

Designing Future Local Health Services:

Pre-Consultation Findings

The data analysed in this report combines:

- 5 community listening events
- 3 stakeholder listening events
- 146 respondents to an online survey.

Most common services that the community want

It is apparent from the rating of services within the survey that all services currently offered at each of the five community hospitals are important to the local community. Statements such as, *“the services that are offered at the moment are well needed”*, and *“keep and maintain all services provided”* corroborate these ratings. When asked about the essential services (either existing or missing) in their local area, respondents mentioned numerous services. The data was analysed using a thematic content analysis and the most common services reported are listed below in order of prevalence. ((n) represents the number of times the service was cited as essential).

Bradwell
Community Beds – rehabilitation, assessment, intermediate, step-down care (20)
Mental Health Services (4)
Walk-in-Centre (2)
X-ray facility (2)
GP – out of hour’s service (1)
Audiology (1)
Dermatology (1)
Occupational Therapy (1)
Phlebotomy (1)
Diabetic Eye Screening (1)
District Nurses (1)
Physiotherapy (1)

Cheadle

Minor Injuries Unit (15)

Community Beds (12)

X-ray/scans facility (10)

Memory Clinic (8)

GP (8)

Phlebotomy (6)

Audiology (3)

Diabetes (3)

Cancer Screening (3)

Counselling (3)

Maternity services (3)

Paediatric services (3)

Chiropody (1)

Eye-clinic (1)

Family Planning (1)

Fracture Clinic (1)

Physiotherapy (1)

Haywood

X-ray facilities (7)

Community Beds (6)

Walk-in-Centre (6)

Phlebotomy (5)

Bone Densitometry (4)

GP (3)

Pain Management (3)

Podiatry (3)

Rheumatology (3)

Fracture Clinic (2)

Musculoskeletal Interface Service (2)

Occupational Therapy (2)

Physiotherapy (2)

Amputee Services (1)

Audiology (1)

Maternity (1)

Mental Health (1)

Pharmacy (1)

Leek Moorlands

Community Beds (47)
Walk in Centre/Minor Injuries Unit (29)
Memory Clinics – Dementia (18)
X-ray and scan facilities (13)
Phlebotomy (9)
GP (8)
Physiotherapy (6)
Audiology (5)
Post-Operative Care (4)
Sexual Health Services (4)
Antenatal care (3)
Diabetes (3)
Eyes (3)
Dermatology (2)
Dialysis (2)
Falls Clinics (2)
Minor Surgery (2)
Oncology (2)
Palliative Care (2)
Smoking Cessation Service (2)
Cardiology (1)
Counselling (1)
District Nurse (1)
Family Planning (1)
Occupational Therapy (1)
Podiatry (1)
Pulmonary Rehabilitation
Speech Therapy (1)
Urology (1)

Longton Cottage

Community Beds (11)

Walk-in-Centre/Minor Injuries Unit (5)

Audiology (3)

Phlebotomy (3)

GP – out of hour's service (2)

Mental Health Services (2)

Nursing clinic (2)

X-ray (2)

Outpatients (1)

Palliative Care (1)

Survey respondents frequently considered a number of essential services across the five community hospitals. These included:

- Community beds for rehabilitation between hospital and home care;
- Walk-in-Centre/A&E for minor injuries;
- X-ray facilities;
- Access to mental health services (i.e., memory clinics, day care centres)

What is important to individuals about their health care?

When considering hospital services in general, the key points that survey respondents reported to be most important included:

- Having **local** services available;
- Easily accessible services that people can **travel to** and **park safely** at;
- Appropriate and compassionate **staff** providing **safe** and good **quality** care.

Other factors reported were:

Availability	Delivery	Specific Services
Enough professionally trained staff	Affordability	Walk-in-Centre; Minor Injuries; A&E
Access to GPs and clinicians	Stress free	Phlebotomy
Availability of appointments	Consistency	X-rays and scans
Shorter waiting times	Cleanliness	Respite/recovery care beds
Longer opening hours	Safety	Dementia care; Day care
Variety of services	Clear information and communication	Physiotherapy
	Clinical excellence	District Nurse Service

Feedback on local health services

All participants in the listening events (both community members and stakeholders) and respondents of the survey were asked to consider current and future local health services in North Staffordshire. This data was analysed using a thematic analysis. The key themes discussed were similar for each of the community hospitals and thus summarised together below.

