

South Yorkshire & Bassetlaw Integrated Care System

Hospital Services Review Engagement

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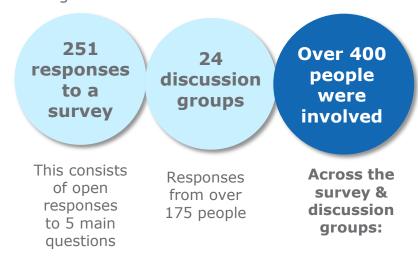
#### **Overview**

## Have your say on South Yorkshire, Bassetlaw & Chesterfield Hospital Services Review

The recent independent review of hospital services across South Yorkshire, Bassetlaw & Chesterfield made a series of recommendations to create sustainable hospital services that are part of an integrated healthcare system.

South Yorkshire & Bassetlaw Integrated Care System is currently seeking the views of local people on some of the recommendations from the review to inform the next stage of conversations about local changes in each place. Over the summer months a series of deliberative discussions and events were arranged in partnership with each of the six areas in the region. Through analysis of the data captured so far on our involvement with the public and patients on the Hospital Services Review and with our Citizens' Panel's advice, we identified communities from whom we had not yet heard views. We recognised the need to create opportunities with these communities and individuals to facilitate meaningful discussion in relation to the complex material in the Review recommendations.

Discussions took place either on a one to one basis or through smaller facilitated groups. Further information in relation to the groups or places where the discussions took place can be found on page nine; these also included NHS 70th Birthday celebrations and other local events, for example 'Destination Barnsley'. This document contains a top-level summary of findings from:



These were with a sample of residents from South Yorkshire, Bassetlaw & Chesterfield.



#### Survey: demographic distribution

#### Gender



Male 77 **31%** 



Female 152 **61%** 



Non-binary 7 3%

#### Age



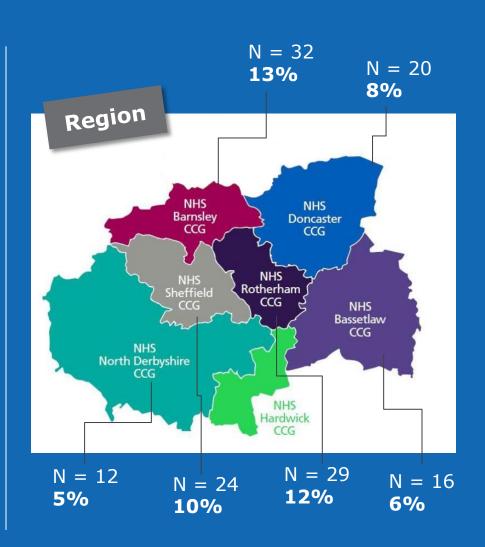
Under 35 **71 28%** 



35-54 **63 25%** 



55+ **98 39%** 





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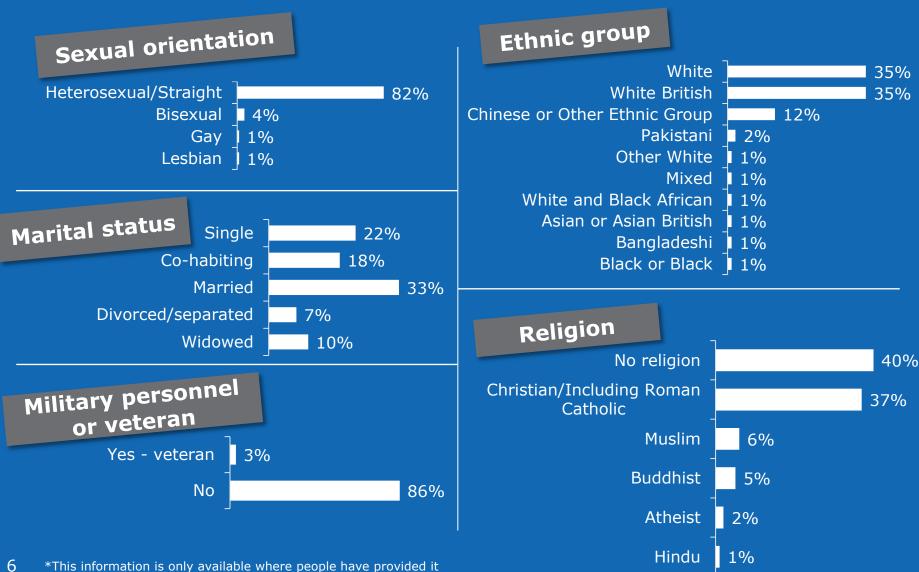
Have you gone through any part of a process, to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?

	N =	%
Yes	2	1%
No	72	29%



	N =	%
Yes	2	1%
No	77	31%





<sup>\*</sup>This information is only available where people have provided it

<sup>\*</sup>Please note that there were some inconsistencies in the guestionnaire format



## Survey: demographic distribution



Mental health	Q	
condition	N =	%
Yes	13	5%
No	68	27%

Physical disability
affects ability to
access services

N = %

Yes 51 85%

No 1 2%

Mental health condition affects ability to access			
services	N =	%	
Yes	6	46%	
No	7	54%	



#### Survey: demographic distribution

# Caring responsibilities N = % Yes 35 14% No 191 76%



# 0-3 6% 4-10 9% 11-16 6% 17-21 4% Over 21 17%



### Discussion groups: demographic distribution

A gap analysis was used to ensure we spoke to groups from whom we hadn't previously heard in our conversations about the Hospital Services Review, and those for whom emerging equalities data suggests any changes to services may affect. Demographic information is incomplete. However the below indicates some of the people we spoke to:

- People from the deaf community in Rotherham
- People from the older Irish community
- 9 members of a Tenants & Residents association in North Derbyshire
- An equality group in Chesterfield including: 3 carers, 3 people with a physical disability, 3 members of the Black & Minority Ethnic community, 1 person with a mental health condition & 2 young people
- 6 Pakistani women from Rotherham
- 20 domestic violence victims from Doncaster & Barnsley
- 12 people from the Roma-Slovak communities in Sheffield & Rotherham
- 13 people from the Black & Ethnic minority communities in Doncaster
- 10 people from a drug & alcohol addiction group
- 30 people from the Chinese community in Sheffield

