

North Staffordshire & Stoke-on-Trent CCG

Public response to the new model of
care proposals – provisional findings

The proposal: To create a new model of care for patients who are admitted to and discharged from hospital. Currently this model is referenced as 'Step Up Step Down'.

A 'step up' model of care would see a diagnostic and assessment centre introduced in the community and even more easily accessible home-based services, improving the quality of care for all patients and avoiding unnecessary admissions into hospital.

'Step down' model of care means the acute trust (hospital) will be responsible for the patient's entire care plan from the point of admission to an acute hospital all the way through to assessment and then discharge from hospital, including supporting their recovery at home, or if necessary in a community hospital bed.

Methodology

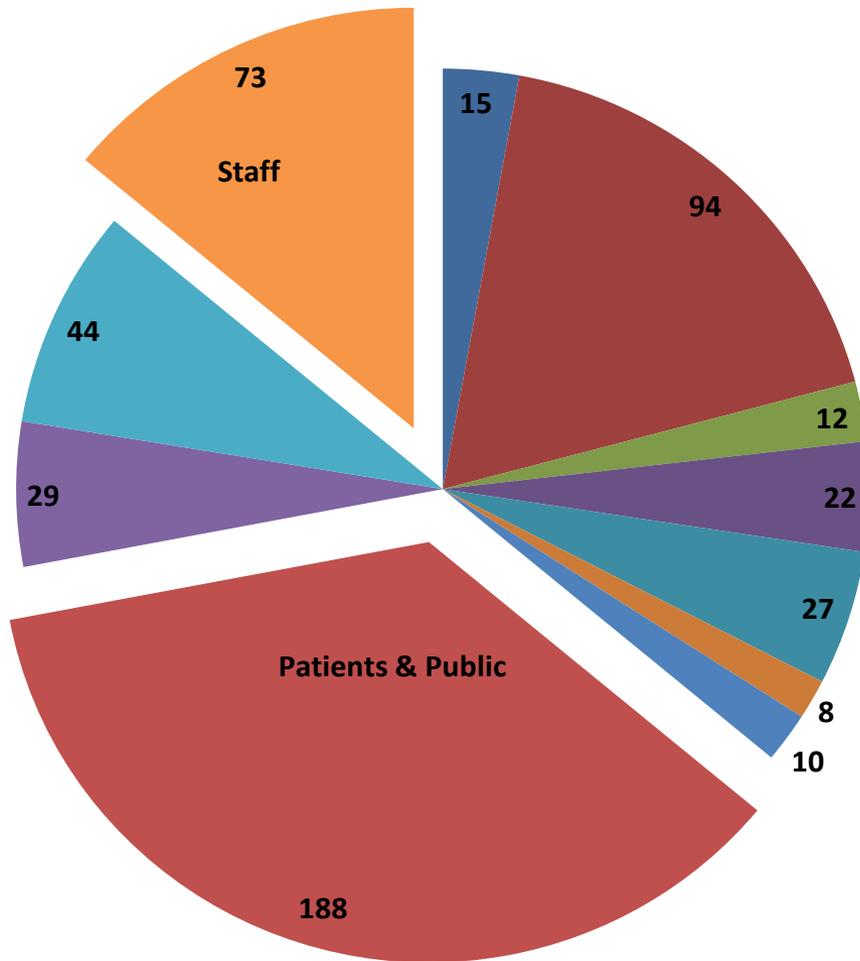
- Engagement
- **Promotion :**
 - Media
 - Stakeholders (members, member practices, councillors, MPs)
 - Social media and web
 - promotion
- **Online survey supported by paper questionnaires**
 - Experiences, reaction towards the proposal, demographics
 - Mix of quantitative and qualitative responses
- **Engagement event Patient and Public meetings/drop-ins**
 - Community Hospital, Acute Trust, Engage over 50s Forum, Patient congress
- **Stakeholder and interest group presentations**
- **Overview & Scrutiny** – presentations at Leek, Newcastle and Stoke, with briefing to Staffordshire County Council
- **Healthwatch** – input into process
- Public event with voting before/after presentation and discussion

Survey : methodology

- Nineteen questions
 - Experiences, reaction towards the proposal, demographics
 - Mix of quantitative and qualitative responses
- Online and paper responses
- All open-ended questions read and coded (10-1,000 word answers)
- Coding frame of key themes

188 Patient and Public
73 Staff
= 261 respondents

Which of the following applies to you?



- Any other community staff
- I am a member of the public
- I am a representative of a charity or voluntary organisation with a special interest in community health services
- I care for someone or I am related to someone who has been discharged from hospital to a community hospital bed
- I care for someone or I am related to someone who has been discharged from hospital to home
- I have experience of being discharged from hospital to a community hospital bed (please state where)
- I have experience of being discharged from hospital to my home, with community based support
- Public
-
- I am a health care professional who works in community health services
- I am a health professional

Please describe your experience – what was good, what could be improved?

