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healthwatch
North Yorkshire

Scarborough Acute Services Review: Early Engagement with Seldom Heard Groups



On behalf of...

Humber, Coast and Vale

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Summary

Acute services at Scarborough Hospital face a series of challenges, requiring a review of how health and care provision is delivered. In 2019, four key areas were identified as needing improvement, one of which was maternity and paediatrics. This instigated the Scarborough Acute Services Review. As part of this, Humber, Coast and Vale Health and Care Partnership have undertaken early engagement work to gather perspectives from members of the public across the region.

In 2019, Healthwatch North Yorkshire were commissioned to undertake four focus groups with 'seldom heard' groups to ensure a wider range of voices were heard as part of the early engagement activities. Due to COVID-19 and other issues, there were several barriers that forced the reduction in scope of this work. This report covers the results of two focus groups - with Refugees and Asylum Seekers, and people from Eastern Europe - on their views and experiences of maternity and paediatric services at Scarborough Hospital. This was complimented with a key informant interview with someone working within an LGBTQ+ organisation.

This engagement work found very variable experiences of children's healthcare services at Scarborough Hospital, ranging from the '*perfect, very good*' to, as one participant suggested; the '*one star*'.¹ Our findings indicate that high quality healthcare provision is extremely important for parents, who are happy to travel to make sure they get the right treatment for their children - although costs were raised as a potential barrier. Digital technologies were considered positively, with participants happy for their details to be shared electronically among services. Also, digital technologies are viewed as a potential way of delivering improvements, such as consultations at Scarborough Hospital with specialists located elsewhere in the country or for improving inclusivity.

Participants felt 'Quality of Care' to be the most important in terms of the decision criteria for any proposed changes. Followed by 'Access to Care', and then 'Workforce'. Although these rankings were confirmed by the participants, the narrative descriptions and responses to other questions demonstrate the order is variable dependent upon the situation. The criteria of 'Value for money' and 'Deliverability' were not deemed as particularly important for the groups.

¹ Quotes from different participants in the early engagement work,

Background

This report is a contribution to the Scarborough Acute Services Review (currently under the renamed working title of The East Coast Transformation Program) which commenced in the summer of 2018 as a collaborative review of acute hospital care for the people of Scarborough and the surrounding areas.

In March 2019, Humber, Coast and Vale Health and Care Partnership launched their ‘*Scarborough Acute Services Review: The Need for Change*’ report, which outlined the challenges faced by Scarborough Hospital.² The report identified four challenges: changing health needs; meeting national clinical quality standards and addressing staffing shortages to ensure safe and timely care; access to primary and community care; and, getting value for money.

As part of the Scarborough Acute Services Review, four clinical areas were determined for further, more detailed work;

- maternity and paediatrics
- urgent and emergency care
- general surgery
- care outside of the hospital

This report is part of the further work on maternity and paediatrics services.

Humber, Coast and Vale Health and Care Partnership’s report was the start to a conversation between local people, staff, and other interested parties. Reviews have been undertaken by the NHS Yorkshire and Humber Clinical Senate,³ and by the Royal College of Paediatrics and Child Health.⁴ Humber, Coast and Vale Health and Care Partnership have been undertaking a series of early engagement work with members of the public to gather a broad range of perspectives to inform the proposals for the changes to Scarborough Hospital.

Healthwatch North Yorkshire were commissioned in 2019 to undertake four focus groups with seldom heard groups to contribute to the range of voices heard as part of the early engagement work focusing on maternity and paediatric services. Unfortunately, due to external factors, Healthwatch North Yorkshire was able to conduct only two of the planned four focus groups and one key informant interview.

‘Seldom heard’ is a term used to describe groups who may experience barriers to accessing services or are under-represented in healthcare decision-making. Typically, some groups considered as seldom heard include people from rural communities, black and minority ethnic groups, gypsies and travellers, LGBTQ+, asylum seekers and refugees, young carers, among others.