Themed feedback

Accessibility: Community transport is key particularly given rural areas. Ability to travel due to health conditions (e.g., anxiety, physical disability). Availability and cost of parking at UHNM is a problem. Travelling time and distance to receive healthcare is an important factor. Public transport links are poor and reducing. Choice is important for those who can travel. Local health care would be better for the environment with less pollution. Visiting patients in community hospitals is less stressful and more time efficient than visiting UHNM.

Facilities: Keep facilities updated to support patient recovery and support staff to complete their job efficiently. Maximise recent refurbishment and utilise buildings to full capacity. Maximise use of facilities. Consider which services could be mobile. Bring community services together.

Resources: Lack of funding/budget cuts. Funding withdrawn from some mental health services. 15-minute calls/appointments are not long enough. Public want more out of hours services. Important to maintain all local services in order to reduce demand on UHNM. Some individuals are prepared to travel for specialist services. Social care is underfunded. Concerned that there are not sufficient services in the community to support carers/family members. Need to look at the demand and need in local areas and match to services. Option of using online resources more.

Staffing: Appropriate training and experience is important. Suggestion that staff morale needs to be improved and adequate support provided. Multi-disciplinary skill-mix providing quality service is important. Empathy and care to patients remains paramount. Continuity of care and knowing the patient is important to the public. Recruitment of health professionals considered to be an issue, particularly GP's. Voluntary groups might be under-utilised.

Reputation: Understanding local people and their needs is key. Continuity of care that is effective and efficient. High quality and safety of care are of particular importance to those who completed the survey. Friendly and welcoming local services wanted. Trust and confidence in the service is important. Local services

currently delivered to a high standard of care should not be compromised by funding cuts.

Prevention/Education: Educate communities about health and self-management to reduce demand on emergency services. Signposting and raising awareness of all local services to maximise their usage. Use social media to raise awareness about prevention.

Communication: Coordinated approach to care planning. Services available and clinic times need to be publicised more widely. Lack of awareness. Share information between services and hospitals. Learn from previous closures/reduction in service and the impact on the community.

Options for changing/improving the delivery/design of local health services

The options that the public suggested for improving delivery of local health services within community hospitals are presented for each of the five areas below.

Bradwell:

1. Maintain beds in the hospital to help the hospital deliver its purpose of providing transition care from hospital to home.
2. Using the hospital to its capacity, increasing available services and keeping the parking free would take the pressure off the nearby Royal Stoke hospital.
3. Reopen our wards, and provide our care, our way.
4. Model of care must be responsive, safe and equitable based on clinical or other need.
5. Recruit more qualified health staff through the provision of incentives to encourage training to become a health professional.
6. Need multi-disciplinary team around the patient in the community (e.g. Bradwell, not in an acute bed). This will help provide quality care - agency training and skill mix. Nurse practitioners should provide some services.
7. GP surgeries to develop a list of volunteers who can telephone and/or visit patients.
8. Patients to access voluntary support upon hospital discharge. Discharge patients with a package of care (wound care at weekends, district nursing, and GP services).
9. A percentage salary cut across the top levels of at least 10% would pay for various staff and services.
10. Utilise technology for example, online consultations via skype where the consultant considers appropriate. This could save travel time, cost of parking, whilst ensuring more comfortable waiting times and spaces.
11. A bus with support facilities on.
12. Invest in prevention.
13. Educate people better about prevention and the health service to avoid unnecessary A&E attendances. Booklet on how to use the health service for every household.

14. Develop a dementia centre for the area.
15. Mobile units for mental health, alcohol and substance misuse. Consider a mobile mental health unit.
16. Mental health safe space - more cost effective to have someone to talk to in person. The alternative is a cry for help suicide attempt, which leads to A&E visits or ambulance, police etc.
17. Blood tests at all GPs to save travelling to other practices. (i.e., Kidsgrove patients currently travel to Bradwell for this service).
18. Need a local x-ray unit.
19. Minor injuries walk in centre with medical advice, doctor and diagnostic support.
20. Triage needs to be looked into – who should be seen first?
21. Frail elderly assessment unit that takes patients directly from GP's, West Midlands Ambulance Service and district nurses.
22. Consultant services to be delivered at GP practices.
23. The NHS, not the private sector, should provide step-up and step-down intermediate care beds.
24. Community Hub support for family and carers. These could provide respite services.

