

Berwick Hospital proposal listening event 27 September 2018

Healthwatch Northumberland attended the drop-in session arranged by Northumbria Healthcare NHS Trust, Northumberland Clinical Commissioning Group and Northumberland County Council at the Swan Centre Berwick upon Tweed.

Healthwatch Northumberland had received feedback from local residents at a number of events earlier in 2018 and shared these with Northumbria Healthcare NHS Trust and Northumberland Clinical Commissioning Group. At this event Healthwatch Northumberland wanted to hear local residents' views of the proposals and the ways in which they had been involved in developing them.

Healthwatch Northumberland proactively approached was approached by members of the public at the event. The key themes reported to Healthwatch Northumberland by members of the public were:

Development of new hospital

The investment for the development of a new hospital was welcomed by everyone we spoke to.

The variations between the proposals in 2014 and the current proposals, particularly but not exclusively, the number of beds were mentioned by most people. The ability to provide end of life care and post-operative recovery services were felt to be compromised by having 16 beds. People reported that what was happening now is that patients and carers are travelling to other hospitals at great cost and inconvenience.

Questions were asked about how the new hospital would cope with the increased population from new housing in the area.

Location

The current proposal was viewed negatively for the location. The Swan Centre site was felt to be too small to accommodate both an adequate hospital and leisure centre. One respondent described the hospital plans as "a glorified clinic". There were concerns about access by public transport and parking and the loss of a children's play area as a free public amenity.

Integrated service

There was no support voiced for an integrated health and leisure centre. There were varied interpretations of what 'integrated' meant – either one building with one door, two buildings on the same site with or without coordination of services and referrals. People were unable to say what benefits an integrated service would bring for them.

There was uncertainty that the space allocated for the Union Brae GP practice was adequate.

Services

The list of services to be offered at the new hospital raised several concerns mostly with the assertion that they represent the services currently offered and therefore there will be no reduction in the level and range of services. One person described the list as “what is now is not what it was”.

There was questioning about why services were offered at Alnwick or other hospitals rather than Berwick. People were not clear if there were clinical or organisational reasons. There were reported experiences of this being the choice of specific doctors.

The service that was most often mentioned as being problematic was pre-assessments. There was general concern that while this is listed as a service currently offered at Berwick, with the Berwick service being once a month, in reality people have to travel to Alnwick. As the appointments are short this was felt to be a huge impact for patients and carers in terms of time and cost.

The availability of outpatient appointments at Berwick was felt to be largely irrelevant as appointments at other hospitals were offered more quickly. This was seen as patients in Berwick having no real choice, inconvenient and costly. This was exacerbated by reported incidents of appointments at other hospitals being cancelled at short notice or when the patient had arrived or to find the appointment was not as anticipated – eg not a Consultant appointment.

There was some acceptance that a full accident and emergency service would not be offered again. People reported difficulties with the Minor Injuries Unit being unable to deal with their case through not having the necessary equipment or clinical staff or having to call an ambulance which was then delayed. The reliability of the ambulance service in the Berwick area was mentioned as a factor in the confidence in a Minor Injuries service; one respondent said “if we don’t have an A&E we need a good ambulance service.” Another person suggested between midnight and 8am there is a need for something “to see you through until the ambulance arrives”.

Specific concerns were made about the removal of audiology and ophthalmic services. The removal of endoscopy equipment was especially keenly felt as the equipment had been purchased through acts of local philanthropy and fundraising.

Engagement

Concerns were made about the timing and process of involving local people in the development of the proposals. The delay from 2014 and the changes between the two sets of proposals were noted and requests for the differences to be explained.

While the overall investment was welcomed, mention was made of what other options were considered and how the final services list had been determined. One person commented “What else could the money buy? We don’t know”.

Comments were made about the flow of information with many people saying they were not aware of the proposals until it was raised via Facebook. When asked what communication methods they would like to see used for such developments the most often mentioned options were “town hall” style public meetings timed for evenings and weekends as well as during the day. Advertising via

local networks of voluntary and community organisations was mentioned and one resident said “Post Offices still work” meaning a direct mail shot.

Language was also mentioned with a preference not to use phrases such as ‘integrated service’ and ‘engagement’ without explanations.

Comments received about the 27 September meeting said a presentation in addition to the information boards would have helped as due to the numbers attending it was difficult to read and digest the information. The wrap around section in the Berwick Advertiser was not viewed as helpful as it came out on the day of the session so did not help advertise the event or give people time to consider the information. Overall people found the purpose of the session unclear as it followed an Overview and Scrutiny Committee where it was felt a decision had been made.

Conclusion

The feedback about Berwick Hospital proposal gathered by Healthwatch Northumberland on 27 September supports the feedback gathered from earlier engagement about the choice of bringing together health and leisure services.

The additional information about the process of engagement throughout the process suggests that people who attended the 27 September meeting felt that they would have liked more information on some key questions at an earlier stage of the process and via more diverse communication methods.

We would welcome the opportunity to reflect and discuss these points with Northumbria Healthcare NHS Trust and Northumberland Clinical Commissioning Group and how it will help to shape future engagement exercises in this and other situations.

We also attended the Union Brae Surgery Flu Clinic on 29 September and will pass on feedback received there in due course.