² Humber, Coast and Vale Health and Care Partnership. 2019. [Scarborough Acute Services Review: The Need for Change](#).

³ NHS Yorkshire and Humber Clinical Senate. 2020. [Clinical Senate Review of Acute Services at Scarborough Hospital on behalf of Humber Coast & Vale Health Partnership](#).

⁴ Royal College of Paediatrics and Child Health. 2019, *unpublished*. Service Review: York and Scarborough Paediatric Service.

The rest of this report covers the methodology and results of the early engagement work conducted by Healthwatch North Yorkshire for Humber, Coast and Vale Health and Care Partnership.

Methodology

Recruitment

Healthwatch North Yorkshire's engagement work was originally due to run from August-October 2019. Unfortunately, there were several delays which resulted in having to cancel focus groups due to not receiving the question schedule. Then the COVID-19 pandemic radically altered the priorities and ways of working across the health and social care sector, further delaying the work.

By the time the engagement work could re-start, with the question schedule provided by Humber, Coast and Vale Health and Care Partnership in December 2020, the original groups with whom the engagement work had been arranged had either dissolved, were no longer in a position to participate (due to COVID-19), or were no longer in contact with Healthwatch North Yorkshire.

Recruitment was conducted through a gatekeeper approach to carry out the engagement activities with pre-existing groups. This worked for the Refugee Council (with whom we have worked with previously⁵) and for Pomoc, the Eastern European community group in Scarborough and neighbouring Ryedale. However, it proved unsuccessful with other groups, as some are struggling to meet under COVID-19 restrictions, in other cases we struggled to recruit for reasons such as illness of group coordinator/gatekeeper, or simply unresponsiveness to requests for participation.

After being unable to recruit LGBTQ+ parents (parents of LGBTQ+ children, or parents who are LGBTQ+) for a focus group, we undertook a key informant interview with a Community Development Worker from Yorkshire MESMAC sexual health service who works closely with people who identify as LGBTQ+.⁶ One of the challenges for recruitment here was that many parents of the children using the service may not be aware of their child's gender or sexual identities.

Due to difficulties with recruitment, non-gatekeeper recruitment was undertaken with recruitment materials circulated among social media and mailing lists of organisations across Scarborough and the surrounding areas. This was ultimately unsuccessful in attracting individuals from seldom heard groups.⁷

Participants for the focus groups were organised through the gatekeepers at each organisation, who liaised with potential participants and ensured their attendance. Eligible participants were parents from a seldom heard group who had used, or were liable to use, paediatric services at Scarborough Hospital.

Participation for each focus group was low, indicative of the difficulties of organising a focus group under COVID-19 restrictions and the barriers to inclusion faced by seldom heard groups. There were three participants for the Eastern European focus group -

⁵ Healthwatch North Yorkshire. 2020. [Policy Vs Reality: Interpreting in Health and Social Care Services. Insights from Refugees in North Yorkshire.](#)

⁶ The responses from the key informant are their own views and opinions, and not necessarily shared by their employer.

⁷ We did receive interest from people not from seldom heard groups, details of the engagement work by Humber Coast and Vale Health and Care Partnership will be passed onto these contacts when the details are made available.

all women from Latvia - and four participants for the refugee and asylum seeker focus group - all Arab men. Demographic information was not formally collected, although requested, due to non-response. The nature of conducting focus groups/interviews via an online Zoom call does not allow for participant information sheets to be handed out and collected whilst everyone is present. Demographic data collection forms were circulated afterwards, but only one was returned.

Method

Focus groups were the method of choice for this engagement work as they provide access to ‘community’ opinions and provide a space in which negotiation of topics can occur, allowing for disagreement and consensus to play out. It also allows involvement of multiple participants in a smaller number of research activities. However, it does come at the risk of individuals dominating conversations, or participants potentially being unwilling to share opinions that may be seen as counter or controversial to the group. It is the role of the focus group facilitator to negotiate these power dynamics. The facilitator for each focus group was a member of staff from Healthwatch North Yorkshire with social research training.

