healthwatch
North Yorkshire

Scarborough Acute Services Review

Patient and public feedback
Views on the need for change

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July 2019

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Background

In Scarborough and the surrounding areas, local health and care organisations are working in partnership to improve services for local people. They are working together to find ways of getting the best from our local hospital services.

Local NHS partners have agreed to undertake an independent review of the configuration of Scarborough acute hospital services. They are working together to find ways to provide the best possible hospital services for the people of the Scarborough area and make the best use of the money, staff and buildings that are available. This may include delivering some aspects of care outside of hospital altogether to better meet the needs of local people.

This review is part of a wider programme of work to improve the health and wellbeing of local people in Scarborough and beyond.

The Review – Engagement So Far

The review began in September 2018. The purpose of the first stage of the review was to develop an in-depth understanding of the challenges facing Scarborough Hospital and wider health and care services in Scarborough and the surrounding areas (including Bridlington, Malton and Filey).

During the first stage of the review, a number of stakeholder engagement events took place. These were attended by over 350 people, which included a mixture of staff, patients and other stakeholders. A range of questions, concerns and ideas were discussed. These can be found in the engagement report.

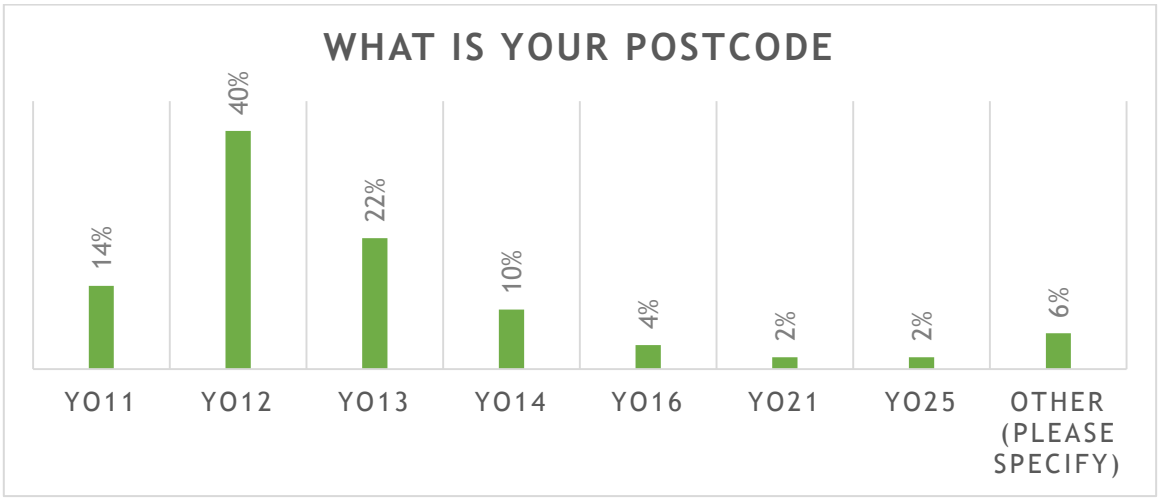
The initial stage of the review was completed in March 2019 and a summary document of the findings was produced. When the document was published, a short survey was created to capture peoples' feedback on the report. The summary document and link to the survey was sent to everyone who registered for and/or attended the stakeholder events and was also shared widely in the local area in both printed form and online.

