

Manton Minis Group, Centre for Sport and Learning, Shrewsbury Rd Worksop

All responses, comments and quotes are given in red type.

1. What age are you?					
0-15	16-24	25-34 2	35-44 1	45-54	
55-64 2	65-74	75-84	85+	Prefer not to say	
2. What is your sex / gender?					
Male 1		Female 4		Non-Binary	Prefer not to say
3. 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?					
Yes		No 5		Prefer not to say	
3a. Have you had thoughts about going through a process to bring your physical sex appearance, and/or your gender role, more in line with your gender identity?					
Yes		No 5		Prefer not to say	
4. Which of the following options best describes your sexual orientation?					
Heterosexual/ Straight 4	Gay 1	Lesbian	Bisexual	Other	Prefer not to say
5. What is your ethnic group? Please circle.					
White White British 5 White Irish Other White	Mixed White and Black Caribbean White and Black African White and Asian Other Mixed	Asian or Asian British Indian Pakistani Bangladeshi Other Asian	Black or Black British Caribbean African Other Black	Chinese or Other Ethnic Group Chinese Other Ethnic Group	
6. What is your religion?					



No religion 5	Atheist	Buddhist	Christian/ Including Roman Catholic	Hindu
Jewish	Muslim	Sikh	Other (<i>please specify</i>)	Prefer not to say
7. Do you consider yourself to have a physical disability?				
Yes		No 5	Prefer not to say	
7a. If 'Yes' to question 7, does your disability affect your ability to access services? If so, please tell us briefly how				
Yes (<i>please describe</i>)				No
8. Do you, or do you consider yourself to have a mental health condition?				
Yes 1		No 4	Prefer not to say	
8a. If 'Yes' to question 8, does your disability affect your ability to access services? If so, please tell us briefly how				
Yes (<i>please describe</i>)				No
9. Are you currently pregnant, or expecting a baby?				
Yes		No 5	Prefer not to say	
10. Please specify the number of children that you have, in the following age ranges				
0-3 3	4-10 5	11-16 1	17-21	Over 21 4
				Prefer not to say
11. What is your marital status?				
Single	Co-habiting 1	Married 4	Divorced / separated	Widowed
				Prefer not to say
12. Do you have caring responsibilities?				
Yes		No 5		



13. Are you serving military personnel or a military veteran?		
Yes – serving military	Yes - veteran	No 5

Responses to question prompts

Carrying on with the development of closer working relationships across all of our hospitals

- The report recommended that the hospitals develop a new way to work together as networks
- This approach supports hospitals to ensure patients get equal access to services and patient care (so where there might currently be differences in, for example, the number of follow-up appointments people might have after the same operation, just because they live in a different town, there would be a change so that everyone in South Yorkshire and Bassetlaw would have the same service. This may be different for Derbyshire patients).

Does it mean that it will be one hospital for one thing and one hospital for another? I think that people would prefer that the closest hospital to them did a bit of everything. Going to different hospitals is a bit of a problem.

If I had to take one of my children to Doncaster or Sheffield hospital in the middle of the night, it would mean waking up all four children and taking them all that way.

Does it mean that for people in Bassetlaw that our services would get better, or worse? I know that Worksop has got longer waiting lists for ultrasound and x-ray. One of my children is waiting for an ultrasound in her jaw, they had earlier appointments at Doncaster, but we've had to wait a month longer to get one at Worksop, but I'd rather go to Worksop because parking at Doncaster is terrible. That's another thing, parking at Doncaster is horrendous.

I have to go to Doncaster for my gynaecology appointment, and it's a nightmare having to get there because it takes about 40 minutes. However, when I do get there, I am pretty quick to be seen, whereas at Worksop you can be waiting hours. You can go for an appointment, and 2 hours later you still haven't been seen- especially in maternity.

I think it's a good thing if Bassetlaw and Sheffield have a closer partnership.

It's a postcode lottery at the minute. Depending on where you live, depends on what care you get, so I think that standardising it would be a very good idea- Making the protocols across hospitals would make things so much easier, especially if people have to move hospitals mid-treatment.

Is it going to benefit everyone? Otherwise it's a bad idea.



At the moment, people are at risk because they are turning up to Worksop hospital expecting they can be treated, where it isn't the case. For instance, for major trauma, it would be Northern General you'd need to go to, not Bassetlaw. But people don't have the knowledge about this. I know 2 people who have gone to Worksop with sepsis and died. If they'd have gone straight to Sheffield, would they still have been here today?

