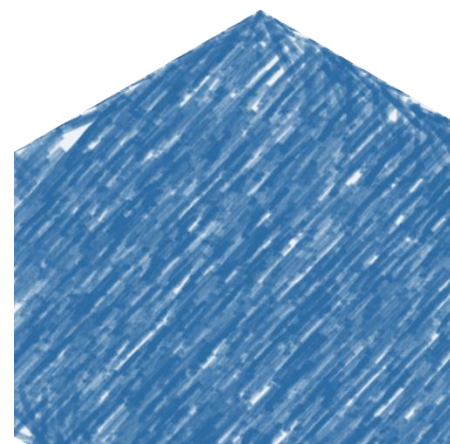




Thoughts on changes to the Friarage Hospital

Views and experiences shared with Healthwatch North Yorkshire





Who are Healthwatch?

Healthwatch North Yorkshire

There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services across North Yorkshire (county council boundaries). We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally.

Our sole purpose is to help make care better for people.

In summary - Local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services and the government know what people want from care
- encourage people running services to involve people in changes to care.

Healthwatch England

We are the independent national champion for people who use health and social care services. We're here to make sure that those running services, and the government, put people at the heart of care.

We support local Healthwatch to find out what people want and to advocate for services that meet local communities' needs. Healthwatch around the country act as our eyes and ears on the ground, letting us know how people's care could be improved.

Our sole purpose is to help make care better for people. We have the power to make sure their voices are heard.

In summary - Healthwatch England is here to:

- help local Healthwatch do their job - to listen to people, and to make people's views of services heard
- help improve the quality of services by letting the government and those running services know what people want from care
- encourage people running services to involve people in changes to care



About this project

Major changes to the Friarage hospital

The consultation

NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG), in partnership with South Tees Hospitals NHS Foundation Trust, launched a consultation to help shape the future of key services at the Friarage hospital, where urgent temporary changes to services were introduced in March 2019 amid concerns over a shortage of medical cover. The consultation began in September 2019 and is due to finish in January 2019.

What we did at Healthwatch North Yorkshire?

As an independent organisation, we thought it was important to give the people of North Yorkshire an open opportunity to tell us their thoughts on the Friarage Hospital, the consultation and the changes.

Online survey - We had 5 responses to our survey which ran from October 2019 to January 2020

Outreach - We have recorded 54 pieces of feedback between October 2019- January 2020. Most of these were from conversations at outreach engagement event (43) though others came from social media, email and meetings.

Other comments - We also had 41 pieces of feedback on the Friarage hospital dating from April 2019 which we have chosen to include in our analysis for this report. Most (39) of there were collected through our routine outreach engagements at various events, and others were through post or telephone call.

THE OPTIONS from the consultation

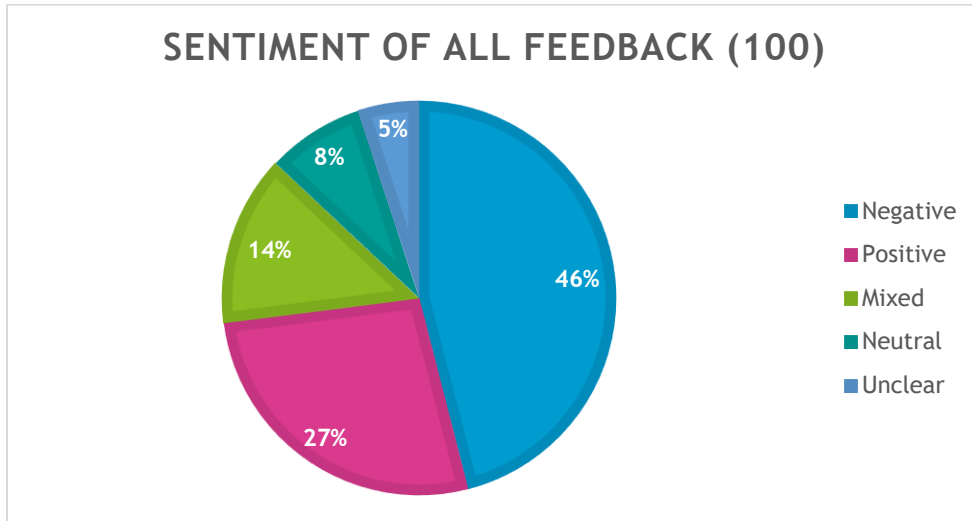
1. Replacing the emergency department with a 24/7 Urgent Treatment Centre (UTC) supported by a responsive front-of-house emergency medical model, dealing with approximately 90 per cent of urgent and emergency presentations (the same model that's currently in operation as part of the temporary arrangements introduced at the Friarage in March 2019)