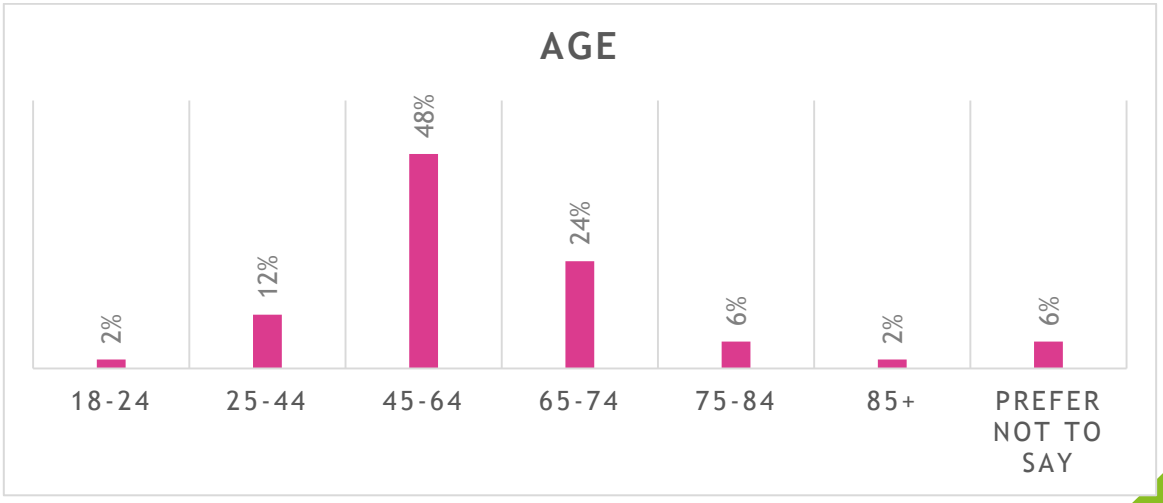
Who we spoke to

51 people responded to the survey that accompanied the 'Need for Change' report. Healthwatch North Yorkshire has independently analysed these results.

Where people answered monitoring questions, which were not mandatory, we heard from the following demographics:

- 63% identified as female, 31% as male and 6% preferred not to say. No one identified as intersex, non-binary or 'other'
- 90% had not or did not have intention to go through any part of a process (including thoughts or actions) to change from the sex assigned at birth. 10% preferred not to say
- 80% identified as heterosexual while 18% preferred not to say. 2% identified as 'other' and no one identified as gay, lesbian or bisexual
- 56% identified as Christian, 26% as no religion and 2% as 'other', while 16% preferred not to say
- 86% identified as white, 12% preferred not to say and 2% as 'other'
- 68% did not consider themselves to have a disability, 4% ticked 'yes' and 20% gave further details of their conditions, 8% preferred not to say
- Most respondents were from the Scarborough area and aged between 45-64





What more could we be doing to address the challenge of rising demand and changing health needs?

When asked what more could be done to address the challenge of rising demand and changing health needs, 48 people gave their views and recommendations.

The most common reply was that people wanted to have **more specialist services** in Scarborough, as 33% of respondents mentioned this in some form. The suggestion of what these specialist services could be varied, but included the elderly specifically, day units and diagnosis facilities. Most people were alluding to the idea that specialisms would help with staff retention; give better access for local patients; and reduce the burden on patients having to travel to other services for specialist treatment. There was disappointment that services have often been moved and a fear of inevitable loss of the hospital entirely if it continues.

"You have a hospital at present that seems to be losing a lot of services to York, yet you say there's a rising demand. The more you lose services the less viable Scarborough becomes and less and less staff will want to work there."

"As different hospitals are specialising in different areas of health needs, if our hospital also specialised - in the elderly, it would attract more funding from the Government and the specialised staff."

Similarly, 31% of people felt more could be done around **staffing**. Recruitment and retention was often a concern, but also their ability to train and improve. There were some suggestions that staff rotas should include travel to different hospitals or communities to ensure expertise are shared around the region.

"Caring effectively and economically is not just about numbers of staff, it is about quality of staff, quality comes from learning. This used to come from matrons to sisters to nurses and so on. Promotion should not remove those individuals from the area they care for or be an excuse for them to do so."

The need for **better links between services** were highlighted by about 29% of people who responded. Clear, accessible routes into community care and social care services were valued, particularly around discharge in order to prevent bed blocking. **Better communication** such as listening to the public, informing them about changing health needs and signposting to where support is available outside of the hospital were all seen as important factors. There were indications that better access to GPs and making more support available there in the local community, such as prevention or diagnosis services, would help to reduce the rising demand.

17% of people mentioned travel issues and felt that the cost or **burden of travel should be taken on by the NHS** or hospital, rather than the patient. They suggested this could be done by ensuring NHS staff are able to travel to local and rural communities; provide better transport for patients to appointments out of the local area; or that digitalisation of appointments could reduce the patients need to travel.

