

- * Accessible + responsive services
- Why renovate hospitals then close them down?
- * Need X-ray facilities
- * Need minor injury services
- Transport really important - accessible services - poor public transport.
- Need accessible doctors and appointments - accessible services
- Primary care services need to be under one roof - GP services relocated to Cheadle ¹⁰⁰⁰⁰
- Paediatric services needed
- Need more care homes in Cheadle / extra care facilities
- * Specialise continence services needed
- * Need fracture clinic
- community based / tier 3 services / clinics needed
- * Some community beds based in Cheadle for local people
- Mental health services.
- Willing to travel for specialist services
- Community 'take over' the hospital.
- Need to use all the facility.

CHEADLE HOSPITAL / SERVICES.

- COMMUNITY BUS / NONE AVAILABLE
- DIAL A BUS STOPPING - CC. RUNNING OUT OF MONEY
(^{COUNCIL} ~~GOVERNMENT~~ DIDN'T GET SCF. O.T. LOSING 50% STAFF)
- RE-HAB BEDS IN CHEADLE NEEDED URGENTLY.
- CHEADLE CENTRE TOWN SERVING OTHER SMALL VILLAGES.
NEED OWN AUTONOMY - GP SERVE ALL VILLAGES.
CHEADLE HOSP AS BASE FOR ALL SERVICES.

MOST IMPORTANT TO YOU

1. Q CARE, ACCESS. MEETS POC NEEDS.
2. CLINICALLY SUSTAINABLE, AFFORDABLE + SAFE.
3. LTN LOCAL STRATEGY.

ASSURED SERVICES WILL BE DELIVERED TO Pts AT HOME.

3 WISHES

- CHEADLE HOSPITAL BEDS OPEN
↳ "MULTIPURPOSE BUILDING"
- BETTER QUALITY CARE IN COMMUNITY
- 3rd SECTOR - PUT MORE MONEY INTO THIS SERVICE
including HOME LINK
- ACCESS! ACCESS! ACCESS! (SOCIAL ISOLATION)
lots of beds and services in Moorlands
- CARE HOMES IN THE POTTERIES - NAME CHEADLE

PRIORITY

- ACCESS TO DRs IN WELL STREET. / CUTTING BUS SERVICES. "ACCESS TO SERVICES LOCALLY"
- ALL CARE HOMES ARE IN POTTERIES, NOT CHEADLE etc.
- *MOORLANDS HOME ~~FUND~~ ^{LINK} £70,000 PER YR 20% TURNOVER
(Vauxhall SECTOR) UNDER UTILISED - 160 places extra with no money from CCGs. ? NATURAL 50% CARE. MHF SUPPLY MORE CARE AGE UK
- Doug MAC, 2.9 MILLION FUNDING
- MHF - SERVICE SPEC^{MENT} OUT TO TENDER (SHARON)
- CHEADLE HOSP - NEVER HOUSE WAS ELDERLY DAY SERVICE
- *NOW CLOSED? ? RE-OPEN?

LIST OF SERVICES REMAIN CHEADLE

1. KEEP ALL SERVICES
2. NEED ASSESSMENT BEDS IN CHEADLE + Rehab BEDS.
• NO ASSESSMENT BEDS IN CHEADLE.
3. QUANTITY OF SERVICES - COST EFFECTIVE NOT ALWAYS BETTER
• TRAINING EXPENSIVE.
4. ASSESSMENT BEDS
• SOCIAL SERVICES ONLY LOOK - TIME WASTED FOR STAFF
• NEED WALK IN CENTRE / MINOR INJURIES.
5. SPECIALISED CANCER, CARDIOLOGY,
G.P. PRACTICES - ? COULD MORE HAVE ADULTS CLINICS BE INTRODUCED.
- AGING POPULATION - NOT ADDRESSED.
? ABILITY TO TRAVEL? PHYSICAL
• ISOLATION / ELDERLY

* We need more GP's. / Bring ALL together.
More homes / more people = more GP's. Joined up

We want a Medical Centre.

Joined up services are important

Continuity is required with GP services.

Parking is important - bring all GP's together.

PPG's need to be involved.

Minor injuries needed (to far away now).

Cheadle is "out on a limb"

Transport is an issue.

So long as people are able they can travel to
Leek for X-Ray.

Need a better physio service.

