

healthwatch

County Durham

Pre-engagement- Shotley Bridge Community Hospital Services

An independent observation report on engagement activities
across North-West Durham



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Healthwatch County Durham

Healthwatch County Durham is the county’s consumer champion for health and social care, representing the voices of current and future users to decision makers.



We listen

We listen to patients of health services and users of social care services, along with their family members or carers, to find out what they think of the services they receive.



We advise

We advise people how to get the best health and social care for themselves and their family. We provide help and information about all aspects of health and social care provided in County Durham.



We speak up

We make sure that consumers views are heard by those who provide health and social care. Wherever possible we try to work in partnership with providers to influence how they make improvements.



Background to this work

North Durham Clinical Commissioning Group (NDCCG) have stated that the Shotley Bridge Community Hospital (SBCH) site is relatively old, expensive to run and lacks the infrastructure required to support future delivery of services. The main provider for patients at SBCH is County Durham and Darlington NHS Foundation Trust (CDDFT). The NDCCG is responsible for planning and designing a range of local NHS services. SBCH near Consett currently provides

- Outpatients and community clinics
- Urgent Care
- Chemotherapy
- Rehabilitation Bed Provision
- Diagnostics
- Theatre
- Endoscopy

NDCCG believes there is a strong clinical and financial case for reviewing the current services and investing in a fit for purpose facility.

The recent public engagement exercise was to explore how some services might be re-provided in a fit for purpose facility and how some services might be delivered elsewhere. At this stage no decisions have been made. NDCCG wants to listen to and to understand the views about their thoughts from local patients, family members and the wider public, alongside healthcare clinicians, local GPs, local authorities and community sector organisations and other stakeholders. Healthwatch County Durham was invited to be a member of the Shotley Bridge project Group and the Patient Public, Carer and Engagement Committee, meaning we have had the opportunity to see the engagement plans and receive updates on the process. We promoted the engagement opportunities widely on social media and in our newsletter. This link gives further details about the engagement <https://northdurhamccg.nhs.uk/wp-content/uploads/2019/03/SBCH-Engagement-Document-FINAL-1.pdf>

How the information was provided

There were 8 engagement events throughout April and May 2109 across North West Durham for communities who would be affected by any changes to services, which were attended by 259 people. There was an on-line survey available completed by 1,295 people. Also 20 outreach sessions, visiting various groups and 3 young people's agenda days.

The meetings were facilitated by staff teams representing the NDCCG and the CDDFT. They had produced a booklet which provided background information on the current health needs, who was using the hospital departments and the scenarios for change that were being considered.

The agenda for each event stated that there would be a presentation, table discussions, facilitator feedback and a summary. There were three distinct areas for discussion:

- Experiences of care and services delivered from Shotley Bridge Community Hospital
- Views on each of the current scenarios being considered specific services
- Other considerations for the future

What we heard - common themes

HWCD attended four of the eight engagement events, in Stanley, Blackhall Mill, Consett and Lanchester, in our capacity as independent observers, to listen to and understand people's concerns, and identify any trends or recommendations to the NDCCG.

Some people who attended at the Louisa Centre in Stanley felt the events had not been publicised widely enough, two people stated it was pure chance that they had heard about the event. There were 4 people who had believed the event was a drop-in and had therefore not arrived at the start of the event, they were quite upset about this.

At the event attendees were given an overview of the current situation at the SB hospital site. The site is owned by NHS Property Services and even if the new community facilities were located elsewhere the money from and land sales would not be at the disposal of local NHS services, but would go into the national pot.

Patient experience of the current services /care available at Shotley Bridge -

- People said the staff were friendly at the hospital and they like the fact it seemed to be a stable staff team, so you saw familiar faces. Services were speedy and efficient, there weren't long waiting times for things such as x-rays. There is free car parking- although there could be mobility issues as it was on a slope
- It was said that they don't want the decision makers to under-estimate how important this hospital is to local people. Any new building should have a community feel and staff to be considered as well as patients
- People spoke highly of the chemotherapy suite at the hospital.
- Public transport could be problematic and wasn't always appropriate if you were undergoing some procedures
- Local people were concerned about having to travel to Bishop Auckland or Darlington for treatment, especially in the winter if weather conditions were poor.

Urgent care facility

There were comments regarding experiences of the current service and any potential impact if the service was to change to a home visiting service (specifically between the hours of midnight - 8am) 7% of the attendees use urgent care facility between the hours of midnight - 8am, which equates to 2000 patients a year.

There was discussions about how people would feel if this service became a home visiting service (between midnight - 8am), this seemed to have a positive response, people said.

- They would want to be assured the GP/staffing levels would be sufficient to meet needs.
- How long you would have to wait if the teams are covering a large geographical area?
- How will mobile GP's be accessed - 111/GP surgery/separate phone number?
- It's currently a 24/7 facility offering a safety net for families in the area, being offered a specific time to attend was valued.
- People have confidence in the current system and the fact it is hospital based.