- A community worker on behalf of the sex worker community
- 11 people from the Chesterfield Network
- 10 people from the Dales Network
- 9 people from the Dronfield, Eckington and Killamarsh Network
- 13 people from Newbold
- 11 people from a Surestart Children's Centre
- 21 members of the Worksop Stroke Association
- 4 people from the Older People's Action Group
- A Male Domestic Violence group
- Prisoners and Prison workers from Doncaster
- Employees of major South Yorkshire employers – including Sky and Stagecoach



#### Q01 on the survey:

#### A shared approach

We are looking at ways that we could work together and have considered a number of options. We think it might be useful to:

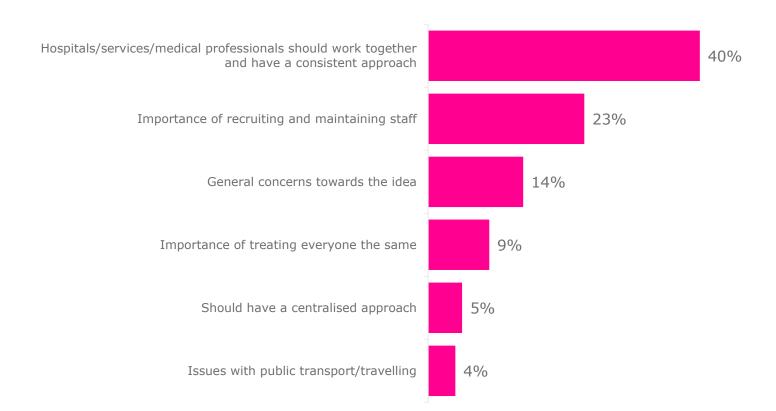
- Have a single approach to recruitment; retention (keeping our staff) and training. "Stop competing with each other for staff and focus on making South Yorkshire, Bassetlaw & Chesterfield a place people want to work in."
- Share approaches to reviewing "clinical practice", agreeing clinical standards and protocols for South Yorkshire, Bassetlaw & Chesterfield, and managing capacity across trusts. This will make sure that every patient who is treated in one of our hospitals has the same standard of treatment no matter where they live.
- Learn from each other rather than reinventing the wheel. Develop "interoperable" systems (systems which talk to each other) that recognise that patients move between many organisations.

We would be very interested to hear your thoughts on the ideas mentioned above for a "shared approach" and how you think it might best work?



#### A shared approach priority areas: surveys

3 in 5 had positive views towards the ideas with 2 in 5 thinking hospitals/services/medical professionals should work together and have a consistent approach.







#### A shared approach: surveys

Positive views included saying this should already be happening, having benefits for staff and saving time and money.

## General positive views towards the ideas

"In principle all the aims are excellent and I thought would have happened/ be happening already." "Any shared/ integrated approach is bound to be more cost effective and result in better outcomes for patients."

"Why is this not a thing already! What a waste of money and time. This seems to be so much better." "I think that if it means that all the hospitals can communicate with each other and with the GP it has to be a good thing."

"I think it would be a great idea. Nurses/doctors would be able to move around to different hospitals ... All staff would receive all the same level of training. More opportunities for the staff. All patients would receive the same level of care no matter what hospital we go to. Patients will feel they are more looked after."

There was support for the idea with people saying they think this should already be happening and expressing the benefits it would have for staff and in terms of saving time and money



#### A shared approach: surveys

Concerns included the logistics/practicalities and a lack of funding.

## General concerns towards the ideas

"Clinicians don't have the time, and if they did, should be spending it on keeping abreast of development and in working with patients. It's not clear to me how this work could be done."

"The logistics of this needs to be reviewed so that all services are professionally efficient and transfer times between services are greatly reduced." "Yes but can you really get GP practices and hospitals in different towns to speak to each other?"

"If each hospital had a responsibility, but it has to be shared out."

"It sounds as if it would be a lot of pressure for one place and how would people know where to look if they wanted a particular hospital to work at."

Concerns towards the ideas included the logistics/practicalities and a lack of funding



#### A shared approach: surveys

In order to deliver these ideas, the key areas to focus on are hospitals/services/ medical professionals working together and having a consistent approach, and recruiting and maintaining staff.

Hospitals/services/
medical professionals
should work together and
have a consistent approach

"Should be an agreed standard everywhere so you don't hear about poor experiences."

"I thought they are already doing this. So if they aren't, they should be doing. They should all work in the same way."

The benefits of
hospitals/services/medical
professionals working together,
having a shared IT system,
sharing best practice and having a
consistent approach were
portrayed

# Importance of recruiting and maintaining staff

"Having a single approach to recruitment sounds a great idea especially as the workforce could be reassured that the clinical standards and protocols will be standard across South Yorkshire, Bassetlaw & Chesterfield."

"I think we need a greater workforce and more consultants in all disciplines."

The need for more staff was stressed as was the idea that it makes sense to recruit staff from a central location



#### A shared approach: discussion groups

In discussion groups some people thought these ideas should already be happening.

## General positive views towards the ideas

"If all of these hospitals are in same trust they should all have same standards, practices etc."

"It is always appropriate to share good practices and standardise services."

"Yes we should learn from each other and we definitely need to understand what is better in terms of helping people, by making sure services can communicate with each other."

"This is common sense – surely it happens already now."

"Standardised training and work practices should be adopted to ensure easy transition for staff when working at a different site."

There was support for the idea with people saying they think this should already be being happening



Concerns encompassed the practicalities and the finances required.

## General concerns towards the ideas

"Investment will be needed for the implementation of it. Perhaps even a recruitment of a Delivery Team so that all hospitals are focused on evenly. Somebody will need to drive this forward it won't just happen. Measures will need to be in place."