Eye clinic needed in Cheadle.

↳ this can be on a part time basis.

The hospital could have visiting consultants.

↳ use Cheadle as a "satellite centre"

Exercise & Light are important.

Voluntary services are an important part.

Mental health services are required.

Properly trained staff are required to be
employed to look after elderly people.

Better quality care homes required.

* More training is required for carers.

People are better at home with properly trained
carers and given sufficient time and
continuity is important. → TRUST / SAFE

* A 'half way house' to support people
between hospital, and home is needed.

↳ this needs

Medical cover.

Homely environment.

↳ Use the hospital building for this

PPG's need to work together.

GP's need to work together.

Nurses haven't got time to nurse.

3

List of services at Cheadle Hospital.

Speech therapy — could be a "roaming service"

All other services should be there. — but

look at ones that could be mobile

could have mobile X-Ray Unit.

Some services don't have to be done in the hospital

If ^{practice} nurses were working more joined up
they could provide a better service.

Have days for non critical services.

Paediatrics is missing.

Look at what space is not being used.

Significant services eg. cancer / heart / scans

should be at the acute hospital.

* Minor injuries service is required.

Chesley Hospital website needs refreshing - services have been with which frequency has become more

One stop shop -> including "GP cooperative"
to achieve service excellence in Chesley
to bring all GP surgeries together

Chesley is more than the town
- large catchment area (bigger than Leek)
Every

Day care -> for example Moorlands Home Link

Memory services aren't close

Bus services are very poor and likely to get worse
SERVICES HAVE TO BE AVAILABLE

X-ray facilities - Phlebotomy problems
EXTRACARE FACILITY -> none available

② { Keep them all!
Enhanced services
Care for the Elderly } HUBS like Northfield Village
WALK IN CENTRES

Maternity Services

Community Services within building -> To help with social prescribing
JOIN ALL PRIMARY + COMMUNITY CARES
IN ONE PLACE

SERVICES TRAVEL FOR

- > XRAY
- > SPECIALISTS

ALSO would be willing to travel to Leek for some services

Maternity (Delivery)
↳ not prenatal or post natal

① * The beds reopened (Rehab & ICT)

Access to the beds

PCC - All GPs (consider parking)

Keep the hospital

Public transport links

* Knowing what services are available and when they are available

Cost of parking

Travel time for staff

Nearer blood testing - more accessible

Minor injuries Unit @ cheddle
(this could impact of children
injuries from school)

Carer support & respite services

* Decreased re-admission rates
* - safe & appropriate discharges
Better MH services (more local)

② Diabetes & INR clinics could take place at the GPs

* NEED TO KNOW WHEN & HOW OFTEN THE CLINICS TAKE PLACE

* All should remain

3

* Diabetes & IIR could be provided from GPs

↳ issue that there is not enough resources & trained staff in GP practices

Policies & procedures avoid care to be delivered to meet needs

* CPOs used to be able to prescribe attendances and admissions this needs to be reintroduced

III service needs to be more efficient

* Care to be provided at the weekends works. OOHs support that

Patients having control of their own health records.

4

* More GP surgeries

* More MHI services

Re-instate Staffordshire ambulance service

Dedicated ambulance crews for local areas

↳ More ambulances available

* The Golden Hour Rule *

* Nursing Homes

Need Hospitals, GPs & Nurses as the population grows

Childrens Service

Specialist Services i.e cancer
stroke, cardiology, Trauma.
Neurology, Gynaecology
Maternity

Decision to close the beds
before the services. All to do
with the question

Lights are on all the time
wasted facility.

Struggling at the names

Concerned won't be able to use
parents

Loan for centre like

Northfields

General practice to assessment
bed don't say see them go out
need therapy to get out for
rehab

Environment with everything on one
site. Need it in local area.

Elderly people won't recover quickly
Carer support. Belief it reduces
hospital stay to have patients close
to their relatives.

If you get beds right will
get the other services like a
"village" reality of replacement
all second rate.

Could have run 3 wards -
local people - geography Blythe
Bridge etc.

Assessment before they come in -
Everything together
include mental health services

GPs generally - access/workforce
Primary care services.

GPs all located at Cheadle
Hospital. @ Phlebology - 5 day?

Cheadle big rural community area
it - community travel networks

Bus services poor for access

Cars getting to houses in climate
weather.

