

Healthwatch North Tyneside Briefing Note
Northumbria Specialist Emergency Care Hospital
October 2015

1. Context

Northumbria Healthcare NHS Foundation Trust opened a new Specialist Emergency Care Hospital in Cramlington in June 2015. This meant that A&E services across North Tyneside changed dramatically leaving the 'base site' of North Tyneside General Hospital to deal with urgent, 'non-emergency' care.

Prior to the opening of Northumbria Specialist Emergency Care Hospital (NSECH), Healthwatch North Tyneside (HWNT) gathered the views and concerns of local people about the hospital. These views were presented to NHS stakeholders at a public meeting on the 11 May 2015. The questions raised by the public can be found on our website here: <http://bit.ly/1Ng6zXj>

Following this meeting Healthwatch North Tyneside (HWNT) made a commitment to those involved, that they would continue to proactively gather the views of local people and present them back to the NHS providers once the hospital had been open for a number of months.

This briefing report highlights the views of local people once the hospital had opened. It represents the views of those who HWNT have been able to reach who have direct or indirect experience of using NSECH, the voluntary and community sector (VCS) in North Tyneside who attended an information sharing forum and some staff members who talked with HWNT.

HWNT recognise that since it is not possible to reach all North Tyneside residents who have experience of using NSECH, we are unable to ascertain if the views represented below reflect those of the population as a whole. However, we hope that the views reflected will enable Northumbria Healthcare NHS Foundation Trust and other partners to reflect on practice and use this data to contribute to the continuous improvement of the new hospital and inform the learning from the first Specialist Emergency Care Hospital.

This Briefing Paper provides some analysis of the data gathered and illustrative examples of people's views. It is accompanied by a letter from HWNT with some key questions for response.

For more information about the contents of this report please contact:
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2. How did we gather people's views?

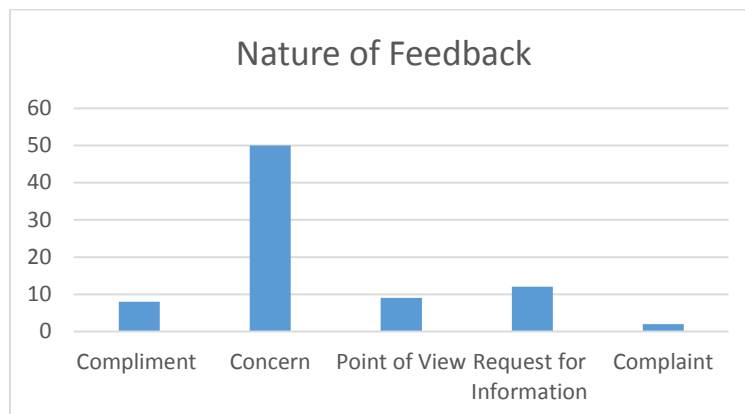
Healthwatch North Tyneside gathered views through generic outreach and engagement activities and involvement in the Northumbria Healthcare NHS Foundation Trust Roadshows in locations around the borough and at NSECH from June to September. We also gathered the views of the Voluntary and Community Sector. Some views came to us via email, telephone and social media.

Overall HWNT has received 81 instances of feedback (which are sometimes from groups rather than individuals). These often include comments on more than one issue.

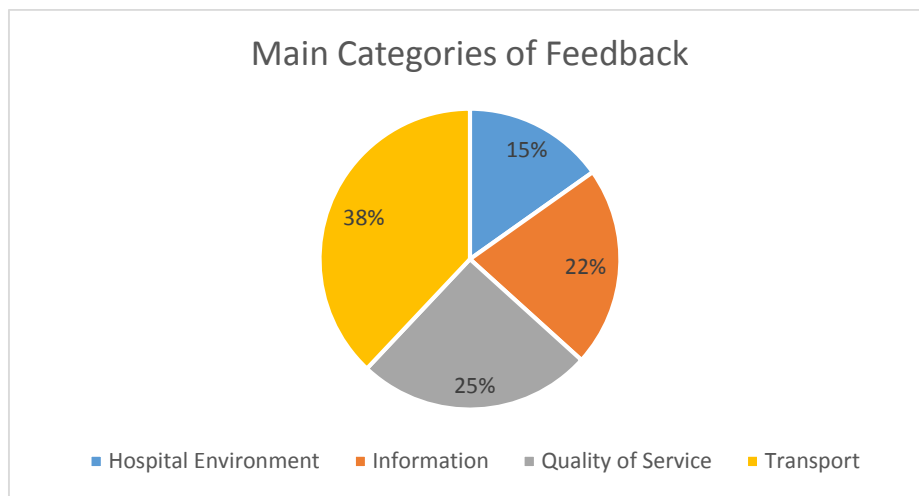
Overall there are 202 individual references to categories of opinion within the instances of feedback.