Some stated they believe the service is not being used currently because people do not know that it is open between midnight and 8am. It is not advertised by the Trust and there are issues with where 111 direct you to and poor communication about its opening times from 111.

People felt there was some confusion between A&E and Urgent Care - some did not know the difference

Provision of rehabilitation beds

In the discussions about the provision of rehabilitation beds there were a mixture of views,

- Provision of beds in a hospital setting seemed to provide more reassurance for people, some people would like all 16 beds to be in a hospital setting
- If beds were to be available in the community, then people thought choice about where a person would go was important, to enable family to visit and to take into account the views of patients about where they would like to be.
- People were worried about the quality of care in care homes. There were some concerns because of care homes closing or being under special measures, the standard of care is not as reliable. Care home staff do not know the patient's history. There is less accountability of staff and there is a notable staff/skills shortage in care homes. Some people saw it as privatisation through the back door. People wondered how the care would be monitored and standardised if the beds were spread in the community.
- There were worries that the rehabilitation beds have been reduced steadily over time and this change may see further reductions or complete removal. Some people would like to see cost comparison for the options set out.

Theatre services

The current theatre lists are under-utilised due to the risk factors and therefore it is not cost effective for the future.

Some of the comments were,

- People from Shotley Bridge have to travel for everything, so why not get patients suitable for the Shotley Bridge surgery criteria from other areas to travel to this hospital, to fill the theatre lists that are currently reported as being incomplete due to co-morbidity factors etc.
- A much more robust patient transport system would be needed for out of area appointments if it was no longer available at Shotley Bridge. Public transport is not always appropriate if you are having surgery.
- People also wanted reassurance there would be bed capacity if theatre services transferred.
- Some people felt minor surgery should continue

Endoscopy

We were advised that the Endoscopy suite has not been in operation for over 12 months and so patients have been attending UHND for this procedure. It is however still forming part of the engagement and no final decision has been made about its future. Some of the comments were,

- Had mobile endoscopy units been considered (this had been considered but they are not financially or logistically viable, they are very resource intense).
- Would it really be so expensive to have an endoscopy suite at the new facility?

People generally understood the rationale behind the moving of endoscopy, however, they wanted to see more outreach clinics for ailments such as rheumatology

Diagnostic services

Radiology services will still be delivered at community sites and they will be upgraded to digital imaging. Special MRI/CT diagnostics would not be included in this they would remain at specific hospitals.

People thought they would need to retain the current standard of diagnostic services such as x-rays (currently 24/7)

Other general comments that were made across the meetings were:

- How will UHND handle the additional car parking pressures if services are moved there
- The name of the new facility is important - should retain 'Community Hospital'

- Priorities are accessing services timely, safely and recovering well
- Will palliative care be part of the new facility?
- £16m has been earmarked for this development - if what 'we' want comes to more where does the money come from / what gets left out?
- It is essential that the CCG and TEWV work together
- A comprehensive travel analysis needs to be carried out - needs to consider travel times and accessibility - including the times that the transport is available. Derwentside was promised a bus service that would serve UHND (currently 2 buses) but this never materialized which deepens concerns over service access for those who need to use public transport
- Alcohol services - can they be included at the new facility
- Is the Board making the decisions actually made up of local people who know the area and the demographics
- Are detailed conversations happening with neighbouring CCGs
- This is a huge opportunity to help improve the health of local communities and should go hand in hand with public health
- The mental health unit currently located at Shotley Bridge needs to remain with the community hospital as the two go hand in hand

Observations and considerations

In our role as an independent observer, we would like to make the following observations, based on patient feedback and what we heard and saw at the events.

- Better advertising of future events should be considered, being specific about times as some people thought the events were "drop in" and therefore missed part of the presentation. Using a broader range of methods, could result in more people attending. Some events were far better attended than others.
- In the group sessions it was a challenge to get through all the topics in the time available and some groups felt rushed so this may be something the organisers want to consider for future events
- The presentations made it quite clear that this was pre-engagement and that no final decisions had been made, however some people still felt strongly that the hospital was going to close.
- People present at the events listened carefully to what they were being told and raised some valid points and concerns, although there was a lot for them to take in.

- It was clear that the current hospital is well regarded by patients and families and they spoke a lot about the quality, consistency and friendliness of staff, which is something they would not like to lose.
- Current Urgent Care was raised and there were comments made that the services available at Shotley Bridge were not being offered by 111 call handlers. Clarification would be helpful.
- Travel was one of the main issues raised throughout the 4 events attended and will need to be one of the key consideration for decision makers to give assurance to the people in the community.
- Giving further detail about the cost implications for decisions to be made in the future would be valuable as people asked about cost comparisons.