Need for all services on the LHS
expansion

GPs to buy into Cheadle services

Consistent delivered service
Memory clinic. Counselling
Needs domiciliary care needs to be
unable meet need. Consistent
fairness.

Strangers to go to have

Avoid revolving door.

Can't understand how Home first
is less expensive when you add
it all together - Barang in over
out

Must reduce impact on main
hospital

Better MIU services to service look
including x-ray - plaster etc.

cut patient services at Cheddle
out of hours service base

Locality hub - not just
number of population but geographical
bandwidthless. Concentrate a big
aging population - future proof
services

but # Growing Population

~~Get Hub~~

Hub incl O&A

* Beds as core - ^{To get people} _{home}

- Redesign services for
future - ageing + growth,
population

- Northwich Village type possibilities
~~not on DASH BANK~~

- Ind. Mental Health
services*

- G.P. located in Cheddle Hospital

- ~~OPD~~ OPD

o Blood tests etc

- Not happy - ^{Why did people need to give their names + addresses?} ~~with the~~ Process tonight - don't agree with small group format
- Some people prefer small grps + don't like ~~fast~~ speaking in public.

• Concern re: ^{Social/care} support in place in to support people at home.

• Concern re: the use of private sector - ^{eg given} 10 minute calls - Quality of care - cost

• ~~Get~~ No community beds in Cheadle - isolating for patients

• Easier for patients to have physio, OT etc to enable patients to go home.

• Want proper facilitated care -

• Pressure on District Nursing Services - have less time with patients -

• We want to keep all the current non bed based services plus X ray.

Difference between care and rehabilitation.

• Think outside the box of ^{British model.} how we can meet the needs of differing needs of people.

Dutch idea - residential village - mix generations
Students / elderly - both thrive.

• Accessibility - ^{plus} 6 villages losing local bus services.

• Mental health services

• Look at Ashborne - ^{flexible} some beds ^{Scanning equipment} X ray ^{Post of done locally} pharmacy
St Oswald Primary Care
Walk in clinic at weekends.
Nurse practitioners.

• Diabetic retinopathy clinic - v. important local - drops etc can't drive for 6 hours

• Limited phlebotomy - more would be brilliant.

• People have confidence in bed based model and even if it's not the best care people trust it - they are fearful of the current alternatives - they may not be in the future but they are currently ^{the way}

Intermediate care beds locally - going to

Cheadle a lot less frightening.

The carers working there knew Cheadle.

- Need better communications about options and choices available

- Services in the "community" - its a very big place -
accessible / timing - bus passes in operation.
distance - routes available. / all barriers

- Location of Cheadle is key - some areas are v. isolated - some people are already travelling miles to get to Cheadle.
Flexible services locally - flexible facilities

- CCG to liaise with planning do more things like Bradley Village Hall

- Lack of confidence in social care is a key part of the worry in potentially losing hospital beds locally - people have confidence in this model even if it isn't the best - ~~to~~

- Flexible services in the community - bridging with the hospital - pre/^{post} assessment
memory clinic - Cheadle as a location + its needs

- People want to stay local - Think outside the box -
look at people as a whole in a social/cultural sense not just conditions.
need to be flexible + creative
eg. look at Dutch Village model / Ashbourne hosp.

Keep all of these ^{Plus Xray}

Cheadle Hospital Non Bed-Based Services - November 2017

Service	Explanation and Providers
Diabetes Clinic	Nurse led diabetes clinic offering diabetes education and self-management support for ongoing and newly diagnosed patients (SGOTP) and diabetic eye clinic (UH&M)
Dietetics	Outpatient clinic supporting patients with a range of dietary support (SGOTP)
District Nurse - Wound Care	Nurse led clinic supporting active wound therapy and wound dressing (SGOTP)
Heart Failure	Nurse led clinic to support appropriate medical management or for patients experiencing complex symptoms (SGOTP)
IBD Clinic	Outpatient enterohepatology clinic providing monitoring and advice about enterohepatology treatment (UH&M)
Memory Clinics	Elderly Memory Clinic (EM) Memory Clinic (NCOHT)
Multiple Sclerosis Clinic	Outpatient clinic supporting symptom management review and co-ordination if long term need (UH&M)
Neurology	Outpatient Clinical Nurse Specialist Clinics for patients who are diagnosed with a range of neurological conditions. (UH&M)
Physiotherapy	Outpatient children's and adults' general physiotherapy clinic (SGOTP)
Pulmonary Rehabilitation	Nurse led clinic providing a specialist community based service focused around managing the condition and symptoms (SGOTP)
Rheumatology	Outreach outpatient consultant clinics for patients with arthritis / joint disorders, Rheumatology blood monitoring (SGOTP)
Speech Therapy	Outpatient clinics for adults led by Speech and Language Therapists for patients who have speech, language, communication and/or eating and drinking needs. The team includes Speech and Language Therapists, Speech and Language Therapy Assistants and support staff (SGOTP)
Supportive Therapies	Nurse led service providing community oncology/rheumatology clinics for intravenous supportive therapies and deliver other treatments and interventions to patients who are undergoing chemotherapy treatment for cancer (SGOTP)

