



Path to Excellence

Phase 2

Working Ideas Focus Group Report

April 2019

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Executive summary

Background

The updated case for change was published in February 2019 and contained the working list of ideas.

In order to further enhance the working list of ideas, a series of qualitative focus were organised with specific special interest groups. The objective was to actively seek people's views on what's important to them in relation to specific health conditions and how specialist care can be improved, and/ or consider each working idea in more detail and gather people's views and comments on what they thought was important to be considered as the working ideas are considered.

Focus group activity took place during February and March 2019.

Summary of findings

Each of the focus and patient groups considered all or some of the proposed options for service change – depending on the interest and purpose of the group/organisation being consulted. In summary, the findings are:

Quality and continuity of care

All groups discussed the quality and continuity of care, a summary of which is below:

- Quality and continuity of care is important. In general, it was indicated that current care received was excellent, although, equity of care is questionable with groups that have specific needs.
- Concerns arose over a potential increase in waiting lists and waiting times with the proposed service changes - and the potential impact on attendance with the extra travel. Questions arose such as: "Would this have a negative impact on other resources, such as A&E"?

Workforce

All groups discussed the requirement to invest in the workforce, a summary of which is below:

- Invest in the workforce financially i.e. make sure that the staff are compensated for the additional travel costs that they will incur, and also invest more money in order to;
- Recruit more staff to improve the current service provided as well as ensure effective service change
- Make sure that staff are well supported during the service changes, and that their wellness is considered
- Make sure that all staff have the right skill level throughout.

Support in the community

All of the groups addressed support in the community, see the summary below:

- Consistency and continuation of care is important. Once patients are discharged, they need to know that their care will continue and that after care services are available to them
- Extra finance is required to ensure people are adequately looked after in their own home setting.

Accessibility – Travel and Transport

All groups discussed accessibility with regard to travel and transport, a summary of which is below:

- Concerns arose over the extra cost that would be incurred by patients, both in terms of transport and parking - as well as the extra time it would take to travel and the availability of transport with the proposed service changes
- The groups also addressed concern over the availability of parking spaces at each site
- There was also unease over the potential delay in treatment for emergencies after the proposed service changes are put in place. It has been suggested that the extra distance required to travel could cause a potential delay.

Accessibility – Ambulance service

All groups discussed accessibility with regard to ambulance services, a summary of which is below:

- The groups reported mixed experiences with the ambulance service with some noting that they experienced fast response times... and others experiencing very slow response times.

Communication and Education

All groups discussed communication and education, a summary of which is below:

- The groups raised concerns over the lack of ability to effectively transfer patient information between different hospitals and departments
- The groups also mentioned the lack of transparency with the proposed service changes.

Patient choice

All groups discussed patient choice, a summary of which is below:

- The groups questioned whether the proposed changes will have an impact on patient choice. Would patients still be given a choice on which hospital they attend?

Specific Needs

Each group discussed their specific needs, which varied depending upon their role, past experience or medical condition - a summary of which is below:

- The lack of equity of care
- Round the clock access to specialised staff is required, not just Monday to Friday.
- Concerns over lack of knowledge with regard to long-term conditions i.e. diabetes
- More education is required on specific long-term conditions
- Care in the community should be allocated on a case by case basis
- Mental health support is required
- Patient groups are a valuable resource
- Advice on exercise and diet should be provided, including facilities
- Public transport was a concern for people with additional needs - and those for whom English was not their first language
- Concerns over the extra pressure to the ambulance service were also addressed.

Introduction

Twelve focus and patient groups were convened, moderated, and reported by Voluntary and Community Sector (VCS) / third sector partners across South Tyneside and Sunderland.

The twelve groups were completed throughout the month of March 2019. All efforts were made by NECS to identify target groups likely to be affected by the proposed service changes (see Table 1).

