



A Report Arising from
Three Focus Groups
Commissioned by

Cumbria

LINK

On the Proposed
Reprovision of
Acute Hospital Services
In West Cumbria

June 2009

Executive Summary

North Cumbria University Hospitals Trust proposes to develop the existing Acute Hospital services provided at the Hensingham site. The plans involve replacing up to 50% of the existing buildings.

Cumbria LINK wishes to fulfil its statutory role by engaging with local people and feeding their views into the project team who are planning the hospital rebuild. The LINK have carried out a survey of local opinion on key issues regarding the reprovision.

This report is concerning their next step, the findings of 3 focus groups held in Workington, Egremont & Whitehaven which added greater detail to the survey results.

Certain key themes arose from the focus groups. These included access - both to the site and around it; transport, parking and traffic management; the opportunities for a rationalisation in the co-location of certain services and some of the opportunities for the overall improvement of service provision.

Throughout the period of Hospital redevelopment Cumbria LINK wishes to continue to act as a conduit for the views and aspirations of the people of West Cumbria to those who are responsible for the provision of their health services.

~ Peter Canham and Mike Rose Troup ~ Consultants

CONTENTS

1. Context
2. The Role of Cumbria LINK
3. Methodology
4. Findings
5. Cumbria LINK's Conclusions

1. Context

"By bringing together health and social care, LINKs are part of a wider Government commitment to revitalise community engagement and empowerment across the broad range of public services"
Rt Hon Rosie Winterton MP: former Minister of State for Health Services, 16th May 2007

West Cumberland Hospital Rebuild – this is the proposal for the redevelopment of the present building to provide acute hospital services by the North Cumbria University Hospitals Trust (NCUHT). An Outline Business Case (OBC) will be presented to NW Strategic Health Authority (NWSHA) by early July 2009. If approved, the full business case could be approved by Spring 2010. The redevelopment of the site will be phased and take 3-4 years to be completed. The Trust has developed a series of objectives for the project which have been ranked as follows:

1. To enable the provision of safe, high quality sustainable acute services for the population of West Cumbria in line with the service profile set out in Closer to Home.
2. To improve hospital facilities for patients and visitors, with particular emphasis on patient safety, privacy, dignity, flexibility and a therapeutic environment.
3. To enable an increase in the efficiency and effectiveness of service delivery.
4. To provide facilities that will contribute to the recruitment, retention, education and development of staff in West Cumbria.
5. To allow greater integration of primary/community care and acute hospital services.
6. To provide the opportunity for co-locating related services on site, where possible.

2. The Role of Cumbria LINK

Local Involvement Networks (LINKs) were set up by the Government from April 2008 to give local people a stronger voice in how their health and social care services are delivered.

A LINK is an independent network of local people and groups, who are responsible for finding out what people want from their health and social care services.

A LINK has been set up in every local authority area which has health and social care responsibilities. All LINKs are managed by local groups and individuals who will decide what their priorities are and how they will work. To help them with this, each LINK will have a "Host" organisation to support them in their work. The Host must be an independent, not for profit organisation and in Cumbria, Cumbria CVS has been appointed as Host.

Cumbria LINK will help the council and the local NHS and organisations who provide care services to listen and respond to a wide range of views so that people, groups and organisations can influence all health and social care services in the area.

You can find out more about the legislation governing Local Involvement Networks by following this link:

<http://www.nhscentreforinvolvement.nhs.uk/index.cfm?Content=148>

Cumbria LINK started full operation in October 2008. Its first Annual Report will be published by July 2009 setting out what it has been doing.

Since March 2009, when the Trust decided to rebuild on the existing Hensingham site, Cumbria LINK has set up a Task group on the redevelopment.

Cumbria LINK wishes to fulfil its statutory role by engaging with local people and feeding their views into the project team who are planning the hospital rebuild. LINK proposes to gather people's experience of using the building to help the Acute Trust's responsibility to engage with local people when planning new services:-

The NHS Duty to Involve (Section 242 of the Health and Social Care Act)

Section 242 of the consolidated NHS Act 2006 places a duty on NHS trusts, primary care trusts and strategic health authorities to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes. This duty is supported by the guidance

Real involvement: working with people to improve healthcare

Cumbria LINK will ask local people:-

- What are the main issues for patients and visitors using the building?
- What new features would you like to see provided?
- How can the physical environment be improved for all users?
- What access problems are there and how can they be resolved?
- How can patients and visitors have a better time when they come to West Cumberland Hospital?

Initially these questions have been asked through a survey (see separate report) and then explored in more depth at three focus groups. This document is a report on the latter, the three focus groups.