Cheadle:

1. Ability to access a doctor over more hours (particularly early morning, late evening and weekends).
2. Bringing all GP's together under one roof could mean GP's are available for longer hours, as the workload and staff could be shared. In addition, encourage any other appropriate clinical support to house themselves in the same building.
3. One stop shop including GP co-operative to achieve service excellence in Cheadle.
4. Environment with everything on site, together.

5. Community services to be housed within the same building as primary care services to help with social care prescribing.
6. A minor injuries/walk-in facility similar to Leek Moorlands is important as the area is opening up to more tourist-based industry.
7. Need a doctor led walk in centre as other similar services are too far away.
8. An assessment clinic to help signpost patients to appropriate services. This could also focus on prevention rather than cure and assess patients in a local, social and cultural context to provide early intervention, such as stop smoking services, healthy eating, and mental health support.
9. Provide as many relevant appointments in the community rather than at UHNM. This could be through outpatient clinics or mobile services.
10. Re-instate Staffordshire Ambulance Service. Dedicate ambulance crews for local areas.
11. Reintroduce CPO's who can prescribe to patients, avoiding attendance and admissions at hospital.
12. Redesign Ambulatory Emergency Care with patients. It is not good for people who have been in A&E overnight.
13. Invest in technology, but also invest in people - training, signposting, communications and voluntary sector.
14. Local businesses and tourist facilities need to be aware of local health services that people can be signposted/directed to. This will help maximise the use of local services rather than adding to the pressure at UHNM.
15. Need to know when and how often the clinics take place.
16. Need better communications about the options and choices available for care.
17. Cheadle hospital website needs refreshing - services have been withdrawn and frequency has become rarer.
18. Provide support for carers. More advertising on carers hub - telephone number etc.
19. Day care centre for mental and physical health patients to give carers respite.
20. Avoid revolving doors.

21. Redesign the service for the future considering the ageing and growing population.
22. Patients having control of their own health records.
23. Need X-ray facilities. Could have a mobile x-ray unit.
24. Speech therapy could be a roaming service.
25. Have designated days for non-critical services.
26. A 'half-way house' is needed to support people between hospital and home. The hospital building could be used for this and provide a medical carer and a homely environment.
27. Need assessment and rehabilitation beds in Cheadle.
28. Look at what space is not being utilised.
29. CCG should liaise with planning to do more things like Bradeley Village Hall.

Haywood:

1. Have doctors at the walk in centre.
2. Doctors in attendance out of hours.
3. Match opening times of X-ray service and phlebotomy clinic.
4. Phlebotomy could be a drop in clinic or a 'home service' using a portable van.
5. Make more services available 7 days a week.
6. Re-administer slips/trips/falls beds at hospital.
7. Pain services/management could start with a telephone consultation.
8. Could move podiatry out of the local area but still needs to be accessible.
9. Need a hydrotherapy pool with open access to all.
10. Care home matron that attends care homes and SSOTP provide services there.

11. Join up services so that patients do not have to travel to different sites i.e., Meir for a blood test and either Leek or Haywood for an X-ray.
12. A link with local Health Centres in order to promote services. Where health centres are appointment based services it would be a benefit to know how we can support each other without having to work through the GP's for each referral.
13. Advertise what services are provided.
14. Services for chronic conditions need to be in the community.
15. Certain conditions need centralised care in larger centres, i.e. stroke, heart attack, orthopaedic, trauma. Other conditions are more suited smaller, more local, units.
16. More services to be located/rotated round GP centres. Keep this service in one place - small and friendly not huge and frightening.
17. Consider using community hospitals for different specialisms.
18. Each area could have a specialist.
19. If each area had a specialist service, you could work with local Government to organise bus services.
20. Be mindful of bus routes when planning services.
21. Create bus routes for the services.
22. Transport options for people who do not have access to care i.e. direct bus service.
23. Car parking needs to be considered.
24. Better explanations of the community beds within care homes need to be given to help elderly patients understand the situation.
25. The right care for people with dementia is needed. A 15-minute check is not long enough and there are not enough staff.
26. Take into account dementia centre of excellence, need to have access to all professions. Mental health is integral to care.
27. Offer the opportunity for Keele University medical students to train at Leek.