2. Replacing the emergency department with an Urgent Treatment Centre (UTC) of the same configuration as above, but closed between midnight and 8am

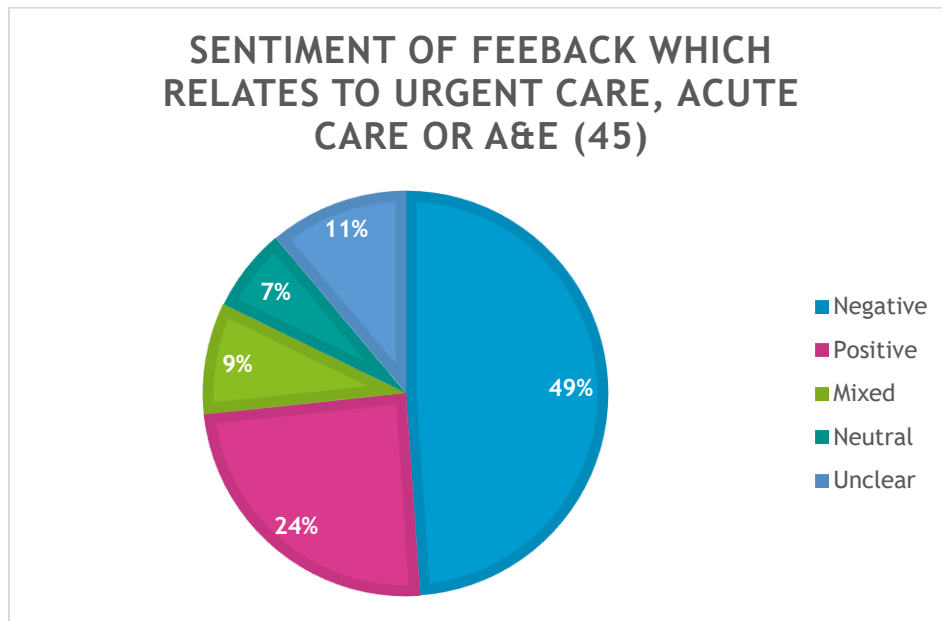


What people told us about the Friarage

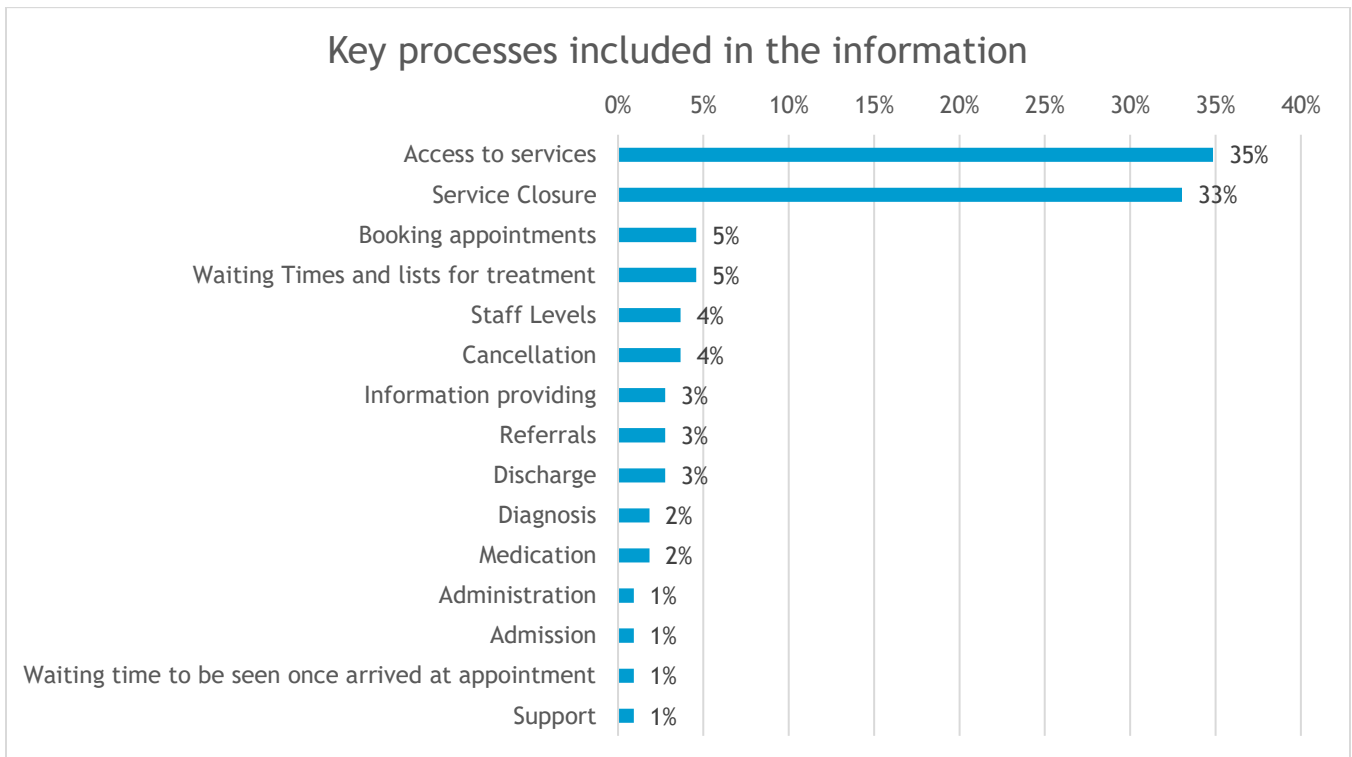
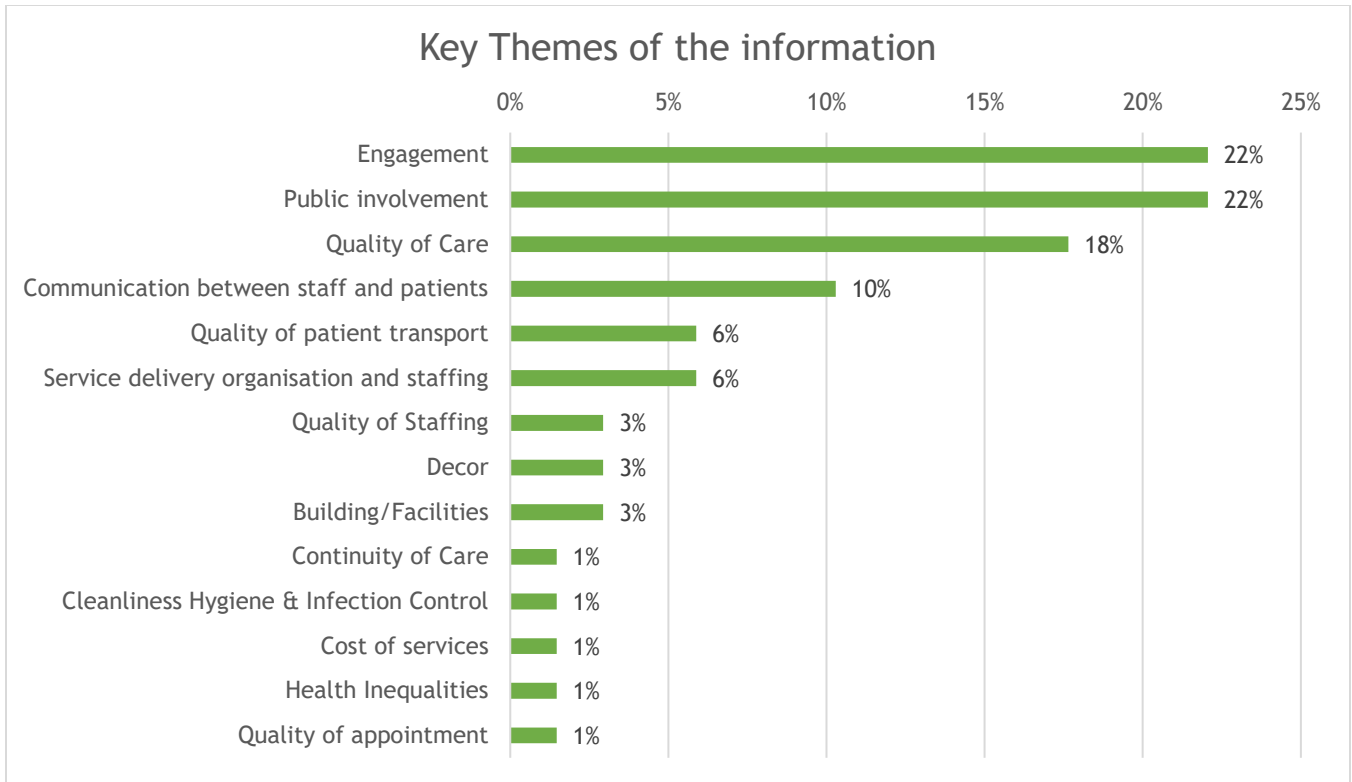
We heard many individual experiences of using the hospital including some example of what works well and what can be improved. Looking at all the feedback we have received about the Friarage hospital, the sentiment for the majority of this was negative. However, over a quarter of the feedback we received did have a positive sentiment.