Held over Zoom, the focus groups were composed of an initial presentation covering the challenges Scarborough Hospital faces, and the specific issues affecting maternity and paediatric services, this orientated the discussions and helped participants understand the purpose of the research. The refugee and asylum seeker focus group was supported by the interpretation by a member of staff for the Refugee Council between the facilitator and participants.

After the presentation, participants had the details of how their responses would be used explained, and consent was gained before questions and note-taking began.

Questions were provided by Humber, Coast and Vale Health and Care Partnership. The questions covered experiences of using children’s health services at Scarborough Hospital (what was good, bad, what could have been improved), access to care, and the use of digital technologies for the delivery of care. We were also asked to have participants rank the decision-making criteria in terms of importance to them.

The decision criteria:

Quality of Care	Will the service give me the best possible chance of being well?
	Will I have a good experience?
Access to Care	Will I be able to get there?
	Will I receive my treatment within the agreed waiting times?
Workforce	Will there be the right staff there to provide the care I need?

Value for money	Will the service be cost-effective and within budget?
Deliverability	Can this change be made in a timely manner and does it fit with other changes being made elsewhere?

Participants were encouraged throughout to make suggestions of other areas of importance that should be considered in the Scarborough Acute Services Review.

Once a focus group was finished, participants were thanked for their contributions, reminded how their answers were to be used, and an information sheet containing details of support organisations was provided to each participant via email through the gatekeeper for each group.

For the key informant interview with the LGBTQ+ contact, the presentation slides were shared in advance of the interview. This was to allow for greater consideration of responses. Questions were reframed to focus on matters that would be important for LGBTQ+ children and their parents or guardians, rather than on personal experiences or perspectives.

Analysis

A note taker was present at each focus group, who recorded the main points of the discussions and select quotes. To test validity, the focus group facilitator would check understanding by repeating back responses throughout the focus groups. At the request of the LGBTQ+ contact, we shared our draft report with them for review by them and colleagues in their organisation.

Using an interpreter during the refugee and asylum seeker focus group means that the data already underwent a layer of translation (and therefore simplification) before recording, and as a result the descriptions from that focus group are less detailed. Additionally - as we were informed by the Pomoc gatekeeper - different Eastern European communities have differing approaches to health. Responses are *not* verbatim, they have been presented as spoken quotes for clarity and to present respondents' 'voice'.

Due to the small number of participants involved, the results cannot be taken as an exhaustive account of the different seldom heard groups covered in this engagement work. Despite this, they provide indicative accounts of perspectives through which decision makers, as part of the Scarborough Acute Services Review, can consider the wider impact of any potential proposals on groups who are often less heard in healthcare decision-making.

Atlas.ti 8 qualitative analysis software was used in the analysis's aid. Responses were coded to the different research questions, and thematic analysis conducted at question and overarching levels. Themes were predominantly emergent from the content of the review, but other themes emerged from the content of the participant's responses. Attention was given not just to the answers given, but how ideas were negotiated and related to one another.

Results

Experiences

The first question in the focus groups was regarding participants' experiences of using children's healthcare services at Scarborough Hospital. Hypothetical examples were prepared in case participants had not used children's healthcare services at Scarborough Hospital - although they were not used in the end.

All participants had used children's healthcare services at Scarborough Hospital. What was notable between the two focus groups was how different their experiences of children's healthcare services at Scarborough Hospital had been.

The experiences of the Eastern European focus group were largely positive;

Woman A: I went with my daughter when she was 9. She got hot water on her stomach and we went to hospital for a check-up - it went very well, they did the check up and put some cream and bandage on and let us go home. Good experience in term of service; straight onto emergency department and everything was very quick and professional.