3. What issues did people talk about?

Overall sentiment analysis of instances of feedback shows that though compliments have been made, on the whole, local people still hold concerns about NSECH in its first few months of operation. It should be noted that each instance of feedback can only be categorised once and thus there may be a margin of error in this data. Further sentiment analysis is provided below under each category.

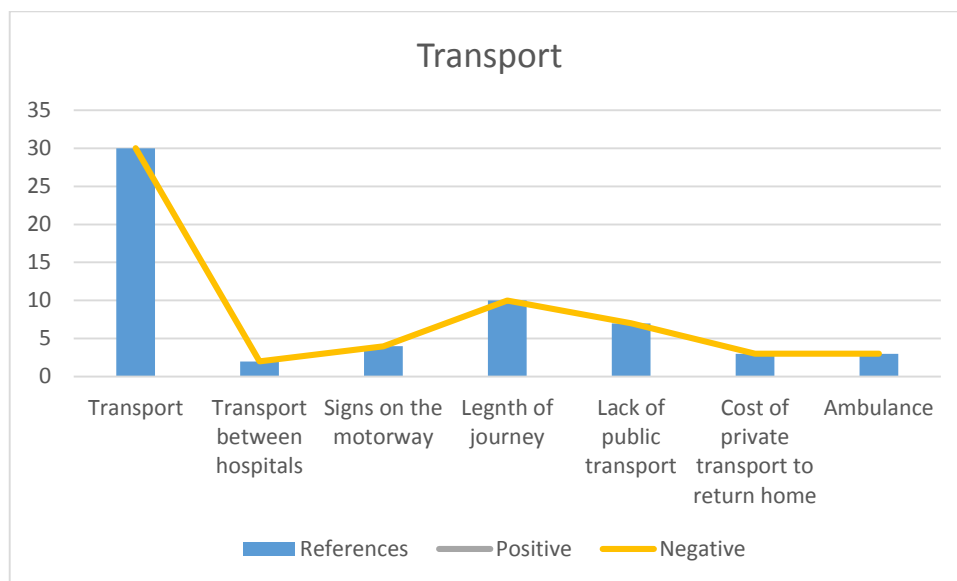


The issues raised with HWNT can be categorised into four main subject areas as set out in the pie chart below. Information about what local people told us is set out under the categories in turn.



3.1 Transport

All of the data relating to transport has been categorised with negative sentiment meaning that people have had a negative experience to date or hold concerns about what will happen if they need to get to NSECH.



The data on transport illustrates that the main feedback given relates to length of journey and lack of public transport.

a) Lack of public transport:

Residents informed us that they could not find out information about what services would take them to the hospital:

“Hard finding information on getting bus back to Cullercoats.”

“Heard from 3 residents that they have experienced problems with transport”.

Some people have reported that there is a lack of services available:

“Bus service through housing estate was taken off”

b) Ambulance:

Concerns relate to the length of wait for ambulances, the length of time it takes to get to NSECH in the ambulance and the standard of ambulance stock. The issues reported here are linked to instances where the feedback relates to NSECH as well as North East Ambulance Service (NEAS) services. The full data and concerns are addressed in a HWNT letter to NEAS which will be shared with partners.

c) Cost of transport home:

Residents informed HWNT that they had to use a taxi to return home from hospital where they were brought in by ambulance as there was no public transport home:

“On discharge that evening the parent had to pay for a taxi home from NSECH”

“They paid a £17 taxi fare. I have been told there may be a way to claim this back but they were not aware of this and it is not advertised”.