"If services are moved into the community, the resources/ funding need to follow

How should we address shortages in the workforce to ensure we deliver high-quality care?

The overwhelming trend from these 50 responses was to **recruit more staff**. 84% of people said there is a need for more effective retention policies, more innovative recruitment procedures and improved marketing strategies for these. Ideas to attract more staff were about making the career packages more lucrative and increase benefits for staff such as providing better training and development opportunities, better working hours, rotational schemes, flexible working posts, travel incentives, bursaries, loyalty reward schemes, increasing salaries and promotion opportunities. There were a few suggestions to accept more overseas recruits and bank staff.

"Initiatives to aid staff retention, better appreciation for staff at all levels. Better promotion opportunities. Reduced parking fees, better transportation to access the hospital. Due to staff shortages training requests are often turned down, this needs to stop, the trust should be promoting excellent training opportunities. If staff felt better treated with excellent opportunities, they would spread the word that Scarborough Hospital is the place to work. See a small hospital as a positive, in theory there should be less red tape and more opportunities for staff to be developing and shaping services"

34% called for **staff to be treated fairly,** with respect and dignity. 22% of respondents specifically mentioned "bullying" at Scarborough hospital and the need for it to stop, particularly from management to frontline staff. Healthwatch North Yorkshire are unable to determine from the data provided whether these comments are made by staff or patients, so it's possible this may be a perceived issue for staff. But it is clear that respondents thought a more positive environment would stop staff from leaving and more appreciative ethos would attract people to work there. Some suggested that reducing management staff would reduce costs, leaving more available to spend on care staff.

"Make recruitment packages more attractive. Come down hard on the bullying culture that persists between managers and staff and that staff are listened to and appreciated"

"Stop the bullying tactics of management and support your struggling, hard working workforce."

24% think that staff should **work across different hospitals, sites and departments**. Several believe this should be written into contracts with efforts to ensure that its fulfilled. Other collaborative proposals include working with research establishments and learning from other hospitals.

"We are one trust, so ensure all staff are required to work for a period of time at each hospital. Make it a contractual obligation. Lots of people travel for an hour to get to work. Scarborough's geography hasn't changed, in the past, staff wanted to work here. Why not now? Moving around trust would also allow trainees to get

experience of more complex cases in York eg in maternity, when needed, but also support the other parts of the trust equitably. Job adverts should mention not just York and Harrogate, but Scarborough too."

"Ensure York Trust clinicians who are contracted to work across both York and Scarborough secondary care fulfil their contractual requirements and travel to Scarborough to provide services/clinics rather than expecting Scarborough residents to lose clinics and travel to York. The A64 runs in two directions!"

How can we make sure primary and community (out of hospital) care is accessible to everyone who needs it?

The main theme here was that people wanted **better local facilities**. Among the 39% of people who raised this, they wanted more local emergency care, more drop in services, more community support or training in community facilities to improve services offered. For example, physiotherapy or minor surgery at GP surgeries or post-acute care by nurses in care homes. While locality was important, a further 15% of people mentioned barriers to access related to long journeys and thought **transport support** would help with travel. There were 15% of people who wanted **better hours of access** including weekends, evenings or round the clock availability.

"Invest in it. Stop expecting Scarborough residents - who you identify as in having reduced life expectancies and are poor - to travel long distances to York for appointments '- run clinics in Scarborough instead"

This prompted 28% of respondents to address the lack of **funding** in primary and community care, and they called for more investment in services as the solution. 22% felt that **more staffing** would improve access with a further 9% suggesting improved appointments systems to increase availability. Digitalisation was mentioned to improve efficiency and staff availability.

"Simply provide more of it in a timely manner. Appt to see GP in 3 weeks' time is simply unacceptable, the patient simply presents at ED or MIU"

Other recommendations included better **joined up working** including communication between hospitals, community services, GPs and social care services (24%) and better information for patients (15%).