28. Keep the NHS as the NHS - not a business.
29. Salary cuts at senior management levels within the service and charging immigrants and health tourists for this service.
30. Plans need to be in place before the beds are closed.
31. Consultation with staff is vital.
32. Reduce barriers to the public by understanding lay people.

Leek Moorlands:

1. Bring consultants to Leek rather than making patients travel.
2. GP available daily including weekends.
3. Develop the infrastructure for discharge to assess (D2A).
4. A doctor in the minor injuries unit who can give patients medication, so that there is no need for patients to travel to Haywood or UHNM.
5. We could have blood tests at the hospital rather than waiting up to 3 weeks at the Doctors surgery. The I.N.R. clinic was so efficient and ran to time but when i was transferred to my G.P, surgery I waited up to 40 minutes.
6. what about the socially and mentally inept who are deemed to be capable of living alone but struggle with life and quite often call emergency services putting pressure A & E services we need a service which evaluates these people correctly.
7. Keep and maintain all services provided by Leek Moorlands Hospital.
8. Maintain the fullest possible range of services in Leek, Longton Cottage and Cheadle to shorten waiting lists and help mitigate bed blocking in UHNM and County Hospital.
9. Keep the wards that are open running, particularly during winter when it is difficult to reach UHNM.
10. Find ways of using the Leek Moorlands Hospital buildings more effectively e.g., GP surgery, dentists, rent rooms to private physicians to offset costs.
11. Make use of the new extension by having more clinics there.

12. Moorlands hospital has recently had significant investment. The building substance and facilities are in excellent order. The aim must be to use this as a rural centre of excellence.
13. As the wards have now been closed, could the substantial space be used for residential elderly care/palliative care, either privately or public funded. This way the facility would not decay as in being left unoccupied and all other services currently run there would dovetail nicely with the needs of older citizens.
14. Wards at Leek Moorland could be used as an interim measure to take elderly patients who are taking up medical beds at UHNM whilst they are waiting for adaptations or a place in the care home. It would cut costs in the area and ensure that Leek Moorlands is utilised fully. Many occupational therapy and physiotherapy treatments are also on hand for elderly patients.
15. One ward could be used for intermediate care for patients well enough to be discharged from UHNM but not well enough to go straight home. One ward could be used for patients suffering from dementia.
16. Hold clinics three or four times a month. This would probably suit many patients even if the waiting time for an appointment was longer. Those needing more urgent attention could still use UHNM.
17. Bring all local services under one roof in The Moorlands and work more 'smartly', sharing resources and back office functions.
18. Rehabilitation beds would help to reduce pressure on acute hospital beds and provide time needed to get care packages in place.
19. Maintaining and improving local services to relieve A&E and bed blocking at more major hospitals if necessary with more local funding via increased rates.
20. Recognition of geographical location and expanse of the Moorland's area should be addressed as a special needs area. Priority given to those increasing elderly, immobile residents who are both unable to travel to hospital centres some distance away under their own steam or whose family members cannot visit and support which is an extremely important aid to the patient's health/possible recovery/mental wellbeing. For the younger family, the emergency walk-in accident department is indispensable, again due to both the Moorland location and time issues associated with speedy attention, now recognised as so important to successful treatment outcomes.
21. MRI (there is a machine on a lorry that could be hired to come to the Moorlands). We need a bigger hospital to serve our area which could take in

patients from neighbouring/bordering counties of Cheshire and Derbyshire to make it viable.