"Knowledge is great but what works for one hospital may not work with another. Standards should be of the highest quality but finances/staffing "Need better systems to transfer records."

"Ensuring that the standard implemented across hospitals is "high", as it could be that if all hospitals worked in partnership standards could slip as opposed to improve."

"Would HR staff lose their jobs if it all went to a central place?"

issues means that this is not always so. Without more finance any plans could be futile."

The practicalities and the finances required caused.

finances required caused people to question the ideas



#### A shared approach: discussion groups

Discussion groups thought hospitals/services/medical professionals should work together and have a consistent approach and more staff are needed.

Hospitals/services/
medical professionals
should work together and
have a consistent approach

"It's a good idea, if they're all connected the same standards need to be implemented."

"Hospitals need to talk to each other – information isn't being passed on for example if you have an allergy."

People felt
hospitals/services/medical
professionals should work
together, share information with
each other and have a consistent
approach

Importance of recruiting and maintaining staff

"Nurses get a raw deal - They need a pay rise, then they might stay in the job longer."

"Good keeping staff, no redundancies – keep staff with experience, younger staff don't always have the experience."

The importance of maintaining staff and the need for more staff was expressed



#### A shared approach: summary

Most supported the ideas and 2 in 5 thought hospitals/services/ medical professionals should work together and have a consistent approach. People also highlighted the need for more staff. Concerns included the logistics/practicalities and a lack of funding.

# General positive views towards the ideas

In both the surveys and discussion group there was support for the idea and people thought this should already be happening. There was less said about the benefit that this could have on saving money in the discussion group than the surveys.

Hospitals/services/
medical professionals
should work together and
have a consistent approach

In both, people thought hospitals/services/medical professionals should work together, share information and have a consistent approach

## General concerns towards the ideas

Concerns towards the ideas included the logistics/practicalities and a lack of funding

Importance of recruiting and maintaining staff

Both highlighted the need for more staff



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#### Q02 on the survey:

#### Maternity services

We are looking at ways that we could work together and have considered a number of options. These are listed below.

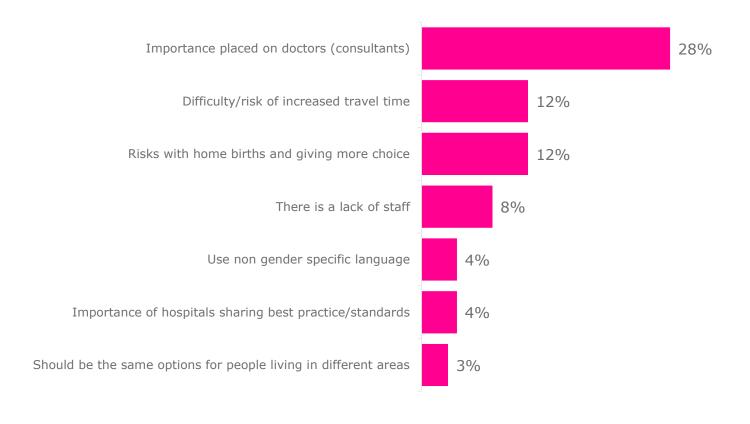
- We want to give women more choice about where they have their baby. For example, increasing the opportunity to have a home birth for women who are "low risk"
- All hospitals would have midwifery led services for "low risk" women where specially trained midwives lead on looking after women giving birth, not doctors (consultants)
- "Higher risk" women, who may have more problems or complications, would be cared for in larger units by doctors (consultants)
- We could maybe turn one or two of our current maternity units into midwifery led units, having less led by doctors and have more "standalone" midwifery led units. This would mean that some women, who are "higher risk", would have to travel a bit further, but they would be treated by specialists available there all the time.

We would be very interested to hear your thoughts on the ideas mentioned above for maternity services and how you think it might best work?



#### Maternity services priority areas: surveys

Over half had positive views towards the ideas with 1 in 4 placing importance on doctors (consultants). However, there were concerns about the difficulty/risk of increased travel time and risks with home births and giving more choice.







#### Maternity services: surveys

Positive views included the benefit of more choice and access to better care for those who are "higher risk".

## General positive views towards the ideas

"Women should have more choice and should be encouraged to take home birth as an option if they wanted to."

"This will probably work out better. If they were more likely to get the care they need, travel would not concern me."

"A great idea especially for women at high risk would be cared for and looked after better with specialist units."

"I think all these ideas are very good and long overdue. The sooner the better. People who care for the maternity services should have a great deal more input into the area they are experts in."

"Makes women more in charge of their births which is good."

Positive feedback included the benefit of more choice over how to give birth and access to better care for those who are "higher risk"



#### Maternity services: surveys

Concerns included not having quick access to doctors (consultants), difficulties/risks of increased travel, risks with home births and more choice and a lack of staff for home births.

## General concerns towards the ideas

"Even as a low risk woman I would be extremely worried about giving birth in a midwife only unit in case anything suddenly went wrong."

"Isn't it more staff intensive if women give birth at home and a midwife has to travel to the home to provide a one to one service."

"There is no procedure in place for supposed low risk women having last minute complications."

"I would be scared if things went wrong with no doctors around." "Each of the hospitals needs it's own team of specialists. If there is a problem with a home birth, the time taken to drive to a hospital some distance away, the baby could die."

Concerns included not having quick access to doctors (consultants), the difficulty/risk of increased travel time, risks with home births and giving more choice and there being a lack of staff for home births





There was anxiety about not having quick access to doctors (consultants), the difficulties/risks of increased travel time and risks with home births and giving more choice.

# Importance placed on doctors (consultants)

"I think it needs to be consultant led because if something goes wrong you need to know they can deal with it straight away instead of driving a long way."

"I prefer there not to be midwife led units as I think some expecting mums would worry if there is a problem, with there not being a doctor on site just in case."

