlaw formal event was fronted by Chris Welsh and Idris Griffiths, Chief Officer at Bassetlaw CCG. they delivered a presentation followed by a Q&A session.

The Barnsley Drop in session was attended by Alexandra Norrish and Dr Des Breen who facilitated a table discussion

The Doncaster Drop in session was attended by Chris Welsh who answered questions posed.

The Rotherham Drop in session was attended by Alexandra Norrish.

### Local Themes:

#### Barnsley

##### Worries

- Legislation to stop 'drain' on resources required
- Staff feeling stretched – more and more are now leaving as a result of exhaustion
- Want our services to be in Barnsley
- Concerned about travel for patients and relatives

##### UEC

- "Walk in" centre was effective in Barnsley
- GP streaming sounds like a good idea
- Street triage in town centre to be open during the evenings and weekends

##### Stroke

- Rehabilitation services need to be joined up with hospital care
- We need to be sure we have community support in place

##### Maternity

- Family Centres

Concerns about lack of community midwife and health visitor support. They say they have to travel to family centres rather than to get support at their local GP surgery. Credit given to staff saying they were fantastic when they could be accessed. Community staff targets are really high (patients they need to see).

##### Conversation with representative from Barnsley Death Forum

There should be another service similar to 111 but with 24hr access and information out there in the community for those people who may not need an ambulance but need to understand where they can go.

Make sure front-line staff have the correct awareness and training to enable them to communicate with any service user.

Aging population growing – which means there are benefits to carrying an I.D. card which identifies for that staff what additional needs you may need. This will ensure the correct services are available at a quicker pace.

G.P services – are difficult to access for certain sections of the community. Many GP practices say that it will take a few weeks to book an interpreter or will refuse to book one altogether. I feel this is about allocated costs – hence the need for a recognised BSL interpreter instead of using a private company whom will have a higher pricing structure.

It is also better to have local interpreters as they understand local interpretations which other interpreters may miss. So we should use those that are locally based.

Bringing together focussed targeted events who are from a broader geographical base for example Barnsley, Sheffield and Rotherham. Include them all to get a more focused discussion.

Discussion around maternity where the group discussed Midwifery Led Units and home births. Some attendees felt that these options were not as safe as a hospital birth and all women should give birth in an obstetric unit, while others felt that it was up to a woman to choose how much risk she was willing to take and what setting was right for her.

## Bassetlaw

### Questions and Answers

- ‘Why isn’t Bassetlaw used a centre for excellence /specialism - it is currently delivering bariatric surgery and there will be possibilities for looking at what else it could deliver secondary question will it just end up as a centre for diagnostics – no each CCG wants to treat as many patients locally as possible
- Staff are feeling anxious about the future and there are huge number of vacancies does this indicate a general feeling that many of our services will close – workforce issues must be ratified and there are a number of ways this can happen looking at training and employment options, looking at career paths and how to bridge the gap with the nursing workforce
- Stroke Acute care why does it change – within the tight time frame to get the best possible outcomes stroke patients need to be seen by a specialist – and there aren’t enough to have them situated in every place, 24 hours a day seven days a week , so to deliver the best care they need to be situated in fewer places , this has been done with many services for example cardiac services at the Northern General hospital in Sheffield

- What happens to all the building and not using them properly we have a new building – many of the recommendations will be about looking at the best use for our buildings and estates, so one possibility is to focus on becoming a service of excellence for some services

#### Worries and concerns

- Travelling to Doncaster for medication is a long way to travel and takes a large amount of people's time
- To review the ambulance service in conjunction with the service review – YAS covers Sheffield and EMAS covers Nottinghamshire
- People fear that Bassetlaw Hospital will close and that services are being transferred to Doncaster in a stealth like way – There are no plans to close Bassetlaw Hospital
- Will the children's ward at Bassetlaw Hospital reopen at night – This will depend on recruitment. The CCG cannot commission services that are unsafe
- Why cannot stroke services be delivered at Bassetlaw Hospital – To ensure patients get the appropriate care at the right time and to ensure equitable services for patients in the locality
- Why can't Bassetlaw Hospital specialise in a specific area to sustain the local hospital – There will be possibilities to explore further options
- Staff feel uncertain about the future of the hospital –
- Will this add extra pressure on specialised hospitals – Patients will be transferred back to their local hospital following treatment
- What is the Trust doing in terms of recruiting staff – The Trust has undertaken a recruitment drive over recent months and training opportunities will be available to staff to help fill gaps.
- SYB Citizen's Panel is a good way to keep involved – 3 representatives from Bassetlaw are involved
- Extra travelling to Doncaster and other hospitals will impact on patients and families which need to be considered.
- Car parking at larger hospitals is an issue and can be expensive for patients and families whilst visiting