3. Methodology

Measurement for improvement is different from measurement for research or [measurement] for making judgements about performance. Measurement for improvement is based on sequential testing with 'just enough' data, working with data and information that is 'good enough' rather than perfect. Page 15: **Understanding what matters: A guide to using patient feedback to transform care** - This best practice guidance sets out the key principles for collecting and using patient experience feedback to drive improvements in the quality of services
DoH 22nd May 2009

The invitations to attend the focus groups were sent out by Cumbria LINK to:-

- Those patient support organisations and individuals who completed the survey (see above)
- Invited members from NCUHT's Patient Panels
- NHS Cumbria's Patient Voice Group
- Other individuals known to have recent experience of the Hospital

There aim was to hold three focus groups each of about 10 members.

The venues and timings of the groups varied and were held in accessible premises so as to be as inclusive as possible. To reflect the Hospitals service to a wide area the groups were to be made up of residents of Allerdale, Whitehaven and Copeland.

The Focus Groups were facilitated and the report produced by two local consultants - Peter Canham & Mike Rose-Troup, both of whom have many years experience in this field of work.

The focus groups were held in the first week of June.

The Focus Groups were widely publicised via BBC Radio Cumbria; the Whitehaven News & the Times & Star – these contacts were made by LINK Host.

Each focus group began with introductions and an explanation of the purpose of the discussion and a brief overview of the process.

Each focus group member was given a copy of the NCUHT's Project objectives (see Context). It was agreed that the focus of the discussions should be on how the Trust might best fulfil objective (2.):-

[The objective is] *to improve hospital facilities for patients and visitors – with a particular emphasis on patient safety, privacy, dignity, flexibility and a therapeutic environment.*

Focus Group members were also given a plan of the site. Participants were assured that whilst their names would be published in the Focus Group Report comments would be anonymised and would not be attributable. Participants were asked to envisage that they were visitors/patients arriving at the hospital and were asked initially to consider access to the hospital before moving on to consider the facilities within the hospital

The Focus Group Report was sent to Cumbria LINK in time for key meetings and the brief was to include key themes & key quotes (anonymised)
Participants:-

Participants were drawn from the following groups:

- NCUHT's Patient Panels
- NHS Cumbria's Patient Voice Group
- Cumbria LINK
- Age Concern Northwest Cumbria -Care services & Dementia support
- Older Persons Forum (West Cumbria)
- Heart and Angina Support group
- Church of England
- Community Research (ACNwC)
- West Cumbria Carers
- WCH Inflammatory Bowel Disorder Patient Panel

1st June 7pm Workington

Helen Spencer: Maurice Tofts: Heather Walker: Viv Nichol: Peta Leigh
LINK observer: David Day

4th June 4pm Egremont

Peter Bartlett: Anne Glazebrook: Anne Broome: Liz Clegg: Richard Lee: Muir Lachan
LINK observer: David Day

4th June 7pm Whitehaven

Alan Alexander: Margaret Nelson: Colleen Leaving: Ron Copeland: Dot Barwise:
Peter Hackney: Ken Taylor: Margaret Bailey
LINK observer: David Day

4. Findings

The discussions at the three focus groups were very different as would be expected because of the different experiences and contributions of the individual participants. There was also a slightly different emphasis depending on the geographical location of the focus group. (These were broadly Allerdale; Whitehaven & Copeland). Nevertheless there was also a surprising similarity in the themes that began to emerge and it is possible to group the discussions under the following headings:-

- Getting There
- Parking
- Access/ Dropping Off Points & Signage
- Inside the Hospital
- Non Clinical Services
- The Transition from Old to New

One of the most interesting aspects of the discussions was that as peoples' understanding grew about the scale of the proposed rebuild they began to see huge opportunities to improve services and facilities on a scale that they had not previously imagined. They also began to see the importance of getting the redevelopment right because this new hospital will be providing health care for the people of West Cumbria for the next 50 years. With this in mind and without exception they all approached the challenge in a positive and constructive manner. They saw the need for a modern, future proof and flexible development learning from both the mistakes made elsewhere and from examples of best practice.

- **Getting There**

All groups raised the need for an integrated transport service – one that matched with visiting times. (The hospital itself doesn't help with this by having different visiting times on different wards – possibly to ease the parking congestion problem) We were told that on certain wards the visiting time in the evening ends after the last bus has gone. We were told that public transport doesn't take visitors or patients on to the site. We were reminded that for people living South of Egremont public transport to the hospital was not an option. Trains are not integrated with buses. One participant (Workington) told us that because of this and with the problem of parking she was forced to rely on the Hospital Car Service for her frequent appointments although in theory she was perfectly capable of driving there herself. Another commented that the bus service '...is atrocious! Few of the major bus routes go past the hospital'

The poor quality road surface to the hospital came under criticism for the same reasons as the traffic calming speed humps. People in pain and after recent surgery found them very uncomfortable 'It's agony' said one. Others commented on the poor quality of the pavements for people in wheel chairs