HWNT has checked this with a local taxi firm who confirmed that their business has increased dramatically since NSECH opened.

d) Length of the journey:

Feedback related to two direct experiences of taking a long time to get to the hospital:

“It took half an hour to get there from North Shields due to road works”

“The journey was late at night and took 30-40 mins from Preston Park area”.

The majority of concerns were held by people who hadn't yet experienced the journey:

“What if someone is having a heart attack? By the time they get to NSECH along busy roads they could be dead”.

“Person has a collapsed lung which is a recurrent problem and has to go to A&E and get drained as fast as possible. They are concerned about the time it takes to get to Cramlington”.

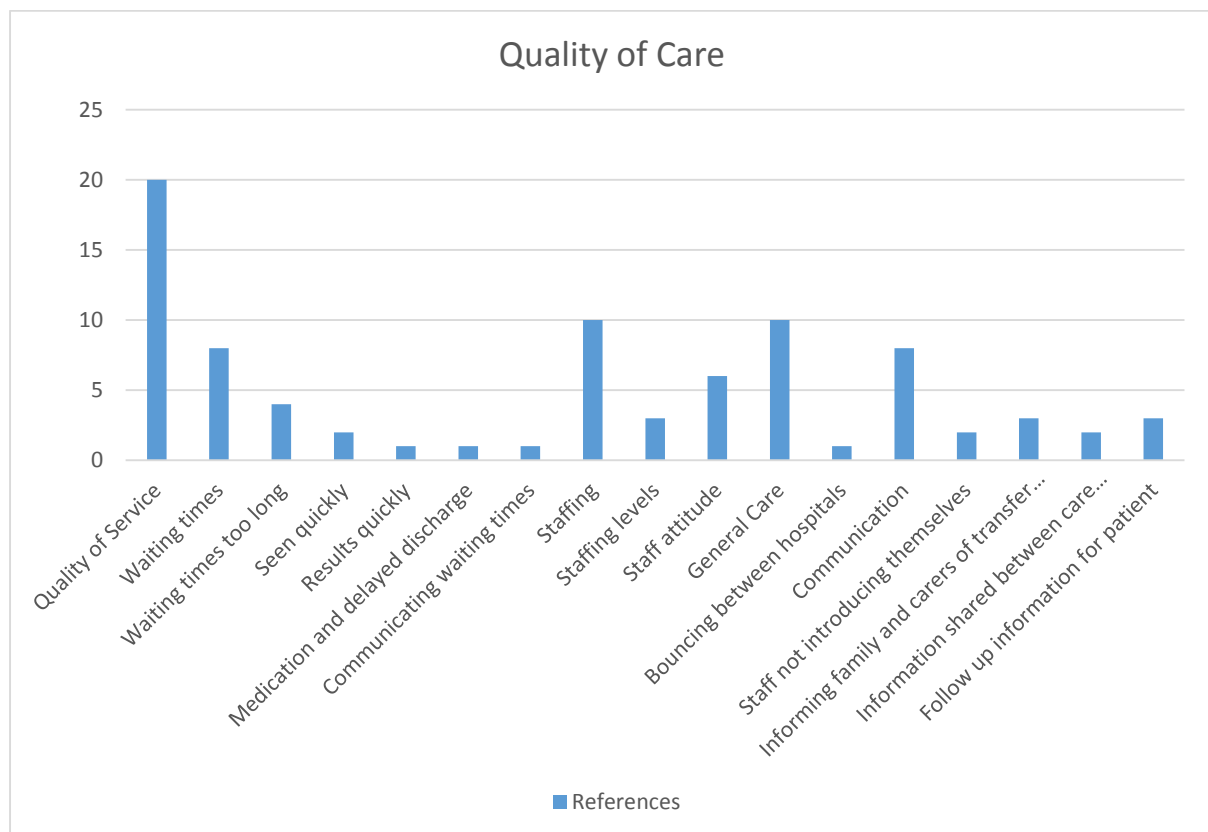
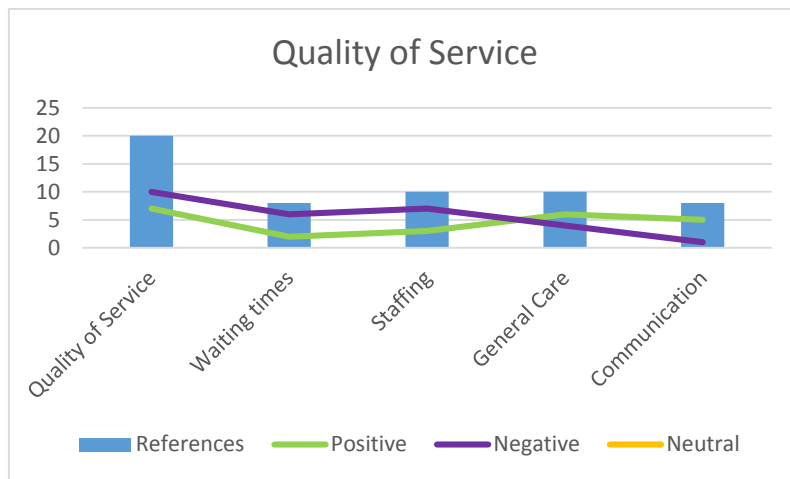
e) Signs on the motorway and other main roads:

A number of people raised concerns about signage on the motorway and other roads (such as A19 and A69). This will be raised with the Highways Agency.

f) Transport between hospitals:

The main concern raised was with the shuttle bus between the North Tyneside General Hospital (NTGH) and NSECH. In one instance they were informed that they could not board the shuttle bus as it was for staff only. People have expressed the view that the NTGH shuttle bus is essential especially for people who can't walk the distances between public transport.

3.2 Quality of Care



a) General Care:

Many residents had a lot of very positive things to say about their experience of NSECH.

“Treatment was brilliant”

“Caller and her husband were very pleased with excellent care at NSECH and have written to chief executive to express this”

“Better patient care”

“Really happy with the service”

“Excellent service”

“Patients x rays were sent to NSECH and he was required to go up there the next day where the treatment was excellent”

“Care through NSECH was very good, very organised...The hospital was able to do tests and provide results straight away”.

However others did report some concern as follows:

“No one offered wife a seat or blanket. Wife asked for a pillow and none could be found... Overall this was an unhappy and not reassuring experience... The person felt this situation was unfair as it was placing staff in a difficult situation”

“Rang for an hour and a half and couldn't get through to NSECH so drove to Rake Lane who said “Why are you here? You should be at Cramlington”. Finally she said she would ring Cramlington and find out what she was allowed to do. Cast was removed but staff refused to call so was discharged and told to ring themselves. As they couldn't get through they drove there and she was given good treatment.”

Furthermore there has been a report of people being bounced between the two hospitals.

“While in the waiting room at Rake Lane at least one other person walked in but was sent to Cramlington”.

Some people have reported surprise that they have not been admitted when they felt they needed to be:

“Care home received the resident back within 18 hours and they had not been admittedPerson had a head injury, carers were surprised they had not been admitted”

b) Communication:

i. Informing family and carers of transfer and discharge

Some residents reported concern that they have not been informed about the whereabouts of their relatives.

“Mum’s been taken to hospital and I don’t know which one as I can’t get through to either” .

“Family member was transferred from NSECH to NTGH but family were told that they were still at NSECH and had a wasted journey”

ii. Staff not introducing themselves

Some residents reported that staff members caring for them or their relatives have not shared their name:

“Nurse did not introduce themselves straight away”

iii. Follow up information for patients

Some local residents have reported that on discharge they were not being provided with follow up advice or notes.

“When they were discharged, no notes were given. They were referred to NTGH. The person said the GP was upset that NSECH were not sending enough information through” .

Information shared between care providers:

A couple of questions and concerns have been raised about care providers sharing information.

“GP concerned they are not sending information through”

c) Staffing:

i. Staffing levels

Some residents were complimentary about the staffing levels at the hospital. Others were concerned there were not enough staff in the hospital.