Another time, helping my friend whose daughter had fallen in college. The school called emergency and they said it's better to be checked in hospital. I think children are a priority, they asked me to wait outside because she was 14 and there were sensitive questions asked to her and I thought it was good they asked me to wait outside for her privacy if asking sensitive questions to her.

Another case I was helping a friend when they gave birth, they were very happy about their experience and her husband was there and it all went very well and she has good memories of it.

In total I would say that it is good that it [the hospital] is in Scarborough, if I should have to go to York, it would take half an hour to have to go to York and would make my life much more difficult.

- Eastern European focus group

In addition to finding the staff '*professional*', the group had found them friendly and personable:

Woman B: I have two daughters and have not had to go to hospital for anything with them apart from an injection at the paediatric ward. Everybody was really nice and friendly when my baby was crying and I was panicking. I also went through labour at Scarborough hospital and it was all okay, only there 8 hours and then we were home.

- Eastern European focus group

It was these warm experiences of interacting with the staff which characterised the 'good' experiences.

Woman C agreed: ...everybody is very lovely and all the nurses laughing, all the time asking if everything is okay [for me], everything positive.

- Eastern European focus group

It was felt among the Eastern European focus group that overall Scarborough Hospital was working well and experiences were mostly positive. The only issue that was raised was about waiting times: One participant's sister had been in A&E with their children and had found it difficult managing with their children and not knowing how long they were going to have to wait. It was suggested it would have helped to have someone explain how long it would take to be seen.

However, for the participants of the refugee and asylum seeker focus group, their experiences were markedly less positive:

Man A: The hospital is very small and they do not have whole range of services so you get asked to go to Leeds or York hospital.

[Facilitator asked why they were in the hospital?]

Man A: For example, if we were going for a minor operation I would be sent to York - cannot remember the exact name, but it was to do with my children's tonsils.

- Refugee and asylum seeker focus group

Being sent to another hospital was a recurring theme in the refugee and asylum seeker focus group's experiences.

Man B: I went to Scarborough hospital with my child and my child had a spot on their cheek, we spent the whole day there and still didn't know what it was. Scarborough hospital transferred us to Leeds and gave an antibiotic. They [the doctors in Leeds] said they should have known this in Scarborough rather than have to take them to Leeds.

Another time, when my child was 6 months old and the staff at Scarborough tried to inject them and the baby was crying, we were referred to Leeds and doctor in Leeds hospital was shocked as to why my baby was given that injection - the doctor in Leeds was saying that the people who did this did not know what they were doing.

- Refugee and asylum seeker focus group

This frustration with a lack of expertise at Scarborough Hospital was not isolated:

Man C: A doctor had sent me to Leeds for a normal check-up and in Leeds they said 'why did they send you here? They could have seen you in Scarborough hospital'.

- Refugee and asylum seeker focus group

An aspect that runs underneath these experiences, but not evident in the quotes themselves, is how the access to interpreter services for the two groups varied.

Both focus groups were conducted with groups who do not speak English as their first language. Translation and interpretation were therefore important issues that were raised. The participants from the Eastern European community did not see this as being a major problem for them, compared to the refugee and asylum seekers.

The accounts given in the POMOC focus group indicate a higher proficiency of English, either themselves or family and friends who could attend with them.

Woman C: I have not had to make any emergency calls in the 12 years of living in Scarborough with my children. My son was born in Scarborough hospital and I had a good experience - with daughter born in Scarborough hospital in 2009, they did not understand English as well so that was a bit of a harder experience.

Facilitator: Did they provided a translator for this?

Woman C: We were asked if we needed translator but I said I did not need it because I could speak some English.

- Eastern European focus group

There was also a clear distinction in the way they were responded to as non-native speakers. The Eastern European participants told us of staff using images, or asking among other members of staff to find someone who would be able to translate.

Woman A: When my English wasn't too good, I went with my daughter, the staff were good and tried to not be sniffy about the language barrier and really tried to help, using images like smiley faces etc to help with my daughter even though there was a language barrier.