# Difficulty/risk of increased travel time

"The ambulance service is overstretched and relatively underfunded. Public transport is not always available and, some would say, is inappropriate for pregnant women - especially for those at 'high risk'. Using personal transport - the family car - begs the question of who is going to drive it: the 'high risk' woman, the partner who would need time off work for each appointment...?"

"Higher cost, car travelling, high risk to travel when ill and at risk."

# Risks with home births and giving more choice

"If there is a problem with a home birth, the time taken to drive to a hospital some distance away, the baby could die."

"How do you know if you are low risk with your first."

There was anxiety about not having quick access to doctors (consultants) if there were complications when giving birth

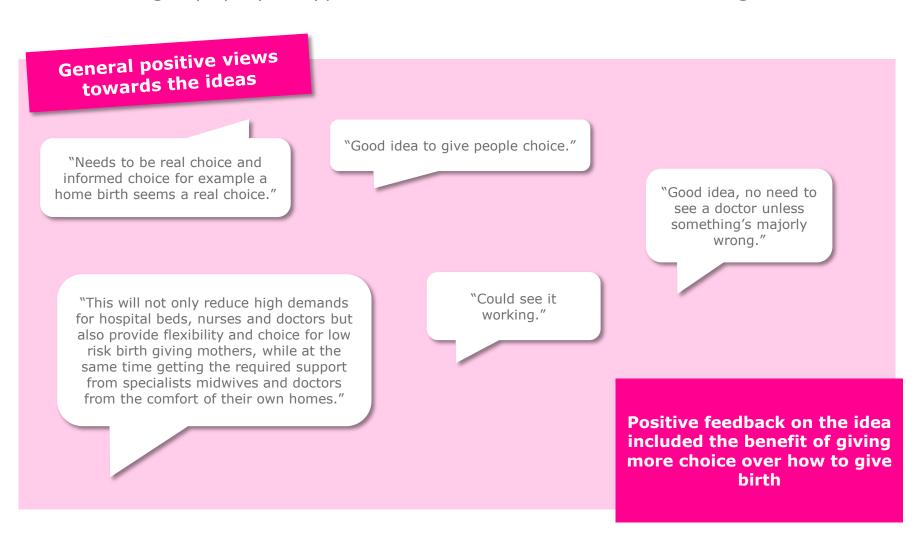
Feedback included the risk travelling poses for those who are "higher risk", difficulty accessing transport and the higher cost of transport

People expressed the risks
with home births due to not
having the doctors
(consultants) on hand in case
complications arise. Having
more choice may also be
risky if people lack
knowledge



#### Maternity services: discussion groups

In discussion groups people supported the idea of more choice over how to give birth.





#### Maternity services: discussion groups

Concerns included not having quick access to doctors (consultants), difficulties/risks of increased travel, risks with home births and more choice and a lack of staff for home births.

## General concerns towards the ideas

"If there is a shortage of midwives do you have enough staff to offer this choice, surely having a baby at home means you need more staff and there is already a staffing issue – so can you really offer choice?" "Concern over transport distances and times if complications developed."

"Midwife led units are all right but if there was an emergency what then?"

"You must resolve the transport issues, this would be a factor in terms of visiting and also for ambulance transport in an emergency do you have enough ambulances to do this safely?"

"In case of complications doctors should always be on hand during birth."

Concerns included not having quick access to doctors (consultants), the difficulty/risk of increased travel time, risks with home births and giving more choice and there being a lack of staff for home births



#### Maternity services: discussion groups

In discussion groups there was anxiety about not having quick access to doctors (consultants), the increased travel time and risks with home births and giving more choice.

# Importance placed on doctors (consultants)

"In case of complications doctors should always be on hand during birth."

"A consultant led unit would need to be close enough to a midwife led unit in case of complications developing."

# Difficulty/risk of increased travel time

"You must resolve the transport issues, this would be a factor in terms of visiting and also for ambulance transport in an emergency do you have enough ambulances to do this safely?"

"Concern over transport distances and times if complications developed."

# Risks with home births and giving more choice

"The most common concern was about what happens if a low risk pregnancy suddenly becomes a high risk pregnancy."

"It is important that expectant mothers are given enough information to understand the benefits and risks associated."

There was anxiety about not having quick access to doctors (consultants) if there were complications when giving birth

There was concern about the increased travel time particularly in situations where complications developed

There was importance placed on ensuring people are given enough information about the risks involved to make an informed choice and concern about what would happen if complications developed



#### Maternity services: summary

Over half had positive views towards the ideas. However, there was anxiety about not having quick access to doctors (consultants), the difficulty/risk of increased travel time and the risks with home births and giving more choice.

# General positive views towards the ideas

In both, people thought there was a benefit of giving more choice over how to give birth. In the paper surveys more came out about access to better care for those who are "higher risk" than in the discussion groups

## General concerns towards the ideas

In both, concerns included not having quick access to doctors (consultants), the difficulty/risk of increased travel time, risks with home births and giving more choice and there being a lack of staff for home births

# Importance placed on doctors (consultants)

In both, there was anxiety about not having quick access to doctors (consultants) if there were complications when giving birth

# Difficulty/risk of increased travel time

Both highlighted the difficulties/risk of increased travel time. The surveys elicited more about the risk travelling to the hospital poses for those who are "higher risk" than the discussion groups

# Risks with home births and giving more choice

In both, there was importance placed on ensuring people have enough knowledge about the risks involved when making a choice and anxiety about what would happen if complications developed



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#### Q03 on the survey:

#### Services for poorly children

We are looking at ways that we could work together and have considered a number of options.

Most children can be cared for at home, or only stay in hospital for a few hours and can go home very quickly. There are a small number of children who are seriously ill and need to stay in hospital for longer. At the moment we don't provide enough care for children at home, and our services aren't designed to make the most of the specialist doctors, nurses and healthcare staff that we have.