Concern has been raised by residential care homes that they are expected to stay with patients as staff would not take responsibility for the patient. This causes difficulty for care homes and they wonder what would have happened in the case of people who live in their own home.

ii. Staff attitudes

Residents reported that staff have a good patient manner:

“Staff are lovely”

“Excellent patient manner”

A resident reported that staff were unsure how to relate to a patient with autism. The patient's parent had to explain to each staff member how to communicate with people with autism. It appeared that the notes had not been read and once informed, some staff members made jokes which made the patient confused.

A patient reported to a doctor that she was concerned about the treatment and environment and the doctor replied "Well if you don't like it, neither do we".

d) Waiting times:

Some patients reported that they did not have to wait long before being seen.

"NSECH was brilliant was seen in 10 minutes"

"Was seen really quickly"

However, others have reported that there was a longer wait:

"On a bad night there is a 5-6 hour wait"

"Seemed to take a long time to be seen and staff scarcely addressed them"

"Waited a really long time, from 2am until 6.30am. Was told over the tannoy, sorry you have to wait as there are too many poorly patients".

Residents have stated that transparency and communication about waiting times would be helpful.

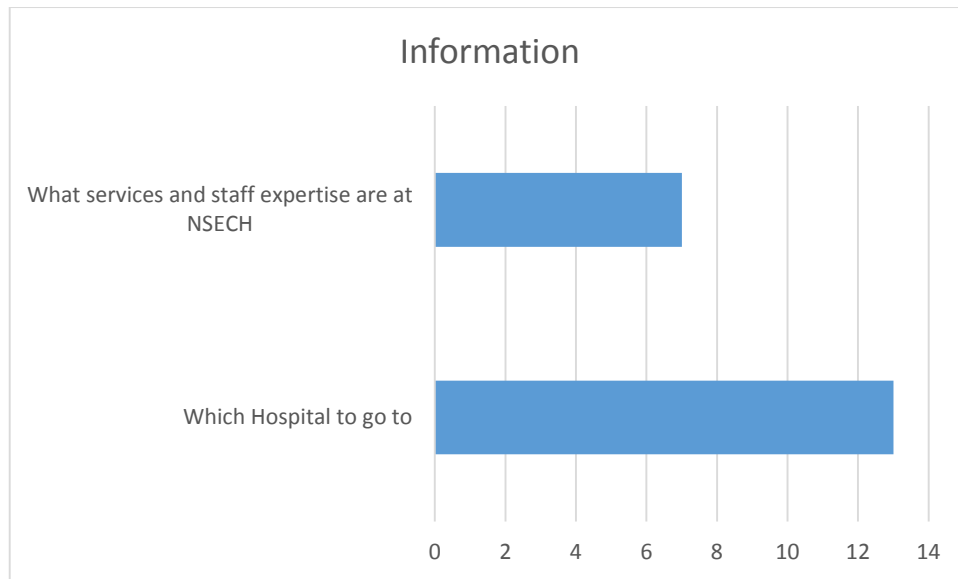
"Absolutely disgusted with the lack of communication and length of time waiting before my 4 year old... was triaged by a nurse then seen by a medic. No information about waiting times".

"Need better communication in A&E, please be transparent about waiting times."

One patient reported having to wait while medication was sent from NTGH before discharge.

3.3 Information about NSECH

Local residents continue to have questions about which hospital is the most appropriate hospital to attend and what services are available there. We understand that there are some publically held misconceptions which have come through the feedback we have received. We haven't classified the sentiment of this category (positive and negative) as in the main the content of this section relates to information requests from HWNT.



a) Which hospital to go to:

Many local people continue to be confused about the most appropriate service for them.

“When do you go to Cramlington and when to North Tyneside General Hospital? The big issues are clear but what about where it is less obvious and an ambulance is not needed.”

“Is there still an A&E at NTGH?”

“A lot of people are coming to A&E rather than their GP as they can’t get appointments”

Many residents, carers and organisations have reported confusion in relation to specific sets of needs in terms of where is the most appropriate place to go.

“Where should they go if their child is poorly? It is difficult to know if it is serious sometimes with a child with additional needs, some can get seriously ill very quickly”

“Has health conditions so they often pass out - wants to know whether they need to go to the Cramlington hospital or the walk-in”.