- Eastern European focus group

As another participant in the Eastern European focus group said, they felt included:

Woman B: the staff are lovely, sometimes you go somewhere and people think oh “foreigner, foreigner” but when you go there you feel like a human being, you don’t feel like oh you are from different country so attitude will be different but no they are lovely there.
- Eastern European focus group

The accounts from the Refugee Council focus group were not as positive. One participant had attended hospital with the expectation of an interpreter being present, however this was not the case. They were told either they have the appointment without an interpreter or their appointment will be cancelled.

Man C: I am put in a difficult position sometimes because you either have to have appointment without translator or your appointment will be cancelled. I have experienced this both at Scarborough Hospital and my GP.
- Refugee and asylum seeker focus group

Another participant spoke of being told they should not need an interpreter as they had been in the country for long enough now.

Woman D: I visited the doctor before and the doctor asked me how long I have lived in this country, they said years and the doctor said I don’t need an interpreter then because I should know English good enough by now.
- Eastern European focus group

Provision of an interpreter is vital to ensure proper and equitable provision of care for all members of the community.

Another aspect which we were told was important was around children feeling comfortable and their privacy being respected.

Another thing that needs to be taken into account for young LGBTQ is for young trans people being on mixed wards. The conversations being done in private, and doctors and nurses being aware of their chosen name and pronouns. And another issue that will follow on from that: How do young trans feel about using showers, and that showers and toilets they could use.
- LGBTQ+ key informant

Travel vs. Access

The second question was regarding access to services. In the engagement sessions, this focused around weighing up the preference of having access to services that are close by, or having to travel for a greater range and/or a higher quality service.

When asked explicitly to choose between services being near, or having the best treatment but having to travel further afield, participants in the focus groups would confidently say they would prefer it to be at Scarborough but would be okay with travelling for the right treatment.

Woman A: if professional quality was better at the other hospitals, I would agree because professional quality is important. It is better to be seen quick and go home if it is just something like stitches, but if it is a longer process I would agree to go further away to see a specialist.
[Facilitator confirmed to the group that they ideally would rather be at Scarborough but would go elsewhere to get better quality treatment?]
All participants said yes.
- Eastern European focus group

Man A said overall experience of the doctor, if he could give them 1 star he would give them 1 star. They said they would rather go further and have better quality.
Persons B, C and D also agreed that they would rather go further for better quality care.
- Refugee and asylum seeker focus group

However, there were a number of tensions that demonstrate this answer is entangled in a web of emotions which highlight the importance of access to children's healthcare services that are close by. For example, take the final sentence of the quote used in the previous section, a participant gave an account of three separate occasions of using services, and then said:

Woman A: In total I would say that it is good that it [the hospital] is in Scarborough, if I should have to go to York, it would take half an hour to have to go to York and would make my life much more difficult.
- Eastern European focus group

At a later point in the focus group, after all participants had agreed they would be okay to go somewhere further away for better treatment, one person talked about their anxieties if they were told to go to York instead.

Woman B: If I went to Scarborough Hospital with my child and they said 'it is a complicated case can you go to York?' I would be scared if I was going to make it to York, if the situation gets worse and we do not make it to York. [...] I would rather stay at Scarborough and know they are going to deal with it, but if they can't deal with it there then send me in an ambulance somewhere else is fine.
- Eastern European focus group

As in the quotes in the previous section, the participants from the refugee and asylum seeker focus group were used to having to travel to access treatment. What was present in those quotes was a frustration for having been instructed to travel when doing so was unnecessary.

Among the two different focus groups, there was clearly an expectation that if you attend a hospital, there should be staff there who are able to treat you.

Woman A: There was a time when I visited hospital for myself and I was told there was no specialist available who could help me, and I thought to myself: 'How can there not be a person in the whole hospital to help with this?'
- Eastern European focus group

We also asked if there would be any difficulty in travelling to other locations. In the focus groups the indication was that people would be generally okay to travel, but it might be difficult for children.