Suggestions for improvement were offered – some of them radical and far reaching, but everyone saw the redesign as an opportunity for improvement:-

- All groups suggested a complete re-think about entrances – possibly one at the top of the site through what is currently an industrial estate. Another suggestion was that the staff houses at

the bottom of the site could be removed and a new entrance developed from the main road

- Others called for a complete re-think on the traffic management around the site itself
- A participant from Whitehaven informed that some hospitals have a pre-booked minibus service for hospital visitors
- The hospital road should be wide enough for buses to go round the site
- Or a transfer bus running round the hospital similar to those at airport car parks and at busy National Trust properties
- There was a call for electronic information for patients telling them when the next bus will be leaving the hospital

Although not all hospital patients arrive by helicopter there was quite a bit of discussion of the location of the helipad and the need for its close proximity to A&E. We were told that occasionally an ambulance is required to take a patient from the helipad to the A&E department. Another suggested that the helipad should be located on the top of a hospital building

○ **Parking**

Everybody is already aware of the problems that patients and visitors face at West Cumberland Hospital in trying to find a parking place – so much so that the organisers of the focus groups had specifically asked participants not to dwell too long on this issue. Nevertheless we heard stories of broken ticket machines; long treks up hills to find an alternative machine: people spending half an hour driving round and round looking for a space to park: of the coveted inner ring of parking bays reserved (allegedly) for consultants whilst the disabled parking bays are often a long way from the department that is being visited. One participant commented, 'The lie of the land and the configuration of the buildings is the single major issue. The parking is nowhere near the access points' .

Other suggestions included:-

- Zoning services to access points and parking ie dedicated parking for different services near the point of entry
- A Park and Ride Service to be developed at an external site (West Lakes?) for both staff and patients
- The benefits of a multi-storey car park to be built on site was also raised (covered, safe multi-level access).
- Covered walkways for protection from the weather to compensate for the exposed nature of the site

○ **Access Points/Dropping Off and Signage**

The plan currently shows that there are twelve drop-off points around the hospital – not surprisingly people reported confusion and difficulties in trying to find the place they were supposed to be dropping a relative, friend or patient for their appointment.

Signage outside the buildings came in for criticism.

'The signs are too low and can be obscured by cars'

'Jargon and initials are used that I don't understand'.

'The clearest signage in the hospital is the one to Costa's' one participant remarked.

No doubt this is because, as a commercial enterprise, they have a huge investment and knowledge in marketing and public relations

Nearly all the hospital access points are cul-de-sacs which when entered require multi-point manoeuvres to exit - and bottle-necks often occur as a result. This was raised as a problem at every focus group.

Other comments included:-

- The problem of escorting a patient into the building whilst the driver leaves the car parked illegally. The only alternative is for two people to be found to accompany the patient – one as a driver and one as an escort.
- Volunteer greeters were thought to be a good idea, particularly when a hospital is a large and complex building – ‘It’s just good customer service’ one person remarked.
- It was suggested that site maps should be located around the hospital with a ‘You are here’ arrow for the benefit of the visitor and patient alike.

○ **Inside the Hospital**

The importance of clear simple signage was once again the subject of much discussion. Colour coded departments with matching arrows on walkways had been seen elsewhere and were much praised ‘Signs that can be followed by the most worried and anxious of patients is what is required’ said one participant. Another suggested involving Allerdale Disability Association to comment on the proposals. Another requested a shift away from the current trend to give wards names and a return to numbers ‘It’s less confusing and a number will give an indication where its location might be as well’

Which speciality should be adjacent to which service was also raised with some pointing out the need for A&E to be close to theatres, X-ray and the holding ward. It was recognised that clinical issues like this are largely a matter for the clinicians to agree amongst themselves but it was thought that there was an opportunity to further integrate A&E admissions with the GP out-of-hours treatment centre.

Some looked at the bigger picture and saw the opportunity to increase equality of access to Health Services across Cumbria and suggested the introduction of radiotherapy services to the hospital

Other suggestions & comments included:-

- A special plea was made on two occasions for there to be a separate and discrete waiting area within A&E for children. ‘The behaviour of some adults can be terrifying for little kids’ one mother remarked ‘especially on a Friday and Saturday night’
- Ensure that A&E patients can speak privately to receptionist
- Disabled toilet alarms linked to a nursing station
- The need for a private and separate area within A&E for victims of a sexual assault (a Sexual Abuse and Rape Centre - SARC)
- There should be a television in waiting areas showing health information similar to those found in many doctors’ surgeries
- The ward for children who are in-patients should have adequate room for parents (mums and/or dads) to stay and if possible have lower windows and have facilities for visitors to make tea and coffee nearby
- Others thought that more accommodation could be provided on site for overnight stays by family/carers

- The need to keep patients informed if there are likely to be long delays in waiting to be seen - in all departments - was a subject that participants returned to again and again
- The importance of good sound insulation – especially in consulting rooms
- The need for access to a consulting room for inpatients to discuss confidential matters with their doctor
- Problems can arise from siting nursing stations in the midst of wards – intruders can gain access unseen, whilst visitors may have to walk past patients to discover from ward staff whether they are allowed to see the same patients (-if not they then walk past them again!)

