

‘Fit for the Future’ - Ashby Community Health Services review

Public Engagement – the listening booth

Background

West Leicestershire Clinical Commissioning Group (WL CCG) has started a review of community health services in Ashby, including those provided by Ashby Hospital. The review is called ‘Fit for the Future’. It will provide the CCG with a view of how well current services meet patients’ needs and whether the best use is being made of resources.

This review forms part of the CCGs wider approach to services which focuses on local needs supported by a locality structure and supports the CCGs overarching aim to patients with the most appropriate healthcare, in the best place, as efficiently as possible.

No decisions have been made about a preferred outcome and the CCG have been engaging with patients, the public, partners and organisations in helping to decide how and where these services may be provided in the future. A process of engagement has started that will continue throughout the summer and will help us develop options for the future. If the options involve significant change there will be a full public consultation.

Introduction

The listening booth used by West Leicestershire Clinical Commissioning Group to gain feedback from the public. It is a portable, purpose built booth that is taken out into the community to encourage people to come and talk to members of WLCCG staff who listen and where possible act upon views given by those who come along. The listening booth is an excellent mechanism for all kinds of engagement topics. In the case of the Ashby Community Health Services review, people who came to the booth were invited to talk generally about community health services in Ashby and given the option of completing a questionnaire (Appendix A). A list of the places visited by the listening booth can be found at Appendix B.

This report details feedback received from members of the public who attended the listening booth and completed the questionnaire. Eighty questionnaires were completed at the listening booth in total.

The qualitative data gathered from the questionnaire responses has been analysed according to a methodology known as ‘coding’. Key theme words have been picked out and the responses grouped underneath them to build up a picture of people’s views. In the report the code words are listed underneath each question with the relevant comments below them. The full list of comments to each question is found at Appendix C.

Analysis of the Ashby community health services review listening booth questionnaire

Question 1

Have you had any recent experience with NHS services in Ashby, either for yourself or family? When / Where?

30 people said no (41%)

43 people said yes (59%)

Commentary

A significant proportion of people answering this survey have used community health services in Ashby (59%). This is relevant as it indicates that generally, answers given in response to the questionnaire are founded on experience of some of the current services.

Question 2

Which community health services in Ashby have you used?

| Service | Number of respondents |
|--|-----------------------|
| Outpatient clinics | 28 |
| Therapy services eg physiotherapy, occupational therapy either as an inpatient or an outpatient | 27 |
| Specialist services for children and young people such as a sexual health clinic or a bed wetting clinic | 2 |
| Rehabilitation | 3 |
| Other inpatient care | 4 |
| Services from district nurses | 5 |
| Services from community nurses | 6 |
| GP | 3 |

Commentary

The service most frequently accessed by respondents who attended the listening booth was outpatients, closely followed by therapy services. The least frequently accessed service was specialist services for children and young people.

Question 3

What was your opinion of that experience, What were the good things? What could have been improved?

In answer to this question the code words and comments were as follows:

2.1 Excellent

Timely appointments with staff who's only aim is patient care and dignity - excellent rehab and advice on long term care of back issues in physio. My mother in law was admitted to Ashby following a below knee amputation in Derby Royal. We felt as if the hospital discharged too early as shortage of beds. On coming to Ashby my mother in law received excellent one-to-one care as she was extremely ill. Caring staff at Ashby made it much easier for her and the family.

Excellent care, very knowledgeable and helpful in managing my skin condition. An excellent service, educated about my skin condition and how to make it better.

Physio service was excellent at Ashby hospital. Dr's surgery seems to have a lot of short term doctors working there; not good for continuity.

I had an excellent experience, friendly and efficient service. It was close to home. Better parking would be an advantage.

2.2 Service

The patients have given several comments regarding the input of care at Ashby and now it is highly useful being local to them and their family to visit. Comments include such care is personal to them and wouldn't want it to go elsewhere.

Physio are very good, enables me to keep working.

First class service which is needed for this community.

Very good. Regular - on time. No issues. Always very good service, was good GP very pleasant.

2.3 Experience

Good experiences all round.

Good experience, seen thoroughly and good service.

The experience was good extra parking.

Helpful and convenient.

Commentary

Many of the respondents were very satisfied with the services they receive.

Question 4

Last year patients and public told us they wanted to more focus on older people's service and end of life care. What are your views about this?

3.1 Care

Having a community hospital in Ashby is essential to providing a smaller more reassuring service to elderly patients who feel anxious about what being admitted to an acute hospital has to offer. Has much more pressure on staff due to high volumes of patients staff need to care for. Ensuring dignity and family support is paramount at end of life. And having rooms like Cottage Suite at Ashby hospital provides 24 hour care and reassurance to both patient and family at such a difficult time.

I think the outpatient clinics are important too - keeping services local I would have struggled to get to LRI, especially as I needed to attend clinic frequently for my review.

Many patients do not want to be at home for rehab and feel safer in hospital. End of life care at Ashby is calm caring and very professional. Not only the patient is looked after but the family as well.

I totally agree. We are always full to capacity on the ward and work extremely hard to provide excellent care and rehabilitation for our patients. I believe the ward beds will be sorely missed should we close. We often have different hospitals trying to admit their patients into one empty bed , only to be cross when we can't accept them all.