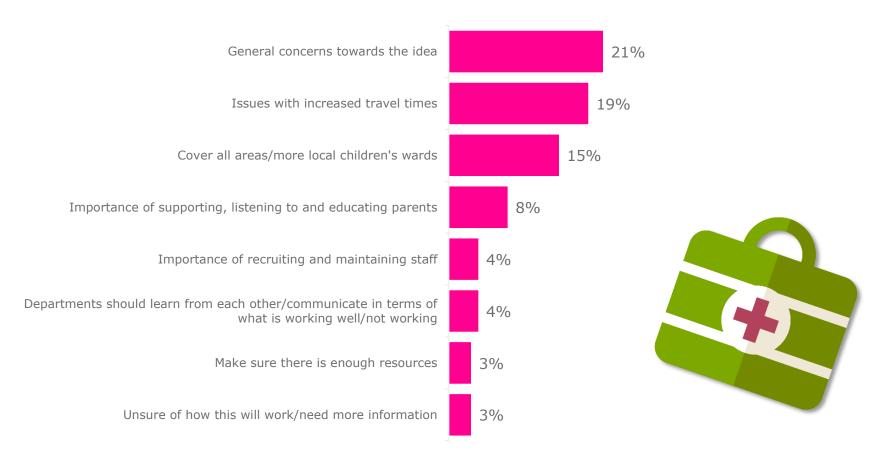
We think it might be useful to:

- Care for more children at home or "in the community" as we think it makes sense for poorly children to get as much care as possible close to where they live, in their own home, by their GP.
- Look after seriously ill children in units with more specialist doctors, nurses and healthcare staff. The number of children who are sick enough to stay in hospital overnight is small but we think it is important that seriously ill children are looked after 24/7 by people who are specialists.
- Explore whether some less ill children should be cared for in units which are open during the day. All our hospitals would have children's units that were open during the day. One or two of them would not open overnight. So we would have the specialists working in 5 or 6 larger centres that were open overnight rather than trying to staff all seven, all of the time. This would mean that some children who are very poorly would have to travel a bit further, but they would be cared for by specialists available more of the time.

We would be very interested to hear your thoughts on the ideas mentioned above for children's services and how you think it might best work?



Over half had positive views towards the ideas. However, 1 in 5 had concerns about the idea. 1 in 5 had issues with increased travel times.





#### Services for poorly children: surveys

Positive views included benefits of children being treated at home and having 24/7 care available.

# General positive views towards the ideas

"Would be good to have services just in the day so more places can have beds when children need to stay in."

"I think if it is safe and possible it would be great if kids could get treatment at home as this would mean the kids would be more comfortable/less distressing."

"Child's health is most important so should be prepared to travel."

"Good idea- it can't be sensible to have services everywhere especially if they aren't fully utilised." "- Good for poorly children to be treated at home - more comfortable for them and maybe more 'normal' life. - 24/7 care is great as seriously ill children may need more help and care. - Even though further travel may be required, children will be better cared for."

There was support for the idea for reasons including benefits of children being treated at home and the benefit of having 24/7 care available



#### Services for poorly children: surveys

Concerns included concern about some hospitals being closed overnight and increased travel times.

## General concerns towards the ideas

"I think they need to be somewhere where their parents can get to them easily. It is difficult for parents and children if they have to go to hospital so always need to make sure they can see each other so local would be better."

"I think you need care where you live - it should be available 24/7 in your local hospital."

> "The health of people should not be placed second to save money."

"Care for children at home or in the community sounds like a cost cutting exercise. Don't like the sound of this idea. Terrible idea, two hospitals not opening overnight for children. Wouldn't be able to take an emergency child to a hospital with no overnight ward."

"If urgent care is needed during the home visit, it would take longer to be dealt with than if they were already in hospital. Closing hospitals for poorly children overnight is not going to stop issues. What if people can't travel long distances etc. It's not going to stop the high demand."

People thought this idea sounds like an attempt to save money. There was particular concern about some hospitals being closed overnight and increased travel times.





# Issues with increased travel times

"I know how stressful a very sick child is and I think transferring or going to another hospital in a different area would be an added stress they don't need."

"I believe that it isn't very practical for seriously ill children to have to travel far or further than they have to when they need immediate care and constant care."

Travelling increased times and to a hospital in an unfamiliar area was thought to be an added stress for poorly children and difficult when requiring immediate and constant care

# Cover all areas/more local children's wards

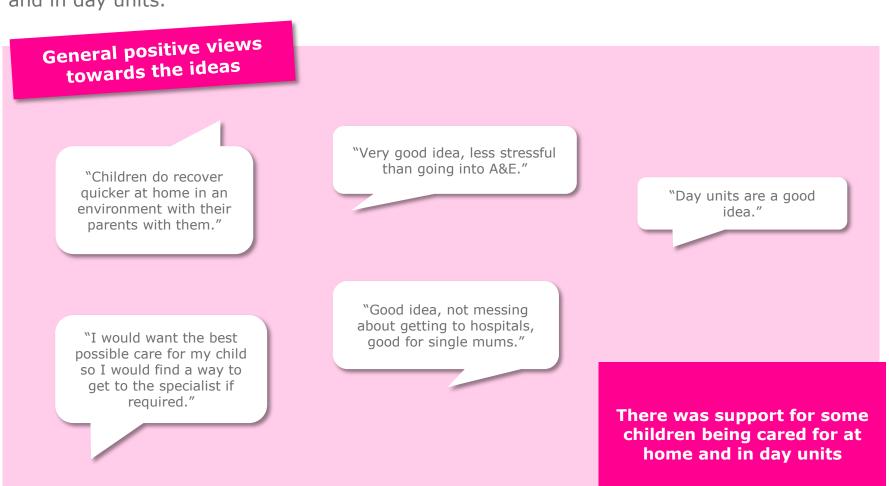
"I think every hospital should have 24/7. I have children and I want them treated in my local hospital."

"Perfect to have a child cared for near home. Every child who has an operation should be kept in as complications can occur overnight."