It is important to note that only 45 of the above comments related to urgent care, acute care or accident and emergency (45). Other comments included feedback on departments like oncology, orthopedics, ophthalmology, maternity, dentistry, diabetic medicine and outpatients, among others.



Thoughts on changes to the Friarage Hospital





Key Themes

The consultation

We heard many comments on consultation itself. There was a feeling that engagement was not adequately promoted to raise awareness of it so there were not enough people involved in having their say. Some felt there wasn't enough information available locally about the changes, while Healthwatch had to explain the difference between an A&E and Urgent Treatment Centre to several members of the public. We heard about problems with the admin processes of booking on to the engagement events and others worried about data security when disclosing personal information to the consultation during the booking process. Most told us they would favor the 24/7 option or that they disagreed with the 16-hour option.

I went to the consultation event and they had had the Q&A before the presentation which felt like they were putting the cart before the horse.

Information about the Friarage Consultation needs to go in the Reeth gazette. It is 30 miles to Darlington and James Cook is 50 miles. It is too far. Older people with no internet access get forgotten.

You said: We spoke to people in Reeth who were unaware of the consultation and suggested information in the Reeth Gazette would be useful.

We did: We told the CCG and Foundation trust partnership about this, and they increased their efforts to engage people in Reeth.

Some felt that the consultation didn't offer suitable options.

The CCG should be asking what people want, not telling them they've got to get a bus to James Cook for an operation.

South Tees Trust have broken the contract that they had to provide A&E services. We should be telling them what we want.