Table 1

Date	Focus Group	Participants	Type
Wednesday 6 March	HealthWatch Sunderland Volunteers	8	Equality
Tuesday 12 March	Apna Ghar (women from BME communities in South Tyneside)	3	Equality
Tuesday 12 March	BlissAbility Disability Support Group – South Tyneside	7	Equality
Thursday 14 March	Diabetes UK South Tyneside	10	Patient
Friday 15 March	Breathe Well - South Tyneside (respiratory patient support group)	21	Patient
Friday 15 March	Essence Service Sunderland – women's group	11	Equality
Friday 15 March	Cardiology Patient Support Group – South Tyneside	10	Patient
Monday 18 March	Cancer Patient Carer Group – Sunderland	6	Equality / Patient
Thursday 21 March	South Tyneside Time in time out session – GP focus group session 1	6	GP Group
Thursday 21 March	South Tyneside Time in time out session – GP focus group session 2	5	GP Group
Tuesday 26 March	Age Concern South Tyneside (ACTS) Older people engagement morning	27	Equality / Patient

Wednesday 27 March	HealthWatch South Tyneside Young Person's group (16-24 years)	Tbc	Equality
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Format of meetings

Each of the groups ran for a maximum of 1.5 hours and were conducted against an approved semi-directive moderator's script - providing the main lines of enquiry, along with guidance on running the groups, including prompting for in-depth responses.

To support the delivery of Focus Group sessions, Voluntary and Community Sector (VCS) / third sector group moderators were provided with access to training, to support them in running the groups. They were also provided with a report template, together with guidance on completion.

Three groups were targeted: equality groups, patient groups and GP groups.

The equality groups considered a broad set of questions to gain insight into what was most important to them, looking generally at services rather than specific ideas.

The patient groups were responding in relation to their specific conditions, rather than the set of working ideas (below). These conversations were focussed on what would make a difference to them, when thinking about accessing care, with specific reference to their condition.

The GP groups used similar questions to the patient groups, but the GPs were responding to the three working ideas:

The three working ideas are:

- Minimal change
- Some change
- Greater change

Since the pattern of discussion in the focus groups tended to be about general issues around access to service, rather than the three working ideas - we will therefore present the results from these groups as a discussion of the broad themes around common issues for consideration by the programme, reflecting the diverse opinion and ability of the groups. The highest volume of consideration is given to the common and general issues.

• **Analysis Caveat:** The issues developed are based upon the reports provided to us and we make no guarantee of the accuracy or independence of the content we reviewed. Where responses are quoted, these are based on the reports provided.

Key findings

Each of the focus and patient groups considered all or some of the proposed options for service change. Depending upon the interest and purpose of the group/organisation being consulted - there were differing opinions expressed, based on:

- The specific needs of the respondent group
- The social implications of the options
- The costs to the individual - both financial and time implied in the options.

These are discussed throughout in each of the specific service areas. However, it is clear from the review that there are several issues that are common to all, which in summary are:

Quality and continuity of care

There is a continuous theme throughout the groups' dialogue which addresses quality and continuity of care, summarised as:

- The majority of groups indicated that the quality of care that they have previously received, was excellent.
- Thus, leading to some groups questioning 'why make changes to a service that is currently working well?'
"If our departments are excellent, why should we have to travel to different hospitals?"
[lady carer; Essence service group]
- A quick and accurate diagnosis is important.
- Concerns were raised over the working ideas affecting patient attendance at appointments. Some groups indicated this would waste resources and increase pressures in other areas, such as A&E.
- HealthWatch Volunteers and Diabetes UK patient group indicated that appropriate appointment times were important.
"...It's difficult to get time off for appointments" [Diabetes UK patient group]
- The majority of groups indicated that it was important to improve waiting lists and waiting times. Questions arose over whether the working ideas would improve waiting lists or if they would be longer? However, a GP Group indicated that the working ideas should improve waiting lists and therefore, would be advantageous.
- Some groups questioned specialist care at Sunderland and planned care at South Tyneside - but others understood the value in separating the care between the two hospitals.

Specific needs included –

Participants in some of the groups with specific needs, highlighted their specific issues around quality and continuity of care, summarised as:

- There's a lack of equity with care.

“There seems to be inconsistencies between approaches and techniques between hospitals and staff members. There should be standard practices in place. Quality control. It doesn’t fill you full of confidence.” [Cancer patient group]

- Access to specialised doctors is important to some of these groups and viewed as a positive aspect of the working ideas.
- Dedicated nurses working with families and patients with regards to end of life care would be valuable
- It was intimated that people who didn’t have a valid reason should be fined for not turning up to appointments
- Lack of aftercare

“Hip op December – in area no NHS follow up since then to check fit, patient is ok and how they are managing or check if you can look after yourself. We are told there is aftercare but no experience of it.” [Breathe Well Patient Group]

These concerns cover the opinion expressed by groups representing:

- Breathe Well patient group
- Cancer patient group
- Diabetes UK patient group
- BlissAbility group

Workforce

There is a continuous theme throughout the groups’ dialogue which addresses workforce summarised as:

- Invest in current staff; improve wages and provide staff expenses for the additional travel. They also require appropriate shifts, breaks and good supervision.
- In order to improve the current service provided - more staff need to be recruited. Furthermore, in order to implement the working ideas, would more staff be required?
- Concerns were addressed over staff wellness and the working ideas. Would the extra travel and parking issues impact on their stress levels?
- The working week was discussed throughout most of the groups. Concerns arose over same day emergency care and how this would be accessed on a weekend.
“Specialist nurses 7 days per week?” [Diabetes UK patient group]
- Skill of staff was also discussed, with most groups addressing the need to have the ‘right skill level’ through the service offering. The young person group addressed concern over loss of skill at South Tyneside.
- Management was also addressed, in order to get best value for money a reduced management team would help. Furthermore, two groups indicated that management had little experience of clinical delivery. [Age Concern group/ Cancer patient group]
- The Young persons group and the BlissAbility Group also indicated a need for volunteers. It was suggested that volunteers could help people to manage their conditions as well as help to provide appropriate signposting. It was also suggested

that volunteer visitors would be a good idea for people who don't have visitors whilst in hospital.

Specific needs included-

Participants in some of the groups with specific needs, highlighted their issues around workforce, summarised as:

- Concerns arose over specialist staff only working Monday to Friday
- An out of hour service would be helpful
- Practitioners lack of knowledge of long-term conditions
“But out of hours with no access and emergency care have very little knowledge.”
[Diabetes UK patient group]
- More staffing is required but it comes down to finances
- The use of agency workers to save costs

These concerns were the opinion expressed by groups representing:

- Cardiac patient group
- Diabetes UK patient group
- BlissAbility group

Support in the Community

All of the groups discussed support in the community to some level, these discussions have been summarised below:

- Consistency in care needs to be addressed with GPs, support workers and social care.
- Continuation of care on discharge needs to be seamless and integrated with social care.
“Needs to be more integrated – my aunty was out of hospital for 5 weeks before she got a care plan” [Lady carer group]
- The timings of support available. Concerns over carer visits being short and not at the appropriate time for the person involved.
“Home carers turning up at 6pm to put people to bed - who wants to go to bed at 6pm?” [BlissAbility group]
- Extra finance is required to ensure people are looked after adequately in their own home. Also, the cost implications to the individuals concerned if they are required to pay for the care themselves.

Specific needs included –

Participants in some of the groups with specific needs, highlighted their issues around support in the community, summarised as:

- Care in the community allocation to be based on individual circumstance

“with my son I need a lot more help - I’m really struggling but I’m not eligible because I’m only 26...” [BlissAbility group]

- Loneliness: extra mental health support may be required
- Wasted resources

“I was told before I could be discharged I had to have a carer in place for 6 weeks, even though I have my mum and dad a couple of houses away.” [BlissAbility group]

- Access to patient groups is important - it helps people to look after their condition as well as help them to stay out of hospital
- Exercise and diet: advice and access to facilities
- Availability of clinics for advice on condition

These concerns were the opinion expressed by groups representing:

- Diabetes UK patient group
- BlissAbility group
- Cancer patient group
- Cardiac patient group
- Breathe Well patient group

Accessibility

The issue of accessibility came up in all focus groups, irrespective of their interest area. This mainly focused around a few key areas; travel and transport and the ambulance service. We will look at each of these areas in more detail below.

Travel and Transport

There were concerns around the impact that the changes would have on the travel and transport of both patients and staff. The major concerns were:

- The cost of travel between Sunderland and South Tyneside using public transport
- The time it takes to travel between Sunderland and South Tyneside using public transport
- The availability of transport for early and weekend appointments
- The availability and cost of on-site parking
- The potential delay for emergency cases having to travel further

Specific needs included-

Participants in some of the groups with specific needs highlighted their specific issues around accessibility, summarised as:

- Frail and older people travelling between South Tyneside and Sunderland is a concern
- Travel for staff who will work across both sites

- The difficulties associated with public transport, in particular for those with additional needs.
- The difficulties in using public transport - for those whom English is not their first language
- The difficulty in travelling back to South Shields from Sunderland if taken there by ambulance

“For any urgent treatment being closer is better and it's getting back, if we get taken to Sunderland it's having to get back to South Shields” [BlissAbility Group]

These concerns cover the opinion expressed by groups representing:

- GP Group 2
- BME Group
- BlissAbility group

Ambulance Service

With regards to the Ambulance service, participants noted both positive and negative experiences:

- Some participants mentioned that ambulance response times were fast
“my dad collapsed in the house - my mam rang me... I said ring an ambulance. By the time I got there the ambulance had already been, so they had responded very quickly”
[BlissAbility Group]

- Other participants mentioned that ambulance response times were too slow
“When my 4-year-old son first collapsed it took 2 hours for an ambulance - in the end I had to take him to hospital myself”
[BlissAbility group]

Specific needs included –

Participants in some of the groups with specific needs, highlighted their specific issues concerning ambulances, summarised as:

- Will paramedics be given guidance on route, as to which hospital to use?
- Will the ambulance service be able to cope with the greater demand of patients traveling further?

These concerns cover the opinion expressed by groups representing:

- GP Group 2
- Cancer Patients

Communication and Education

The groups expressed concerns around the communication between services and the public. The major concerns were:

- The transferring of patient information between hospital departments
- The transferring of patient information between GPs, Hospital specialists and pharmacies, including what the information is stored on
- Doctors not having time to read patient notes
- Transparency with the proposed changes

“If going to shut South Tyneside hospital Emergency Department they need to say so – be clear, transparent and honest!” [HealthWatch volunteers group]

- Public education on the services and support available

“Better communication with the public to improve the public’s knowledge of resources available” [Young persons group]

Specific needs included –

Participants in some of the groups with specific needs, highlighted their specific issues around communication and education, summarised as:

- Patient record sharing to cut down on time spent during appointments
- More education needed on diabetes
- Raise awareness of exercise sessions and support groups
- Improve work with community services: Greater communication
- Signposting is important when accessing hospital services
- GP systems and hospital systems are still not sharing information which causes issues

These concerns cover the opinion expressed by groups representing:

- Diabetes UK patient group
- Cardiac patient group
- Cancer patient group

Patient Choice

Some groups, when discussing the working plans, mentioned patient choice - this is summarised below:

- Questions arose over making a choice on where they would be taken for care. Would they have a choice?
- With reference to planned operations and emergency cases – does this remove patient choice?

Site capacity

Specific needs -

When discussing the working plans, some groups made reference to the physical capacity at both sites - this is summarised below:

- Waiting areas – will they be big enough to accommodate several family members?
- Does South Tyneside District hospital have the space for the proposed working ideas?
- All of Sunderland's services are now located at Sunderland Royal. How will further space be allocated?

These concerns cover the opinion expressed by groups representing:

- Cancer patients

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Demographics

Demographic information was collected from participants at the twelve focus groups. This information has been summarised in the following table. In order to ensure confidentiality and that no individuals have been identified, some responses have been grouped.

Table 2: Demographics of participants

Gender	(n=97)
Male	28
Female	69
Age	(n=99)
16 - 17	1
18 - 24	4
25 – 34	2
45 - 54	4
55 – 64	13
65 – 74	44
75 or older	29
Prefer not to say	1
16 - 17	1
Does your gender identity match your sex as registered at birth?	(n=98)
Yes	97
No	1
Disabled	(n=96)
Yes	59
No	29
Prefer not to say	8
Sexual orientation	(n=87)
Heterosexual	71
Gay / Lesbian / Bisexual / Other	16
Prefer not to say	0
Are you currently pregnant or have you been pregnant in the last year?	(n=96)
Yes	1
No	80
Prefer not to say	0
Not Applicable	15
Marital Status	(n=96)
Single (never married or in a civil partnership)	13
Cohabiting	1
Married	45
Civil partnership	0
Separated	1
Divorced / Dissolved	8

Widowed / Surviving partner	26
Prefer not to say	2
Caring responsibilities	(n=91)
None	58
Primary carer of a child or children (under 2 years)	0
Primary carer of a child or children (2 – 18 years)	1
Primary carer of disabled a child or children	0
Primary carer or assistant for a disabled adult (18 years and over)	3
Primary carer or assistant for an older person or people (65 years and over)	19
Secondary carer (another person carries out main caring role)	5
Prefer not to say	5
Race / ethnicity	(n=91)
Asian / Asian British / Black / Black British / Mixed race / Gypsy or traveller	4
White (British, Irish, European)	85
Other	2
Rather not say	0
Religion / belief	(n=87)
Christianity	60
Islam / Muslim / Buddhism	1
No religion	9
Other religion	5
Rather not say	12