Importance was placed on having overnight care in the local area

#### Services for poorly children: discussion groups

In discussion groups people supported the idea of some children being cared for at home and in day units.





#### Services for poorly children: discussion groups

Concerns included concern about hospitals becoming too busy, a lack of overnight care in some hospitals, children being transferred to other hospitals and increased travel times.

### General concerns towards the ideas

"Some families might want the most specialist care for their child but they aren't able to drive and the journey over to see their child is long and is not straightforward by public transport. They might have other children they need to care for at home, and no one else to care for them for long periods of time."

"What would happen if the service was full in the overnight facility, if there are fewer overnight facilities could this happen?"

"All hospitals to have a children's unit open overnight for vulnerable and financially poor families to visit their children. More ambulances needed to transport children and parents to units further than their closest hospital."

"Is there ambulance capacity to transport children to other hospitals?" "Don't like the idea that children would need to be transferred, all hospitals should have 24/7 paediatric services."

Concerns included hospitals becoming too busy, a lack of overnight care in some hospitals, children needing to be transferred to other hospitals and increased travel times

#### Services for poorly children: discussion groups

There was concern about increased travel times. Importance was placed on receiving treatment at their local hospital.

## Issues with increased travel times

"A prolonged journey to be with a sick child just adds to the stress and challenge of the situation."

"The issue of transport and access to visiting is an issue for people who don't drive or who have other children to care for at home."

There was concern about increased travel times due to difficulties this would pose for poorly children and families visiting for example with a lack of transport, other children to care for and increased costs

## Cover all areas/more local children's wards

"I believe that overnight care should be made available in all our hospitals."

"All children should be looked after at the hospital closest to them."

Feedback was that poorly children should be able to receive treatment at their local hospital



#### Services for poorly children: summary

There was support for children being cared for at home. However there was concern about increased travel times and some hospitals being closed overnight and importance placed on receiving care in their local area.

## General positive views towards the ideas

Both supported children being cared for at home. The survey responses drew more positivity about the specialists working in 5 or 6 larger centres that were open overnight

### General concerns towards the ideas

Both revealed particular concern about some hospitals being closed overnight and increased travel times

## Issues with increased travel times

There was concern about increased travel times due to difficulties this would pose for poorly children and families

## Cover all areas/more local children's wards

In both, importance was placed on poorly children receiving care in their local area





### Q04 on the survey:

## Gastroenterology (stomach and intestine) services

We've been looking at ways we could deliver services for people who have a "gastric bleed" which means they are vomiting blood and need to be seen by a specialist team, who have had specialist training, as they'll probably need surgery to help them.

At the moment we don't have enough specialist staff to provide these services at nights and at weekends on all of our sites.

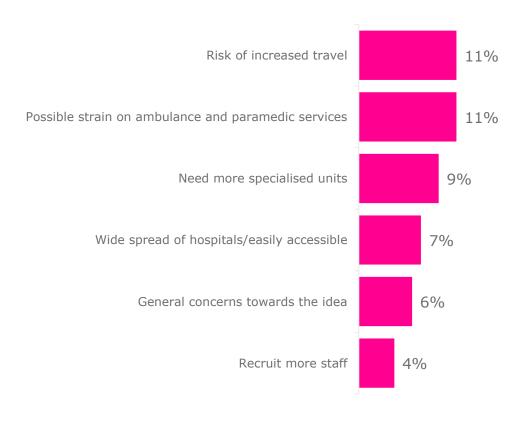
We think it might be useful to:

Look at reducing the number of hospitals who can treat this specialist
emergency over the night and at weekends to three or four sites (instead of
the current seven). This way we can make sure that the specialist staff are
in these places to treat people in a more organised way rather than trying to
keep all seven services, all of the time with not enough staff to help.

We would be very interested to hear your thoughts on this idea...

### Gastroenterology priority areas: surveys

3 in 5 had positive views towards the idea. However, there was concern about the risk of increased travel, a possible strain on ambulance and paramedic services and a need for more specialised units.







#### **Gastroenterology:** surveys

Positive views included the benefit of receiving care from specialists as quickly as possible.

## General positive views towards the idea

"If there is a long wait at hospitals when the patient arrives then it would be better if the patient is taken to a hospital that has services to treat them straight away."

"I think I would prefer to go to see a specialist and if that meant my ambulance passed a local hospital to get me there I would be happy with that." "Yes it would be easier and better to go to the hospital where the team is waiting."

> "Yes always specialist go wherever you need to go so you get the best care as soon as possible."

"By ambulances being diverted to a hospital where there is a team to operate it is going to save time for the patient who is in a critical condition, rather than having to be transferred about or wait for a team to arrive. It is a definite time saver. Will more likely save someone's life."

The importance of receiving the best care from specialists as soon as possible from the time of arriving at the hospital was portrayed



#### **Gastroenterology:** surveys

Concerns includes the importance of being treated locally, the risk of increased travel times and concern about the possible strain on ambulance and paramedic services.

### General concerns towards the idea

"Preferable that people who have a gastric bleed could be treated "on site" near their homes ... initial resuscitation to prevent this should take place locally at the very least."

"People who vomit blood need immediate attention and if they have to travel to other hospitals further from their area may lead to more casualties and deaths." "Long travel times could lead to 'deaths'."

"Will transport take longer - will people have to wait longer? A&E services can't cope now." "Are there enough ambulances? ... Would want to be local and not go further away. I would want to go to the local hospital so my family can visit."

Concerns about the idea includes the importance of being treated locally and the risk of increased travel times. There was concern about the possible strain on ambulance and paramedic services.



There was concern about the risk of increased travel times and a reliance on ambulances/paramedics. Importance was placed on receiving care from specialists.

### Risk of increased travel

"If they have to travel to other hospitals further from their area may lead to more casualties and deaths."

"They would have to be very well located as ambulance times would have to be kept down." Possible strain on ambulance and paramedic services

"This would work fine if ambulances available to take people."