The CCG will do what they want to anyway. What happened to the promise that was made to the Save The Friarage group that they would look at A&E again?

There's only really 1 question to answer and it is only about the UTC. The consultation is being billed as about securing a sustainable future for the Friarage, but this incorporates more than UTC....There has been a smokescreen around the downgrading of A&E. It is a slippery slope (more will be lost?). The two questions have been moulded to give the illusion of choice. I want to hear a succession management plan



Others told us they didn't want to lose the A&E at all.

It is so very much needed, and its place should be secure. Without it, people have a long way to travel for treatment

Don't close the A& E department in the hospital. It's a good public service. Only one near to get to on a bus route. I cannot drive now so need the buses. Near to where I live. I have nothing but praise for this hospital. I had professional treatment when being taken to accident and emergency department. I believe it was run by GPs the day I went, and the doctor was very reassuring. He explained everything to me in simple words so I could understand it. I also attended the RA Clinic last 13 yrs. I have nothing but praise for the expert care I receive from all staff members. The hospital is so good for me to get to on the bus/I cannot drive now. Next nearest hospital would be so much more difficult for me to attend.

Fears about further cuts, losses or downgrades

There was a perception that the loss of the Friarage A&E department will eventually lead to more cuts or the complete closure of the hospital. Several highlighted concerns that this is another loss of NHS services within North Yorkshire, which creates a relatively bigger impact for people the more they lose.

Stop the constant downgrading of this hospital

The running-down of services is a foregone conclusion. Almost as if they've got a set procedure to follow, it might take 10 years to close it all down.

I have had to use this hospital on occasions and found it friendly and very helpful, I also had a cousin staying up here who had to use this hospital they took great care of him. It's a great hospital, and if they keep running it down so they can make the excuse to close it, that would be totally outrageous. I feel very sorry for the young expectant mothers who live far out in the countryside who now have to go to another hospital, it would be safer to open up the maternity wing again. It is a lovely hospital and central to all our needs and we badly miss the A&E.

Travel issues

Many highlighted the pervasive and pertinent issue of travel in rural communities. We heard about some difficulties getting to the hospital currently with a lack of available transport options. However, many were concerned that, if the hospital or more of its departments were to close, the issue would be much more significant as it would result in people having to travel to services much further away. Concerns were raised for the elderly, people with dementia, expectant mothers and people with long term health conditions such as epilepsy. The impact of travel on family or carers who would have further to go to provide support was also highlighted, including the impact on the patient if the distance meant their support network were not able to travel at all.

Thoughts on changes to the Friarage Hospital



Our local hospital (Friarage) is a good 1 hour away. We are OAPs and find it difficult to get to hospital. If this was not bad enough, the Friarage is providing less and less services including A&E. We are treated like 3rd world citizens and because of the situation we have considered leaving our lovely home in the Dales. It is a disgrace!

We love our hospital; my life was saved here. We wouldn't have had the same outcome having to wait to be flown to another one.

Convenient to be able to access secondary services at Friarage hospital rather than having to travel to James Cook.

I know a number of elderly people who have been sent by ambulance to James Cook...There is an impact on family who want to be able to visit them. But particularly for people who live in rural communities, who may not be used to travelling long distances, James Cook is far away and very different....Being sent back to the Friarage when they are well enough is good but for people who need to be discharged into social care there can be issues finding social care for people locally.

The majority of people living in the catchment area are elderly, therefore the treatments should reflect their needs. Transport is a huge issue in the catchment area. There are few buses available. I only live 11/2 miles outside Northallerton yet there are no transport methods other than driving. Most elderly people do not drive at night, in low light or in bad weather. Travel by train involves lengthy journeys and lots of walking. One hospital appointment can take all day - and a very long day at that.





Communication and gaps between services

We heard examples of the hospital not communicating well with GPs or other hospitals. While issues about communication may be expected as patient experience feedback on any service, it's important to highlight the value patients put on this significant topic.