I work on the ward at Ashby hospital and our beds are always full. The age of patients mostly are between 60 – 100. We have had comments and cards about the excellent care we provide and relatives would rather their family and nursed in a homely situation.

We have patients in Ashby hospital for palliative care and assist them to get home, if that is where they want to be. We have patients in Ashby who are not safe to go home and not safe for ICS.

I feel this would be an advantage but also feel that an out of hours service for both adult and paediatric services would be an advantage. As a student nurse, and in light of the Francis report, we do need to address a number of issues across the board and the Liverpool care pathway concerned with end of life care has also come under scrutiny.

I am not aware of the level of care provided but my belief is that it is very important to be able to support people both when they are elderly and at the end of their life. If the services can be provided in the home where possible it allows more dignity and makes a difficult time as comfortable as possible.

More could be done with keeping in contact especially terminally ill after first visit contact is lost.

Yes would be a good thing to do as notoriously it seems as though care for the elderly can be neglected.

Yes please - we oldies still have brains. Local surgery excellent hospitals abysmal.

As a community nurse the majority of our work is care of the elderly and end of life care is a very important part of the services that we provide.

I fully support this statement I think we should have more facilities aimed at caring for our elderly locally.

3.2 Agree

Agree but would also benefit for disabled service.

I agree with the aging population. I feel we need this.

Totally agree older people do not like change they would feel more comfortable if services were local with no need to travel to bigger hospitals. To be treated at home for as long as possible.

Agree especially palliative services as there are few hospices.

Agree - Ashby has a large elderly population.

Commentary

The importance of keeping services locally is a strong theme throughout the comments received.

Question 5

Thinking of the next five years, what do you think the NHS should be doing to cater for the health needs of people like you? What facilities would you like to see? How would you like to be looked after and treated? Would you want anything different or other health services locally?

I would like to see more services available in the CCH. The area it should cater for has grown and the care in the local hospital falls short, people should not have to travel 13 miles when we have a place that could be used more than a geriatric nursing home and I say that the elderly need to be accommodated.

Bespoke physiotherapy services i.e dedicated facilities.

Perhaps easier for everyone to access services in / under one roof.

I would like to see more diagnostic services offered (re as "wellman" process").

More services at surgery eg pain management, minor ops etc. Desperately want to stay in my own home and be treated locally Independent living encouraged and supported.

Need bigger and better GP services with more trained nurses for dressing and minor illnesses.

Commentary

The above comments demonstrate a requirement for more services to be offered locally.

Question 6

May I ask a few questions about you?

Which of the following age group do you fall into?

| Age group | Number of respondents |
|-----------|-----------------------|
| 0-16 | 0 |
| 16-25 | 6 |
| 26-35 | 8 |
| 36-45 | 15 |
| 46-55 | 20 |
| 56-65 | 12 |
| 66-75 | 14 |
| 76-85 | 3 |

Question 7

If you need to travel outside Ashby for NHS care, do you have any transport/or other access issues?

In answer to this question 30 people said they did have transport or other access issues

Comments included:

I don't have my own car. Transport is an issue. I had to get rid of my car due to rising costs of petrol etc.

Have transport but could be better at Ashby hospital.

Yes however my mum who also lives in Ashby would need to rely on family/friends for transport.

Don't drive and have young children.

Parking fees, bus services.

I have no car. I will also have serious problems travelling to work should the hospital close and I have to move elsewhere.

I wouldn't, but my family members would which would mean I would go without visitors.

Don't like to drive to HRI or QHB if can get treatment at Ashby.

I'm registered disabled and often travelling and parking can be an issue outside Ashby.

Respondents were asked to give the following information:

Postcode

Please see below the spread of postcodes detailed by respondents:

| Postcode | Number of respondents |
|----------|-----------------------|
| LE65 | 14 |
| LE67 | 4 |
| DE11 | 2 |
| DE12 | 2 |

Disability

The number of respondents who said they had a disability equalled 7.

The number of respondents who said they did not have a disability was 21.

Respondents were asked to categorise their disability as below if they had indicated they had a disability.

| Type of disability | Number of respondents |
|---|-----------------------|
| Mental health | 1 |
| Deaf or hard of hearing | 2 |
| Memory or ability to concentrate, learn or understand (Learning Disability) | 1 |
| Wheelchair user / Mobility impairment | 3 |
| Perception of physical danger | 0 |
| Personal, self care and continence | 1 |
| Progressive conditions and physical health (inc. HIV, cancer, MS, ME) | 0 |
| Blind or partially sighted | 0 |
| Speech | 0 |
| Prefer not to say | 1 |
| Other (please specify) | 3 |

Gender

There were 19 female and 8 male respondents to the survey.

Sexual orientation

All respondents who answered this question had retained the same gender since birth.

All respondents who answered this question also said that they were heterosexual.

Ethnicity

24 respondents said they were White English/Welsh/Scottish/Northern Irish/British
1 respondent was Indian.

Categories of relationship status

21 were either married or in a civil partnership.
3 were divorced.
1 person was widowed/surviving partner.

Pregnant/Maternity

When asked:

If you answered female: Are you currently pregnant or have you given birth in the
Last 26 weeks only 1 person said yes.

Religion/belief

Christian 21 respondents
None 5 respondents