



Humber and North Yorkshire
Health and Care Partnership
Humber Acute Services Programme

Citizen's and Equality Groups - Understanding the impacts of change

Workshop – 11.10.2022

Background

On the 11th of October 2022, Citizen's Panel and Equality Group members were invited to attend a workshop.

The aim of the session was for attendees to provide feedback on how any future changes to hospital services may impact different groups of people and communities who already face disadvantages or have protected characteristics.

The feedback gathered would be used by the Humber Acute Service's Programme Team to update the Programme's Integrated Impact Assessment and to ensure that any changes made to hospital services do not create further barriers or adversely impact these groups of people and communities.

Attendees were split into two tables and shown the potential models of care. Discussions were then framed around gathering feedback from the views and perspectives of Patient Experience and Health Inequalities.

Table 1 - Patient Experience (*Site Agnostic*)

Representation: Healthwatch, VCSE, Citizen's Panel, Carers, Maternity

Strengths

- Patients experience quick recovery
- Family are able to visit with ease
- Patients feel they have choice in their care
- Obstetrics plans in place remain within the local area
- Embrace specialist transport for babies

Weaknesses

- No transport services available to transport both patient and family
- Outside of OLU – if transfers are required for babies this is risky
- PCNs don't communicate with GP practices

Opportunities

- DPoW as acute because the geographical circle surrounding Grimsby means that it is harder for residents to reach alternative hospitals. Scunthorpe has a full circle of Hull, Doncaster, Sheffield, DPoW etc.
- Consolidate services on one site

- Move services around
- Running a private taxi service for patients
- Opportunities to develop ANPs
- Develop training opportunities for radiotherapy etc
- Recruitment and staff retention opportunities to stabilise workforce
- More elective work at Goole

Threats

- Patients may use alternative hospital Trust's
- Bed capacity at each site
- Staff willingness to travel to alternative sites
- Government/local authorities

Table 2 – Patient Experience (*Site Agnostic*)

Representation: Disability, Citizen's Panel, Healthwatch, Maternity

Strengths

- A&E retained at all three sites (SGH, DPOW and HRI)
- A&E movement in DPoW now allows more privacy and patient dignity

Weaknesses

- No choice in terms of what's available in obstetrics
- What is the contingency plan for workforce if unable to recruit?
- Communication around how we provide care and using the right terminology (including mentioning how we cover for staff shortages)
- Staff attitudes are sometimes unacceptable
- No response to complaints
- Facilities inaccessible, i.e. food and coffee at A&Es
- During transfers personal belongings of patients are sometimes lost
- Patient experiences sometimes mixed with outpatient care
- Inaccessibility in terms of equipment for patients at the hospital

Opportunities

- Working with schools to connect with children from a young age in terms of career-routes
- Non-university route courses
- When transferring patients allow carers to travel with them
- Potential for personal assistants to help with patients (travel, affordability, flexibility)
- Explaining the reasons for transfers more in-depth
- Allowing flexible visiting (more so for patients that have been transferred) to provide support

- Consistency across the Humber and a joint approach, i.e. having the same signage at each site
- Virtual online tours to access so people can plan ahead and understand where they are going
- Review terminology, i.e. 'eye clinic' instead of ophthalmology as these words do not resonate with the public
- Unisex baby changing areas (in case dads want to change their babies)
- Same sex wards to allow patient dignity and comfortability
- Maternity and gyno care to be separated
- Radio keys to staff for patient access
- Flexibility of canteen and better food and drink choices to reflect and consider varying diets

Threats

- Accessibility for young carers: are they viewed as carers and treat the same in terms of communication, offers of support, checking in that they are okay at home?
- Removal of family hubs that allow improved community access to services
- Unaffordability of transport for family and carers
- Transport at hospitals needs an overhaul including consideration for rural areas

Table 1 – Health Inequalities (*Site Agnostic*)

Representation: Healthwatch, VCSE, Citizen's Panel, Carers, Maternity

Strengths

- None recorded

Weaknesses

- Lack of consideration regarding communication preferences (languages, disabilities, hearing problems etc)
- Not visible signage at hospital, i.e. DPoW not easy to see where cardiology is
- Impact of LEH at either site requires older people to travel
- Higher impact on the elderly, young families, special needs etc
- Lack of car ownership and levels of poverty in the areas do not permit people to travel
- Social impact of travel – childcare
- Parking costs
- Services may be provided but are inaccessible
- Poor transport links to Sheffield Hospital
- Commission of services every year there is less funding
- The culture of staff not wanting to take charge/responsibility

Opportunities

- Consistency in parking systems across sites (including Castle Hill)
- Consider the timing of appointments allocated for those who have to travel (i.e. no early appts)
- Attempt to allocate cancelled appointments on the day
- Providing communication support during clinic (languages, disabilities, hearing problems, dementia etc) – currently adequate but could be tailored to suit different needs
- Looking at every patient group and their needs
- Enhanced out-of-hospital care to reduce the stress of having to attend hospital

Threats

- Stress of people having to attend hospital
- Political comments around Hull obtaining more services than other areas
- Digital communication – not everyone has access to technology, can be too young/old for use, or not understand the language

Table 2 – Health Inequalities (*Site Agnostic*)

Representation: Disability, Citizen's Panel, Healthwatch, Maternity

Strengths

- Rota's – teams work together to schedule admin and guidance/advice time
- Having expertise at one site; means staff can gain skills while gaining more specialist experience, only require one set of equipment at one site rather than two and also reduces the maintenance cost of maintenance on equipment (evidence of services already centralised to strengthen context)
- Workforce increases if collating at one site – this also has communication benefits with everyone in one place
- Having services available at the front door of both sites

Weaknesses

- Obstetrics will affect women if services only available at one site
- Language barriers – translators are hard to come by when needed at hospitals
- Transfer times for maternity patients is too long.
- How would family members be able to visit if the patient is not at the local hospital?
- Transport access for rural areas is poor
- Parents (mum) sometimes not moved with babies to same site/in transfer
- Patients suffering with multiple or long-term conditions have cost implications with regard to car parking
- Non-Emergency Patient Transport to the hospital shouldn't feel like a postcode lottery – everyone should be equal/the same
- Having to travel further would require to have extra time off work/school

Opportunities

- Increase the provision of Sign language/facilities for deaf people on hospital sites
- Create better working relationships with voluntary and council services for accessibility support
- Increased partnership working with career support agencies to develop workforce opportunities
- Develop a booking system that allows for appointments to be booked that best suit the patients' needs/conditions etc
- Improve communication between primary and secondary patient systems
- Implement Labour, Delivery, Recovery and Postpartum model (LDRP) at SGH
- Increase the provision of holistic care nurses
- Educate professionals on correct signposting

Threats

- More women choosing home births at local site, even if not suitable or high-risk.
- Homelessness – no home to discharge to
- Cost implications for carers having to travel further to hospital sites

- Patients with autism/dementia/mental health problems require stability rather than travelling to different places (change in surroundings)
- Digital doesn't allow / consider patients choices of time for appointments