"No one answer . . . . focus on the delivery of care closer to the patient and early intervention, remove service disconnects created by siloed information, act as a NATIONAL health service not a collection of disparate organisations with separate systems and clunky, outmoded ways of working. Encourage those that are able to self-manage with support. Remove unnecessary journeys and meaningless appointments which could be carried remotely if they need to be held at all. Share clinical information with patients as a default as often they need to co-ordinate care across multiple providers who use different systems"

What more can we do to ensure we get the best value for every penny we spend on health and care services?

Once again responses to this question were mostly related to **treating staff well** as a method of retention and encouraging more staff to want to work at the hospital. While 35% of people mentioned the importance of staff, 15% suggested a reduction in management staff would make savings which could then be spent on frontline care. 22% thought that too much money is spent on locums or external staff and again it was often highlighted that better treatment of staff would encourage more permanent workers and less need for outsourcing. There were some suggestions (7%) that frontline staff should be asked where efficiencies can be made.

"Look after your staff, they will stay and new will want to come and that will stop all the money going to agency"

"Best value may not be about spending less but spending more for a better service. Ask team leaders at the coal face what they would do with more money/flexibility. Staff understand the need to be prudent but decisions are often made above staff's heads by managers/directors who don't understand how the service works in practise."

Several people (22%) felt that too much is being spent on **medical supplies** and equipment with external companies where there could be more done to use the 'buying power' of the NHS to source cheaper, good quality alternatives.

"Find the cheapest suppliers but do NOT scrimp on your amazing staff! Invest in them and they will stay"

15% felt efficiencies could be made in **improving in-house systems** with many mentioning the use of IT and less paperwork.

"The current hospital is a labyrinth of corridors with admin staff in every corner, ferrying paperwork from A to B. Highly inefficient."

"Too much time is wasted by the archaic appointments system"

"Stop sending duplicate letters for appointments. Could not an email be used with a reply option for confirmation? Get some IT whizz kid to formulate a patch which will make all hospitals compatible!"

Some believed that better care elsewhere would improve costs which may be achievable through **better communication with community** support or social care or better information to signpost the public to the most appropriate service for their need.

"Provide more secondary care clinics in primary care settings. Reduce expenditure on low/zero evidence based interventions."

Please add any further comments you have about the work of the review so far here

This question served as an opportunity for people to reflect on the review so far. Where people commented on the review itself, there were mixed responses. Around 29% responses had a negative sentiment, including feelings of distrust, fear of losing services or not making fundamental changes despite feedback, or that more research needs to be done as a change of model isn't enough.

However, 12% were positive about the involvement of the public. One noted that another public meeting in person would be of use. A further 15% were fairly neutral, but hoped for realistic, achievable and timely changes to be made or felt that a wider change is required, sometimes beyond the NHS to government level.

"The review comprehensively covers the elderly growing need for healthcare and I would like to know more about the future health need provision for local children/ young people in this area."

For 34% of people, this was another opportunity to highlight once again the importance of having **local services and the travel issues** that become barriers to access if services are closed or moved too far away. 17% focussed on the rural, aging and financially deprived population in the area, with some specifically referring to the information in the report on the community demographics in order to highlight the impact of travel on this patient group. Again, they suggested that the burden or cost of travel should be on the NHS, not on the patient, especially if changes mean services aren't going to be available in their local area.

"My own grandfather who is 96 missed an appointment in York that was pretty essential as he didn't feel able to make the journey by any form of transport. An appointment that historically he would have had in Scarborough."

Another 17% of people used this opportunity highlight the importance of staffing. Once more, this related to **treating staff well** and the importance of staff retention in this review.

"As a patient I have on several occasions witnessed nurses in tears, particularly in the middle of the night being comforted by their colleagues and on occasion by patients."

7% mentioned the idea of **'one patient, one record'** and the need for information sharing to be centralised in to one IT system for all authorised services including patients and carers.

"Share records with other hospitals. From a personal experience I have been receiving treatment at Castle Hill hospital. I live in Scarborough; I have had to visit my local A&E 3 times since the operation. Since both hospitals are run by a different trust they don't share records, Scarborough has had a hard time treating me as they can't see what treatment I've been getting in Hull. It has been a nightmare, I've been the messenger backwards and forwards"

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