Facilitator: How easy would it be for you to travel to another hospital, say Sheffield, if you were told Scarborough couldn't treat them?
Man C: I would go on the train, it is easy, but it be more difficult for the children.
- Refugee and asylum seeker focus group

In the key informant interview, the barriers to travel were highlighted to not be specific to LGBTQ+ children and parents, but potentially anyone in the Scarborough area.

Travelling from Scarborough to anywhere would be difficult for anyone. How do you get there? If you do not have access to a car. You're going to take the train or the bus. Scarborough is not a very affluent area. It has been estimated that full-time workers in Scarborough average salary is the second lowest in the area of North Yorkshire so to travel using public transport would have an effect.
- LGBTQ+ key informant

Not in response to the question of travel vs. access, but the importance of recognition came up (and is covered more in the next section).

We need to know if LGBTQ+ people are going to Scarborough Hospital or going elsewhere. They need to know they're acknowledged and they're going to be comfortable.
- LGBTQ+ key informant

The implication here is whether people who identify as LGBTQ+ feel comfortable attending Scarborough Hospital, or if they feel the need to go further afield to receive the care they require.

Digital

The third question asked was regarding the use of digital technology to deliver healthcare. This took two areas of consideration. One, about the NHS holding digital records and patient data, and if people were comfortable with this. The other was regarding the use of digital technology in the delivery of services (such as video consultations).

None of the three engagement activities indicated any problems with their information being digital and being held by the NHS. The focus groups were more interested in using digital technologies for improving healthcare delivery.

[Facilitator asked about the use of digital services? Could digital technology provide better access to experts?]
Man B: Yes, this would be easy, I would be happy with that.
- Refugee and asylum seeker focus group

Woman A: A digital option would be good - a way for Scarborough to speak to other consultants through video calls.
- Eastern European focus group

During the key informant interview, it was highlighted how digital technologies were becoming an increasing part of everyday life, especially for young people.

Young people today, the technology is there and is easy to access, a phone is a must. Especially with young people.
- LGBTQ+ key informant

Use of digital records were seen as potentially being helpful for overcoming a perceived problem of a lack of communication between healthcare staff: Using digital notes to have an easily accessible record to not have the person repeat themselves about why they are at the hospital.

Woman A: It would be good to have a note or something so you can check it over later when you have calmed down, because with all emotions it's easy to forget everything.
You have to repeat everything all the time - why can they not take notes and pass the notes to other people? When I was at hospital I had to repeat my story 7 or 8 times, so could they make digital notes and pass them to each other? It's quite annoying having to repeat, and it's hard having to repeat if it is intimate details.
Woman B: Yes, you feel like there is no communication sometimes.
- Eastern European focus group

It also could provide more opportunity to be inclusive:

We have found that personal information and what is recorded on consultation forms and referrals is really important to form filling; name, age, gender, sexuality, “other”: one of the things we’ve found is that if a young person’s gender or sexuality is not recognised, they then may make a decision to not complete the form or put down information that they are not comfortable with. “I’m not just an ‘other.’” Digital form with a ‘free write option’ will give the opportunity for a young person to easily disclose their chosen gender and sexuality identities. This could possibly give greater opportunity to be more inclusive [by giving this option].

- LGBTQ+ key informant

However, there was a small amount of scepticism around the efficacy of using digital technologies to deliver healthcare, with it being potentially inadequate for some conditions.

Woman B: It depends what the issue is with the child - if it was some spots or marks or something, through the camera you cannot really tell what it is, then it is better to see in person. With the COVID situation we don't know if doctor can treat properly like they would face to face - if it's something like chicken pox then they know, but if it's something unusual then I would rather go see specialist face to face.