Doncaster and Bassetlaw Hospital and Sheffield Children's working together more closely

- The report recommended that Doncaster and Bassetlaw hospital and Sheffield Children's should explore a more in-depth partnership. For example where one hospital is particularly good at something –such as the experience Sheffield Children's has in caring for children – they would help their partner to learn and benefit from their experience.
- Doncaster and Bassetlaw hospital and Sheffield Children's will look at how working together might make it easier to fill their job vacancies and develop how they train their staff.

I think it's better for different hospital to concentrate on different specialisms, one hospital can't do it all. I have to travel to Birmingham for my daughter's skin condition because that's where the specialists are. But, it is good for the closest hospitals to you to have general knowledge too in case there's something that needs looking at urgently.

Each hospital needs to have their own specialisms, and patients should be sent to the specific hospital from the start instead of being moved from Worksop to Doncaster and back again. This happens with non-urgent appointments, and when people are critically ill- I saw it with my brother in law.

The hospitals should work better together when it comes to transport, as you have to ring Worksop to book your journey to Doncaster, and Doncaster for the journey back to Worksop. You should just have to ring one number.

When you go to Sheffield Children's hospital you know you are going to get the best of the best. For the sake of half an hour's journey, if I had a sick child I would rather go there. With all respect, Worksop just hasn't got the resources. People who are unable to travel to Sheffield are losing out, because there aren't the services here and have to just take what there is.

It's good sharing the knowledge and experience- but there's no point if the resources and facilities aren't there. You're getting half a service.

Why can't doctors be shared across sites?

Hospitals take forwards their own changes locally because the report has found that a South Yorkshire & Bassetlaw solution isn't always the best option



- The report explains that each Trust is also taking forward its own changes
- Examples include Rotherham building its community services for children's services or Barnsley improving its buildings so that the assessment unit for children is next to the emergency department.

Concentrating on working together might mean that things are missed.

Bassetlaw partners take forward work to consider local solutions.

- The report states that there are no immediate, known safety issues at any sites, but that a risk of safety issues on the Bassetlaw site has previously been avoided by removing overnight stays and moving temporarily to a model where they just have an assessment unit for children. The work of the Review suggested that staffing issues remain, and that the same risk would arise again at Bassetlaw if Bassetlaw were to return to an overnight inpatient children's unit.
- The report supports Bassetlaw CCG and Doncaster and Bassetlaw Teaching Hospital in continuing to test potential partnership working with Sheffield Children's Trust as a way to strengthen services, but suggests that it is not likely that this would be sufficient to support a reopening of overnight inpatient children's services. The report invites Bassetlaw CCG, working with the Trust, to work together to consider local options.

Not having an overnight children's ward in the same town puts a massive strain on parents- especially if their children are seriously ill.

It's very lonely if you're from Worksop and have a child staying in Doncaster, waiting for visiting etc. When you're in your home town, you have support around you.

Some parents just don't have the funds to travel to other hospitals. I knew a lady from Doncaster who had a baby in the baby care unit, and could only visit her once a week because she couldn't afford it- which really isn't fair.

Surely the money it costs transporting children to Sheffield and Doncaster in ambulances could go towards employing extra staff in Worksop?

Recruitment needs to be addressed at top level. Not being able to recruit staff stems from things like bursaries being cut or taken away.

Why would doctors, especially young doctors want to work at the hospital in Worksop? They will want to go somewhere where they're going to learn something and advance their careers, and where there's something to do.

It is supposed to be a teaching hospital, but there doesn't seem to be any teaching happening there.

Worksop needs a specialist service.



Why is the overnight unit still closed? If it is known there is a problem- why is nobody working to find a solution. Even paying higher rates for agency staff would be better than putting children a risk by transporting them from hospital to hospital.

If Worksop cannot accommodate children's services day & night, then why not just shut it altogether and send everyone to Sheffield instead of moving people about at night.

If Worksop did re-open the children's overnight ward, they need to have the facilities for parents to stay comfortably.

Additional general comments:

This info could be gathered more effectively if people from all areas were together in a room to have a discussion. This would include hospital staff, trust members, recruitment and parents.

I used to take great comfort that we (Worksop) had a hospital on the doorstep. I don't know that I do anymore.