I know someone who has been 'repatriated' from James Cook to the Friarage 3 times because they are too ill for the Friarage and not ill enough for James Cook

There's a gap in communication between hospitals and GPs. I spent four weeks in a hospital further from my home, no consultant came to tell me what was happening, only the nurses. Eventually transferred to my local hospital, spent a day in Clinical Decisions Unit, was then sent home (Thurs), GPs didn't hear anything from my hospital until the following Tuesday. Communication isn't happening.

There were some examples of miscommunication between the hospital and patients, particularly when it came to arranging, changing or cancelling appointments.

Lack of understanding of rural transport issues by hospital appointments arrangers

It's irritating, have had neurology appointment cancelled twice and now need to go to different hospital

I had a hospital appointment cancelled in January and that it has not been rearranged

Hospital appointment cancelled just after appointment letter sent out, without any reason given.

Poor experience, being dropped off referral list. Concern that this is way to move you from hospital of choice to different one. Poor follow-up after operation. Slow discharge

The staff

Many commented that the staff have been caring, helpful and welcoming.

A wonderful hospital with staff second to none. They all are needed for the future.

I too owe my life to the nurses and staff at this hospital.

NHS is underfunded but staff are brilliant.





Mental health

An area of specific concern that came from the engagement was the impact on people with a mental health presentation as a result of the change from an A&E department to an Urgent Treatment Centre. The concerns can be summarized as follows:

- The Urgent Treatment Centre is refusing to see people with a pure mental health presentation
- People are no longer being allowed to see the Crisis Team within the Urgent Treatment Centre
- People who present in distress/hearing voices/suicidal are being sent away and told to access James Cook
- Individuals in distress are being sent from the Friarage to James Cook, then turned away from James Cook and sent back to the Friarage
- James Cook has a commissioned pathway from A&E to a Crisis Assessment Centre (CAC) for South Tees CCG patients. Patients from Northallerton are not entitled to this service, but James Cook A&E won't see people and still try to send to CAC
- The Urgent Treatment Centre doesn't have blood analysis routinely available so any suspected overdose cases will have to go to James Cook.





Next Steps

We will ensure that NHS Hambleton, Richmondshire and Whitby Clinical Commissioning Group and South Tees Hospital NHS Foundation Trust, receive this independent report to add to their own findings from their public consultation which ended on 17th January 2020.

We will seek specific assurance that further consideration is given to the mental health pathway as a result of the proposed changes.

We will be reviewing the impact of the research findings by keeping positive and collaborative working relationships with stakeholders. We also ensure that any information we receive is fed directly to Healthwatch England to be monitored at a national level as well as at a local level.

The comments and views that have been shared with us will, joined with other information we have received, help to inform the selection of our own research priorities ensuring that we are focusing on the things that matter to our residents across North Yorkshire.





Acknowledgements

We would like to thank everyone who shared their views with us. Your experience of local services, your comments and opinions and your patient journeys are so appreciated and will help us to influence at a strategic level to ensure the planning and delivery of services meets your needs and those of your family and friends.

Thank you to all our invaluable volunteers for your continued support, especially those who spend their time at our outreach events engaging the public and actively promoting Healthwatch North Yorkshire in your local communities and with your own contacts. We could not do what we do without your fantastic support!

Finally, we would like to thank all the team at Healthwatch North Yorkshire. We are grateful to Claire Canavan, our Community Outreach Co-ordinator, who organises our public engagement and active outreach in local communities. Thanks to Lada Rotshtein, our Volunteer Co-ordinator, for excellent work recruiting and supporting our volunteers. Thanks to our Communications Officer, Alex Day, for his support in ensuring these findings are circulated and heard about. We would like to thank Kirsty Elliot, our Research and Intelligence Officer, who analysed and wrote this report with support and guidance from our Chief Executive Officer Michelle Thompson BEM and Nigel Ayre, our Operations Manager.





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