Key to providers of services

UH&M = University Hospitals North Midlands NHS Trust
 SGOTP = Staffordshire and Stoke on Trent Partnership NHS Trust
 NCOHT = North Staffordshire Combined Healthcare NHS Trust

Cheadle Community Beds were mis-managed by the authority in order to close community beds.

X Ray

Minor Injury Unit

Home / Social Care desperately need improving.

District Nurses are on their ~~feet~~ Knees

Respite beds needed

Hospital → Rehab → Home

Needs of carers - including carers who need care too.

Continuity of Services

Advice + Support

STP - About prioritization

Social prescribing - what will be provided with social care cuts?

List of non-bed based services - perception of decision made

Mole-mapping Service - Royal Stoke - Service not working

One pathologist - long waits for results.

Brandon Centre - appt not available due to service closing soon?

GP said can't send to Leek as equipment will not be replaced when broken.

Transparency - no consultation on initial beds closing. Staff lost jobs.

PALS at hospital - provide good service

Mammogram Service

Not clear what pathways are

Brandon Centre missing off list - only for existing patients

Health Harmonic - not willing to do complex work - back and forth

Is there any rationing criteria for private providers?

NHS England - setting agenda

Not being asked if people are happy to pay more

Stressful experience going to RSUH - parking, walking etc

Minor Injuries + X-ray

Services currently provided are good

Primary care is incredible e.g. GP appt every 3 wks. 70% try very hard

Meir + Age UK - Support provided.

Cheadle Live at Home

Phlebotomy - GP practices will not provide in future: Is this correct?

Online appts - only work for some (booking)

MCMU - Caveat about protection of rehab beds at Cheadle.

'Temporary' - Over a year, no beds + staff

Timeliner - built around what happened + delays etc.

Not enough money. NHSE want ^{us} to manage w/ expectations

6 weeks of NHS care - what is evidence base for this?
↳ have to sell home to fund care after

Overall Social Care does not replace medical care -
e.g. Anti-depressants.

AEC - GPs need to understand it. No privacy.
Not good for people been through A+E overnight. Patients
needed to be involved in design of it.

Re-admissions when people discharged too early
Analysis of costs of hospital vs community care - includes
costs e.g. GP visits, transport, re-admissions...
Not everyone wants to die at home

Staff morale - being told to discharge pts + not
give proper care, not able to make referrals.

Don't do enough on prevention

Crisis management rather than well planned care

Summary Points

- ① Respite + Rehab beds
- ② Transparency of process and decisions

Cheadle Hospital and Area Health Services

*Cheadle is a hot spot
for mental health -
stated by
Stajic & Conner*

North Staffs Combined
Healthcare
*

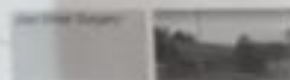
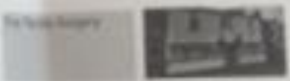


Cheadle Hospital



GP on premises?

*do we see from
April next year?*



*+ well at
Cheadle*

*How to increase
from school -*

Jean.

What are the most important criteria to you.