## Doncaster

- Local residents want reassurances than Mexborough Hospital will remain open and that services, for example, ophthalmology, will not face closure.
- IT systems need to be able to speak to each other so that GPs can book appointments at Mexborough hospital. Some people are filtered to attend appointments at DRI, but the IT systems don't speak to each other from DRI and Mexborough Montague Hospitals, so there are local patients who could be seen quicker in Mexborough, but their GPs are making appointments for them at DRI because their IT system does not given them the option to make an appointment at Mexborough, even though it would be far quicker and easier for them to get to. This needs to change. We need to use mobile phones and texting more and more effectively to communicate with patients.
- How much of the problem we are currently facing is to do with staffing and vacant positions being unfilled?
- Suggestion of a free bus service from Mexborough Montague to DRI for staff, patients and visitors. Offering staff free parking so that they see this as an incentive and want to work here (Mexborough). Staff members are being charged to park their cars in other areas and this could help us to attract and retain staff. Wages have not increased and parking puts pressure on already stagnated wages for many staff.

## Rotherham

### Issues

What about apprenticeships/ young people

AN – Looking at news ways of bringing people in ie ANPs etc; working in Doncaster with SHU

--note that career progression needed

-TRFT used to take people on work experience

- needs an approach across SYB; good bits of work are isolated so need sharing

- apprentices can be at lots of different levels and roles

- also need to develop aspirations of young people

- need to sell Rotherham as an area people want to stay in/come to

Recruit and retain – grow and keep

Who are the partners

Discussion on politics (small p) and potential challenges for partnership working

What is gastro..... Issue is in having enough access to tests (cameras etc)

Why these 5 - They all have major issues re staffing – strokes services in R & B staffed with locums

- There are lots of interdependencies – ie you get A&E right, benefits to whole hospital

General discussion

Older people don't want to go to hospital – ie when they need small amount extra care/tests.

People want to stay at home.

Better access to diagnostics needed in the community

Discussion on Rotherham solution/model – ie locality work. One person present patient at this locality. Interest in roll out, but needs to be relevant and apt to locality

Discussion on different models – dutch model mentioned (One worker who is empowered to do whatever is needed)

Warden system discussed – council ceased this – impact on health (call systems often default to 999)

Noted that this – ie warden decision- reflects past/silo work that needs to change

One person noted that the workforce issues are massive; they hadn't realised the size of this issue for NHS

Person also commented on the need to engage with social care (grass roots staff)

Impact of 15 minute care calls – not good, doesn't give person adequate service and support, carer worker does not get to know the person and is hard to assess if they have problems.

Common Themes:

Staffing – raised a number of issues both in terms of recruitment and retention. Discussions with Review team centred around how best to manage this changing landscape. A number of options were discussed including apprenticeship schemes and easier movement into different areas.

Concerns raised around what will stay local and what will be available locally and what this could mean in terms of future delivery and where this might happen.

Lack of understanding/recognition by general public in respect of the Accountable Care System and the Hospital Services Review. Awareness that this impacts on the difficulties in engaging fully with the local populations.

Travel and Parking and what could be done to address these issues in the future.

The local events were attended as follows.

Barnsley – attended by seven members of the public

Bassetlaw – attended by twenty members of the public

Doncaster – attended by two members of the public

Rotherham - attended by two members of the public.

The issue around engaging with local populations will be considered as part of the on-going work around engagement and a number of options will be considered for future events.

Please find here the link to the presentation and latest version of the Q&A's.

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