"Good idea, but ambulances needed to go between hospitals = more pressure on an already stretched service."

### Need more specialised units

"If someone needs urgent treatment they need to be seen by a specialist as soon as possible."

"It makes sense to reduce costs by combining resources in fewer centres. So 24/7 specialist cover is available at all of them, providing there is no reduction in provision overall."

There was particular concern about the impact increased travel times may have on chances of survival

With this idea came a sense of reliance on ambulances/paramedics

Importance was placed on receiving care from specialists



#### Gastroenterology: discussion groups

In discussion groups people supported the idea of better access to specialists and receiving care more quickly.



"Agreed that even if it meant travelling further due to having less units but with a round the clock specialist care was a better approach." "Diverting patients to where they can get a quick response makes sense."

"Being seen straight away is a very good thing."

"It would make absolute sense to consolidate these services on a weekend. This type of illness would always warrant a specialist." "That is good if it is central for everyone."

The idea of better access to specialists and receiving care more quickly was well received



#### Gastroenterology: discussion groups

Concerns includes the importance of being treated locally, the risk of increased travel times and concern about not being able to access an ambulance.

### General concerns towards the idea

"Transport would be an issue. How quickly would they be able to transfer to a local hospital or back home?"

"You can't always get an ambulance. Calls are graded for priority. An emergency is an emergency." "Why isn't there a facility locally?"

"There were some concerns about how reducing the number of sites would increase the distance people would have to travel to be treated."

"Ambulances are in short supply so people very ill cannot wait hours to be taken far away instead of a short journey."

Concerns about the idea includes the importance of being treated locally and the risk of increased travel times. There was concern about not being able to access an ambulance in an emergency situation.



There was concern about a lack of ambulances as well as a reliance on ambulances/paramedics. Importance was placed on receiving care from specialists.

### Risk of increased travel

"Ambulances are in short supply so people very ill cannot wait hours to be taken far away instead of a short journey."

"Good idea but ambulances needed to go between hospitals leading to more pressure on an already stretched service." Possible strain on ambulance and paramedic services

"You can't always get an ambulance. Calls are graded for priority. An emergency is an emergency."

"As long as there is a better resourced ambulance service, then this seems a viable option."

Need more specialised units

"More access to specialists."

"If this affected me, I would want to be taken to where the specialist services are."

There was concern about ambulances not being available to transfer people to hospital quickly

With this idea came a sense of reliance on ambulances/paramedics

Importance was placed on receiving care from specialists



#### **Gastroenterology:** summary

There was support for better access to care from specialists and receiving care more quickly. However there was particular concern about increased travel times and a sense of reliance on ambulances/paramedics.

## General positive views towards the idea

The idea of better access to care from specialists and receiving care more quickly from the time of arriving at the hospital was well received in both

### General concerns towards the idea

There was importance in being treated locally and concern about the risk of increased travel times and not being able to access an ambulance in an emergency situation

### Risk of increased travel

There was particular concern about the impact increased travel times for ambulances may have on chances of survival

# Possible strain on ambulance and paramedic services

In both, there was a sense of reliance on ambulances/paramedics

### Need more specialised units

In both, importance was placed on receiving care from specialists



#### 000

### Q05 on the survey:

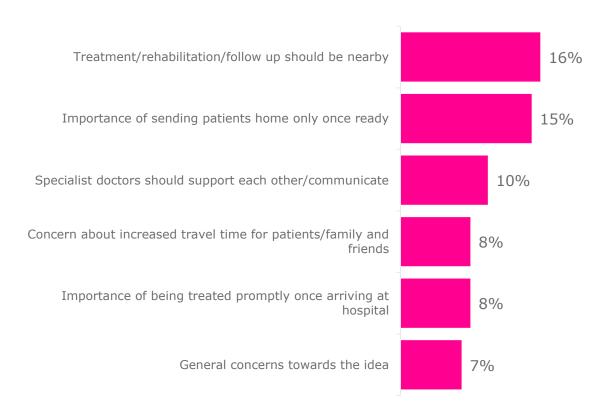
#### Stroke services

In November last year, a decision was made to change the way people are looked after for the first 72 hours after having a stroke so that we can make sure we have the specialist staff available 24/7 by looking after people in fewer, more specialist sites. These are called hyper acute stroke services. As part of the review of hospital services, we looked at the other services for people who have had a stroke and to improve them, we think we should:

- Make sure all hospitals have the same approach to "Early Supported
  Discharge" where patients are supported in being well enough to go home
  with the right follow-up care and rehabilitation in place
- Make sure all hospitals have the same approach to looking after patients who have had "mini-strokes" (what we call TIAs)
- Develop a network so that specialist stroke doctors who look after people during the first 72 hours after having a stroke in hyper acute stroke units will support the hospitals who don't offer this emergency service
   We would be very interested to hear your thoughts on these ideas...



Over half had positive views towards the ideas. People felt it was important that treatment/rehabilitation/follow-up was nearby, patients are only sent home once ready and specialist doctors support each other/communicate.







#### Stroke services: surveys

Positive views included having a network of specialist stroke doctors and all hospitals having the same approach.

## General positive views towards the ideas

"All hospitals should have same ways of working especially as at hospital sites you mentioned as near each other ... Network - should be happening now. Could easily have one medical staff visit all the hospital sites so relate to each other."

"Yes I would want to come home as soon as possible and have my rehabilitation at home or locally. As hospital should follow the same treatment so if it works well in one hospital should happen everywhere."

"Yes people should be able to come home as soon as they are physically well enough with a reassurance, rehab will happen at home or locally. Yes should have standardised pathway as Drs should support each other."

"I would prefer to go further to get a better chance of a full recovery." "Making sure all hospitals have the same approach will be helpful as if one hospital has a good system in place the others can use it."

People were particularly supportive of having a network of specialist stroke doctors, all hospitals having the same approach and the "Early Supported Discharge"



#### Stroke services: surveys

Concerns included practicalities, the importance of receiving treatment/rehabilitation/follow-up locally and risks of increased travel times.