One participant had brought with him a recently published document entitled *Quality Care Standards for the healthcare of people who have Inflammatory Bowel Disease (IBD)* www.ibdstandards.org.uk and drew the organisers' attention specifically to Standard A8 – Inpatient Facilities:-

- Wards for IBD patients should have a minimum of 1 easily accessible toilet per 3 beds. To provide privacy for patients, ward toilets should have floor to ceiling partitions, full height doors and good ventilation to minimise embarrassment for patients. The toilets should be clean and segregated, ideally with separate facilities for men and women.
- Facilities should be available for change of stoma appliances and disposal.
- There must be 24 hour access to Intensive Care facilities on site.

○ **Non Clinical Services**

Again and again comment was made about the need for adequate storage 'There's never enough' as was the need to learn from some of the mistakes made at the Cumberland Infirmary – specifically about the need for adequate space in the wards for the beds. The redevelopment was seen as an opportunity to eliminate mixed sex wards, mixed sex lavatories and mixed sex showers. It was also seen as an opportunity to provide more single room accommodation. There was discussion on some peoples' experience of relatives and loved ones dying on an open ward and not in a more private, single room.

However the current accommodation received some praise and support for the existing space available and that six beds 'was about right'. The number of toilets per bed was raised with one person stating that during a stay in hospital in 2006 there was one toilet/shower for 18 patients. We were also told that the Carers Association were seeking a presence at the hospital particularly to help people ease their hospital discharge arrangements. They hoped that the redevelopment would enable them to achieve this.

Further suggestions were made:-

- Cold water dispensers in all Patient waiting areas
- Hot drinks vending machines in areas where patients might be waiting at times when Costa's/Cafeteria is closed
- The isolated position of the chapel provoked comment and it was suggested that in addition there needed to be an easily accessible secular quiet area.
- It was pointed out that the current visitors' lift was too small and inadequate but 'if you use the patients' lifts you 'feel like an intruder'. It was also pointed out that if the lift to the Dialysis suite

is broken (apparently not unusual) patients have to access the unit via the Maternity Ward (for which they need the security code).

- Dedicated hearing loops throughout the hospital
- 'Future-proofing' incorporated into the hospital redesign with scope for flexibility and new developments in future years
- Better access to such valuable facilities as the Physiotherapy Pool and Gym – to enable greater use
- Photographs and names of the staff at ward entrances were praised

○ **The Transition from Old to New**

Currently there is a widespread scepticism held by the general public about public bodies and public service provision. There is often a cynical belief that service reduction and service cuts are 'spun' and introduced as improvements and redevelopments. There is a readiness amongst people to believe the worst and a readiness to believe they are not being told the whole truth and what truth they are told is made to sound better than it really is. Urban myths exist about bed reductions, early discharges and the development of services elsewhere at the expense of those in West Cumbria.

And yet all the focus groups recognised that the period of transition from the current building to the re-provision would be protracted and disruptive. The smooth transition from the old to the new would require a degree of patience, goodwill and understanding from the people of West Cumbria.

In recognition of some difficult times ahead one participant summed it up for all when she said,
"The Acute Trust needs to maintain a culture of openness, transparency and on-going engagement with the local population".

It is hoped that these focus groups will assist in the beginning of this process.

**5. Cumbria LINK's CONCLUSIONS – drawn from Report's Findings
(for supporting detail see pages 7-11 above)**

- 1. This preliminary survey, involving ten community groups and other individual patients, clearly indicates that patients have experience of West Cumberland Hospital that can constructively contribute to the knowledge needed to rebuild the Hospital.**
- 2. The Report provides feedback and new ideas about:**
 - ❖ **The need for a “Travel plan for all users of all types of transport” that come to WCH ¹**
 - ❖ **Clear coordinated Signage designed for patients**
 - ❖ **Redesign of Drop-off points**
 - ❖ **New layout of services to reduce patient stress**
 - ❖ **More priority for Privacy and Security for both patients and for staff**
 - ❖ **Improved standards of ward provision**
 - ❖ **Improved standards of visitor provision**
- 3. Community response is to welcome the investment but to be wary of the process of planning unless patient voices are heeded and public involvement is real.**
- 4. Cumbria LINK now looks forward to a positive engagement with the Trust and its Project team to ensure that we all make the most of this unique opportunity to redesign and improve the health facilities for West Cumbria.**

¹ – from “Fair for all, not free-for-all” report of The NHS Confederation – June 2009