- ① + Where are all the future GPs and Nurses.
- ② A doctor lead walk in centre / X Ray facilities
- ③ + Need ^{for} mental health access
- ④ Rural communities will have minimal public transport from April 2022.
- ⑤ + Retain all current services post restructure / Health Services ^{in rural areas}
- ⑥ Mammogram facilities
- ⑦ Blood test facilities more available locally
- ⑧ Private community care (non-profit making)?
- ⑨ as per east Sussex 10 years ago
- ⑩ + Winter Beds during the cold period (Oct - Mar)
- ⑪ No facilities at present in Chichester Area
- ⑫ Cancers Association for help for Cancers / patients currently only available in state / private etc.
- ⑬ Isolated rural areas.
- ⑭ Need District Nurses positions to be filled + workers as travelling around the area takes time.
- ⑮ Move GPs being trained for rural practices etc.
- ⑯ Where has the scanner gone from Chichester Hospital.
- ⑰ Breast Screening is it still coming to Chichester (non-union)
- ⑱ Plus screening services
- ⑲ Moorlands Hospital, Day centre (small change)
- ⑳ Subsidy on bus fare (patients would probably take up the)

⑳ + Specialist Services

- ㉑ Social care - more CAB / Advisory services
- ㉒ More advertising on Cancer Hub - telephone etc.
- ㉓ Bereavement services
- ㉔ Sturminster Heath Council have identified Chichester as a hot spot for mental health (Oct 2017)
- ㉕ Lack of confidence in this process
- ㉖ When Doctors at 11 give out prescription chances not open at minor injuries - those cannot write prescription necessary can only supply certain ones.
- ㉗ Maternity Services
- ㉘ Childrens Services.

CHEADLE

- ① Criteria - Meeting needs (flexible)
 - need to know needs of Cheadle.
 - Accessible

② All services should remain
memory clinic including beds

③ Spot purchase from private providers
more nurse-led services

- ④ .. Needs/Access
- ① Bus services
 - ② Post operative beds / rehab services.
* Some of the beds need to be based in Cheadle.
 - ③ Nursing homes
 - ④ Community mental health services
including counselling
 - ⑤ Preventative mental health services
 - ⑥ Young people's health.
Dementia.
 - ⑦ X ray / US scans. } remote reading of results/diagnosis
 - ⑧ minor injuries }
* Keep breast screening mobile.
 - ⑨ Physio (MSK)
 - ⑩ GP services
 - ⑪ Phlebotomy (or in GPs) / IV
 - ⑫ Comprehensive joined up care plan

⑤ Travel
Specialised services.

Surgery.

TABLE 4

UTILIZE MORE OF HOSPITAL SPACE
FOR SERVICES LOCALLY - TRANSPORT LIMITED
(REDUCING)

DAY CARE CENTRE FOR MENTAL
& PHYSICAL HEALTH PATIENTS
- TO GIVE CARERS RESPITE

HOME LINK
+ OTHER VOLUNTARY
ORGES

- NEIGHBOURHOOD (N)
- HEALTH (H)
- SERVICE (S)

MINOR INJURIES + X RAY
FACILITIES

- PHLEBOTOMY.

- NURSING BED FACILITIES
- ALZHEIMERS/DEMENTIA PATIENTS

LOCAL
TO HOMES
FAMILY/FRIENDS

- RHEUMATOLOGY - CLINICS

- POSSIBLE CENTRALISING GP PRACTICES
 - ? TRAFFIC - SCHOOL START/LEAVING TIMES
 - SIZE OF CAR PARK

- LOCAL HEALTH CENTRE

- RE ESTABLISH MEMORY CLINIC / MENTAL HEALTH OFFICE

- ALCOHOL RECOVERY / CLINIC - ~~WAS~~ TO CONTINUE
(MISSING OFF LIST)

- URGENT BED FACILITY - (FAILURE TO ORGANISE CARE IN)
SHORT STAYING - 3
AVOIDING A&E

TABLE 4 PAGE 2

- MENTAL HEALTH SUPPORT CENTRE - EMERGENCY ADMISSIONS
IN MOORLANDS

- ~~REINSTATE~~

COUNSELLING SERVICES - CENTRALISED
AT HOSPITAL - REHABILITATION ETC

- REINSTATING FAMILY PLANNING CLINIC
- CENTRALISE ANTI NATAL CARE FROM
GP SURGERY
- REINSTATE CHIROPODY CLINIC FOR ELDERLY
IN ADDITION TO DIABETICS
- PRIVATE SERVICES TO USE AVAILABLE SPACE
OR CHIROPRACTOR
- STOP GAP RENAB BEDS
- HEARING CLINIC