Good

- Community hospital care
- Stroke care – effective team work
- Cancer care – professional, supportive

Could be improved

- Co-ordination
- Integration between organisations
- Lack of support and advice
- Lack of follow-up
- Communication
- Community staffing levels

Why you agree with the proposal – Key themes

- Patients benefit from being at home
- Patients prefer to be at home

But, with caveats:

Ensure that there is capacity of community services to support this

Reassure the public about the future of community hospitals

Ensure that there will be support for spouse/family/carer

Ensure that patients will be followed-up in the community

Ensure that this is carefully implemented

Ensure that the investment is made to support this.

Agree with the proposals

“People feel more comfortable, rested and happier in their own home.”

(Respondent 207)

“People prefer to be at home when they are feeling poorly.”

(Respondent 2)

“Patients usually happier at home if its possible.”

(Respondent 12)

“Patients usually happier at home if its possible.”

(Respondent 12)

“Patients like to be in their own surrounding with easy access by family members at any time.”

(Respondent 193)

Agree but with caveats

“Community support needs more investment first.”

(Respondent 192)

“Patients/family's feel more supported and not alone.”

(Respondent 61)

“Proposals sound ok apart from the uncertainty about Longton Cottage and Cheadle Hospitals..”

(Respondent 190)

“My husband was discharged after septicaemia and never any follow up.”

(Respondent 246)

“There needs to be more investment in community services that are already there to provide the services rather than cutting them.”

(Respondent 37)

“But not at expense of loss of hospital beds.” (Respondent 183)

“District nurses are under staffed and don't visit when needed.”

(Respondent 187)

“Families need to be available to also work collaboratively to enable patients to remain at home safely.”

(Respondent 227)

What was excellent/good

“My Father received Intermediate Care Services following a CVA. Services were multi disciplinary and good.”

(Respondent 9)

“Been involved in decisions. Good Communication by the Community Hospital staff.”

(Respondent 55)

“The staff at leek moorlands hospital were amazing with my late grandma.”

(Respondent 87)

“MY SON (had) LEUKAEMIA AND SO REGULARLY STAYED IN HOSPITAL AND WAS ALSO TREATED AT HOME THE NURSING TEAM WHO TREATED MY SON WERE PROFESSIONAL, ,UNDERSTANDING AND SUPPORTIVE.”

(Respondent 8)

Why you disagree with the proposal – Key themes

- There is no capacity in the community for this
- Patients will need to travel further for care
- Community Hospitals are important and this is a means of closing them
- Fear that there will be too few beds in the system
- Concern that patients will be vulnerable at home
- Concern that 24 hour care will be limited
- Concern regarding the impact of early discharge on spouse/family/carers/relatives

What was poor

“Better communication between services to prevent repetition of assessment, better joint care planning.”

(Respondent 76)

“Discharged at 9.30 pm and told District nurse would attend the next day - no show for 7 days.”

(Respondent 131)

“A visit after my hernia operation would have been welcome..”

(Respondent 15)

“Inadequate community services to get my mum home...responsibility went back and forth from social care to health

(Respondent 179)

“It was disjointed and it was difficult to know where to go to get the right help.”

(Respondent 160)

Disagree with the proposals

“Community services cannot deliver the current home care needs, & recruitment is not being successful.”

(Respondent 23)

“Not enough care staff in community.”

(Respondent 67)

“Some people need 24 hour care.”

(Respondent 6)

“Appears to be a shortage of beds already leading to crisis.”

(Respondent 176)

“Will elderly/infirm partners be frightened by responsibility.”

(Respondent 7)

“isolation and fear for people who need care following a stay in hospital.”

(Respondent 70)

“If beds are lost so will other services at the hospital. Meaning people have to travel to be seen adding stress to a situation.”

(Respondent 50)

“If people are old and frail and live alone, there is now way you can provide the level of care they need in the community.”

(Respondent 106)

Key Themes

- Broad support but concerns about implementation
- Feedback that services are fragmented, and require greater integration
- Feedback that communication is poor
- Concern that the system does not have the capacity nor infrastructure
- A need for clarity about roles and responsibilities
- The voluntary sector has a role to play and needs to be involved
- Feedback that this will require cultural change
- Patients will need a key worker/point of contact
- Spouse/family/carer will need support
- Concern about GPs and Primary care ability to manage this

Conclusion

- The proposals created uncertainty about the future of the community hospitals
- When the context and the detail of the proposals were explained there was broad support but with caveats
- The key caveats are concerning the implementation and the capacity of the system
- The initial engagement approach was criticised, resulting in revisions to the approach
- The engagement event at the Moat House received positive feedback
- Future engagement needs to be styled on a “co-production” approach to allay criticisms

Provisional recommendations

- The CCGs should consider the themes, and feedback, integrating these into the planning and implementation process where appropriate and possible.
- The CCGs could consider communicating more information to the public about Step Up Step Down, particularly responding to the caveats and concerns raised.
- Moving forward engagement needs to involve key groups from the start, with project sign off from the respective PPI Steering Groups.
- Future engagement needs to be styled on a “co-production” approach to allay criticisms.