## General concerns towards the ideas

"Reduced/increased pressure on health and social care would make early discharge a concern."

"Fewer specialist centers implies more emergency transport. There are also issues for relatives of having a further distance to travel."

"Are there enough doctors for this to work efficiently?"

"Dr's and specialists should be available in your local hospital." "How long would it take for the ambulance to get to the patient? Would want to be treated locally."

There was concerns about
the practicalities of the ideas,
importance placed
on receiving
treatment/rehabilitation/
follow-up locally and risks of
increased travel times





People felt it was important to receive treatment, rehabilitation and follow-up care close to home, that patients are only sent home once ready and that specialist doctors support each other/communicate.

# Treatment/rehabilitation /follow-up should be nearby

"Will take some strain off the hospital staff if patients can go through rehabilitation process at home. Going to local hospital makes things easier for the patients."

"I think that people would prefer to go home but they would have to make sure that they can really provide everything they need at home."

## Importance of sending patients home only once ready

"I would be worried about people being discharged because they needed the bed back."

"Only send customers home if they feel supported and comfortable to be at home."

## Specialist doctors should support each other/communicate

"Good idea as long as there is a good network to provide care and support whether it be family/ friends or professionals."

> "Set up a network group so that specialist stroke doctors will support the hospitals who don't offer this emergency service."

Importance was placed on being able to receive treatment, rehabilitation and follow-up care close to home There was a consensus that patients should only be sent home once they are ready and will be able to access appropriate support

There was support for their being a network of specialist doctors who support and communicate with each other



#### Stroke services: discussion groups

In discussion groups people supported the idea about a network of specialists and all hospitals having the same approach.

## General positive views towards the ideas

"Yes Dr's who are specialists should be supporting any hospital who doesn't have a specialist on site to make sure that any decisions made about treatment are the right ones."

"All hospitals should give exactly the same care to every patient and all staff should follow same procedures. Specialist stroke doctors' support is a good idea as long as it is available 24/7 and 365!"

"The same services should be available in all hospitals."

"All hospitals should work the same and patients should have access to the same services." "All hospitals should work the same and then the patient knows what to expect."

The idea about a network of specialists was well received as were the ideas about all hospitals having the same approach to "Early Supported Discharge" and TIAs



#### Stroke services: discussion groups

Concerns included practicalities, the importance of receiving treatment/rehabilitation/follow-up locally and risks of increased travel times.

## General concerns towards the ideas

"It would be better if people were treated in their own area and not have to travel miles away especially if they are stroke patients."

"There needs to be a quick response so it needs to be as close as possible." "How long would it take for the ambulance to get to the patient?"

"Concerns over transport distances and times." "Would there be enough support services available in the community?"

There was concerns about
the practicalities of the ideas,
importance placed
on receiving
treatment/rehabilitation/
follow-up locally and risks of
increased travel times



People felt it was important to receive treatment, rehabilitation and follow-up care close to home and that patients receive appropriate care and rehabilitation when they are sent home. There was support for there being a network of specialist doctors.

## Treatment/rehabilitati on/follow-up should be nearby

"Some people may not survive a longer journey to get to specialist services."

"The absence of a speech therapist in Doncaster is a shameful disgrace. There are only 2 registered speech therapists in the entire county of Nottinghamshire and they are located in Nottingham and due to being oversubscribed are unable to take any appointments until next year."

# Importance of sending patients home only once ready

"Really important for patients to go home with appropriate rehabilitation in place."

"After care is often not very good, didn't deal with speech therapy, sent home with no communication."

## Specialist doctors should support each other/communicate

"Setting up a network of specialist stroke doctors could be a useful approach as they can share hints and tips of good practice and ideas of what's working and what is not."

> "Specialist stroke doctors' support is a good idea as long as it is available 24/7 and 365!"

Importance was placed on being able to receive treatment, rehabilitation and follow-up care close to home

There was anxiety about people not receiving appropriate care and rehabilitation when they are sent home

There was support for there being a network of specialist doctors who support and communicate with each other



#### Stroke services: summary

The ideas about a network of specialists and all hospitals having the same approach were well received. Importance was placed on receiving appropriate treatment, rehabilitation and follow-up care close to home. There was concerns about the practicalities and risks of increased travel.

## General positive views towards the ideas

In both, the idea about a network of specialists and all hospitals having the same approach was well received

### General concerns towards the ideas

In both, there was concerns about the practicalities of the ideas, importance placed on receiving treatment/rehabilitation/follow-up locally and risks of increased travel times

## Treatment/rehabilitation / follow-up should be nearby

In both, importance was placed on being able to receive treatment, rehabilitation and follow-up care close to home

## Importance of sending patients home only once ready

In both, there was a consensus that patients should only be sent home once they will be able to access appropriate care and rehabilitation

# Specialist doctors should support each other/communicate

In both, there was support for there being a network of specialist doctors who support and communicate with each other





### **Summary**

#### A shared approach

Stroke services

practicalities and risks of increased travel.

- Most supported the ideas and 2 in 5 thought hospitals/services/ medical professionals should work together and have a consistent approach. People also highlighted the need for more staff. Concerns included the logistics/practicalities and a lack of funding.
- Maternity services

  Over half had positive views towards the ideas. However, there was anxiety about not having quick access to doctors (consultants), the difficulty/risk of increased travel time and the risks with home births and giving more choice.
- Services for poorly children

  There was support for children being cared for at home. However there was concern about increased travel times and some hospitals being closed overnight and importance placed on receiving care in their local area.
- Gastroenterology services
  There was support for better access to care from specialists and receiving care more quickly. However there was particular concern about increased travel times and a sense of reliance on ambulances/paramedics.
- The ideas about a network of specialists and all hospitals having the same approach were well received. Importance was placed on receiving appropriate treatment, rehabilitation and follow-up care close to home. There was concerns about the

## Thank you...

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