22. Up to date scanning and X-ray facilities, with opening times extended to five full days and possibly weekends.
23. People need to be educated about what an emergency is and where they can go to access the appropriate treatment quickly rather than wait for two weeks or more to see a GP.
24. Raise awareness of hearing loss. This will save money, as it is known those with untreated hearing loss have more appointments for all health conditions due to not having heard properly.
25. Day Care centre for dementia sufferers, to give carers respite for one day.
26. Community Mental health centre which includes a crisis centre, that is open 24/7 and can provide support i.e., early intervention, eating disorders and substance misuse.
27. Create community hub for both young, school age and elderly people.
28. The charity - Borderland Voices - Arts for Health and Mental Well-being -could provide, with minimal financial support, varied arts-based activities. These, with their essential social element, benefit many people including the elderly, infirm, isolated and those with mental health issues.
29. Follow up/monitoring, routine care and dealing with lower level conditions should, as far as possible, be in Leek/as local as possible.
30. More joined up thinking is needed, with multidiscipline outpatients appointments available to address patients with more than one condition. It seems at the moments that each discipline works in a silo.
31. Expand local services and increase car park capacity.
32. Buy supplies in bulk.
33. Tax new house builders to pay for hospital.
34. Upgrade urgent care to include children under 5 years old.
35. Colorectal can be done locally.
36. Keep clinics local to avoid time off work.

37. Make prescriptions available at Leek Hospital.
38. Deliver podiatry in GP practice.
39. Link all NHS computers.
40. Make it illegal to sue the NHS and then less time, money and effort could be spent fending off litigation and more on the job in hand, and medical staff would be permanent instead of agency.

Longton Cottage:

1. Hubs of services should be considered, with onsite facilities for X-rays and blood analysis.
2. Better communication between Longton Cottage Hospital and other partner organisations. For example a fully joined up IT system to all partner organisations.
3. Ask other clinics to provide information about their services/clinics that can be advertised to all patients.
4. Better communication and coordination between community services.
5. Publicise available services to increase public awareness, including UHNM outreach services.
6. Use social media to highlight what services are available.
7. Navigation of services and information needs to be improved.
8. Understand where a GP can refer or signpost patients to.
9. The Cancer & Supportive Therapy team attend different premises each day of the week. Set days might work better.
10. Better home assessment to prevent unnecessary attendance at A&E.
11. Joint working between health and social care.
12. Nurse led clinics could reduce GP workload.
13. Holistic approach to care – mental and physical health.
14. Self-help groups in the form of a care-hub, where individual could self-refer.

15. Good news stories about health care and hospitals in the press.
16. Longton Methodist Central Hall is a big enough facility.
17. Good quality care following hospital discharge.
18. Care package needs to be put together well and quickly. Develop this with carers as well as individuals.
19. Use email or skype for consultations.
20. Utilise other advice such as pharmacy, online appointments with GP to reduce GP workload.
21. Remove specialist clinics from health centres.
22. Travel to specialist care.
23. Several services in one clinic is better for patients.
24. Utilise wider services more – Citizens Advice Bureau, Age UK, voluntary sector.
25. Have voluntary services (such as Citizens Advice Bureau) on site
26. A care hub that includes support for mental health.
27. Invest in the prevention agenda, including childhood obesity.
28. Consider health promotion and education. A possibility could be through identifying 'Health Champions'.
29. Community bus to move patients around health services.
30. The Council should take some responsibility for community bus routes.
31. Volunteer car scheme to help patients travel outside set boundaries.
32. Spend money wisely. The majority of the general public want every service on their doorstep. The NHS can't afford that so we need the public need to get real with our expectations.

General:

1. Inform the public of population demographics and usage of the services. The public would be better informed to respond appropriately to the consultation. Ensure the most frequently used services and facilities are available in the community.
2. Inform the public of the main pressures at UHNM to discuss whether any of these services could be delivered or improved locally, to ease the pressure at UHNM and improve patient satisfaction.
3. Self-management of health prevention.
4. Have an assessment centre for specific groups such as, women, multiple and complex needs, homeless.
5. Keep all of the current services open.
6. Speak to more of the community face to face in local settings rather than through the survey.
7. Clearer information in plain language during consultation meetings.
8. Budgets should come under one umbrella. Not some from the council for this, some from the NHS for that and some from the private sector for this! You need to know exactly what is coming in and going out. You will save local councils money by having local hospitals.
9. Be flexible and creative – explore the Dutch village model for healthcare.
10. Free or cheap parking.
11. Bus routes to services.