“Attended with a relative with mental health crisis. Saw mental health specialist who said the service was only for Northumberland residents”.

This also links to concerns about the increased costs associated with regular visits to NSECH.

b) What services and expertise are at NSECH:

There are a number of questions or commonly held beliefs about services at NSECH which have been reported to HWNT.

Helicopter availability at NSECH. HWNT have been told four times that helicopter pilots are informing patients that they cannot land at NSECH:

“As they did not get clearance”

“As it is within the flight path for Newcastle”

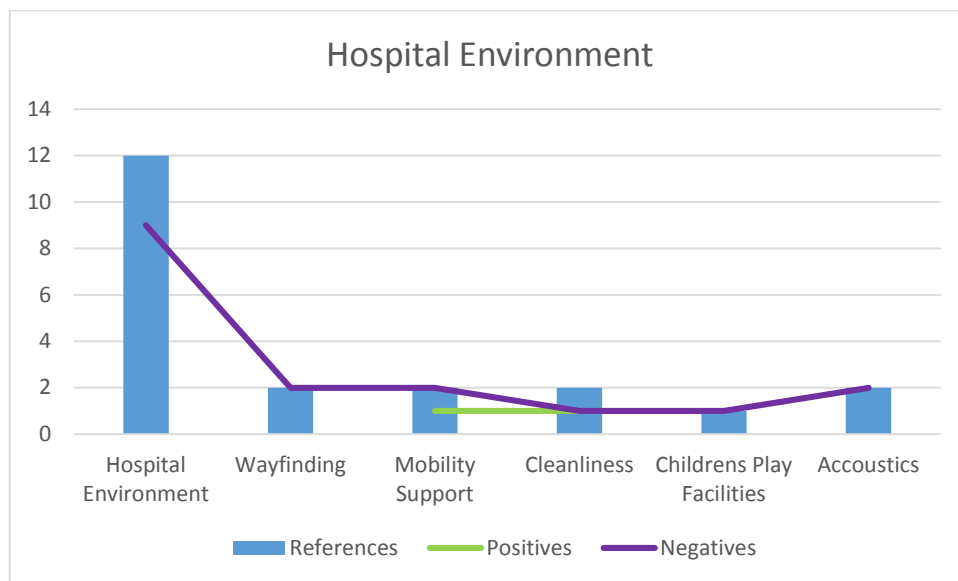
“As NSECH haven’t got a helicopter”.

HWNT understand from conversations with Northumbria Healthcare NHS Foundation Trust that this is not the case and is a myth held by local people.

Likewise there have been concerns raised that NSECH does not have a pharmacy. We understand that this is not the case.

3.4 Hospital Environment

The volume of feedback relating to hospital environment is relatively low compared to other themes. However it is still useful to explore the detail of what has been shared with HWNT.



a) General:

A number of people reported very positively on the hospital environment:

“Like a 5 Star Hotel”

“Relative had own room”

One person mentioned that people “don’t like the oval rooms”.

b) Acoustics:

Residents reported that they have found it difficult to hear when their name is called and have made a number of suggestions about how this can be addressed:

“Need to stand nearer patients or have a sound system”

“What loop systems are there and whether listeners have been organised”

c) Children’s play facilities:

One resident reported that there was nowhere for children to play while at hospital

d) Cleanliness:

The minimal comments received on cleanliness were contradictory with one feeling the hospital was very clean and another resident reporting that they “didn’t see anyone come into the ward to clean it”.

e) Mobility support:

One person notes that there are plenty of wheelchairs.

A couple of people reported that there are no mobility buggies at the hospital for people with mobility problems as a concern.

“The hospital decided not to use buggies for patients at NSECH”.

f) Wayfinding:

There are reports that finding your way around is difficult.

“There are a lack of signs and this is difficult for people in a high state of emotion”.

An example was given in relation to the pharmacy:

“[Reception] gave a map of all floors for the hospital. They seemed unsure about where it [the pharmacy] was..... They have not received training in directing visitors to different departments and don’t know their way around the hospital”