- Eastern European focus group

Decision Criteria

The last activity provided by Humber Coast and Vale Health and Care Partnership was to rank the decision criteria in terms of importance.

This activity was the one that suffered the most from the focus groups being conducted online via Zoom. In a physical context, the criteria list would be printed off and participants would be given a sheet each to be able to rank in the order they individually deemed important. But in this context, it was done as a group activity. This question was also not asked of the LGBTQ+ key informant.

The facilitator presented the decision criteria and explained the activity. After asking which was most important to the group, each of the criteria were discussed, and participants were asked where it ranked in terms of importance in relation to the other criteria. The final ranking for each group was clarified and the facilitator asked the groups if they agreed with the rankings. The results are presented in the table below.

Eastern European focus group		Refugee and Asylum Seeker focus group	
1	Will I have a good experience?	=1	Will the service give me the best possible chance of being well?
2	Will the service give me the best possible chance of being well?	=1	Will I have a good experience?
3	Will I be able to get there?	3	Will I be able to get there?
4	Will there be the right staff there to provide the care I need?	4	Will I receive my treatment within the agreed waiting times?
5	Will I receive my treatment within the agreed waiting times?	5	Will there be the right staff there to provide the care I need?
=6	Will the service be cost-effective and within budget?	=6	Will the service be cost-effective and within budget?

=6	Can this change be made in a timely manner and does it fit with other changes being made elsewhere?	=6	Can this change be made in a timely manner and does it fit with other changes being made elsewhere?
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In both focus groups, when these rankings were clarified by the facilitator, they were accepted by the group. However, later discussion would demonstrate that the order was not rigid, with different criteria taking on greater or lesser importance depending on the context. In particular, the importance of staff was given more weight:

Woman B: Seeing a specialist in time would probably be on top for me, above a good experience. If you go with your child, even if they are rude or whatever, just see my child!
 - Eastern European focus group

Facilitator: Is there anything else Scarborough Hospital should be thinking about when deciding what is important when restructuring their services?
 Man A: Provide efficient workforce!
 - Refugee and asylum seeker focus group

The fluidity of what is important is also very apparent when considering the answers that were given around *Travel vs. Access* above, where in one moment a parent would calmly state they would be happy to travel to a service further afield for good treatment, but in other moments the proximity of Scarborough Hospital was important to them.

Both groups struggled with the value for money and the deliverability criteria. In simple terms, these categories are not relatable to the average member of the public.

Conclusion

The accounts here demonstrate the very variable experiences people have had accessing children's healthcare services at Scarborough Hospital, but they also highlight the importance of the hospital to local people. The accounts here demonstrate the distinct barriers that different groups face and that we should remain cognisant of the societal and structural dimensions to these.

Parents care strongly about making sure their children receive the best care, and are willing to travel to ensure their children receive it. However, it is important to recognise that there is an expectation around local services and the provision of access, especially for minor issues. Digital technologies were also seen positively by those who participated in this early engagement work, especially for improving services and access.

The accounts here are not intended to provide an exhaustive overview of perspectives from the seldom heard groups that were part of this early engagement work. Nor are they presented with the implications of neatly defined solutions and recommendations. What they provide are thought-provoking accounts of perspectives through which decision makers, as part of the Scarborough Acute Services Review, can consider as part of the wider impact of any potential proposals on groups who are often less heard in healthcare decision-making.

Here, we would like to finish with a quote from the key informant interview:

It's about trying to be as inclusive and supportive as possible.
- LGBTQ+ key informant



Healthwatch North Yorkshire would like to thank all the people who participated in these early engagement activities, and the organisations that helped in trying to reach seldom heard groups.

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North Yorkshire

Healthwatch North Yorkshire is an independent charity commissioned by North Yorkshire County Council to carry out statutory duties.

The Healthwatch Network was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.



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If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

Website: www.healthwatchnorthyorkshire.co.uk

Telephone: 01904 552687

Email: admin@hwny.co.uk



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