

## Appendix F:

### Public engagement and how we responded to it

The Hospital Services Programme, and the South Yorkshire and Bassetlaw Integrated Care System more generally, have undertaken a significant amount of public engagement on the services, services models and issues included within this report.

The detailed results of the public engagement can be found in a series of independent reports, which are published on the ICS website (under 'Hospital Services Review - all the documents') at <https://www.healthandcaredtogethersyb.co.uk/index.php/what-we-do/working-together-future-proof-services/looking-at-hospital-services>.

This note summarises the responses to some of the key points, which are picked out in the report.

#### Feedback on the current system

The engagement was used to find out what service users and the public consider important for their local health services and to get their views on the specific models put forward.

The views of the public have been used to shape the models, and views on specific models are described throughout the paper. Some of the key points made on the overall challenges to the NHS are:

Theme / issue	You said	We did
<b>Quality</b>	Key priorities for respondents were a consistent quality of care across sites, and the importance of compassionate and caring staff. Many participants cited soft skills as an important factor to consider for the quality of care.	Developing consistent quality of care is one of the main objectives of the Hospital Services Programme. The Hosted Networks will focus on standardisation of clinical standards and on developing a consistent approach across the workforce.
<b>Workforce</b>	Some members of the public had a preference for specialist staff (although some participants spoke highly of experiences with for example nurse practitioners). Others preferred to receive their care locally even if this meant being treated by less specialist staff. There was a strong theme that the NHS needed more staff and that staff should be better valued.	The HSR looked at access to specialist staff for patients across the system. The aim of the proposals in the Hosted Network (levels 1 and 3) is to improve care for all patients and to strengthen networking between services. There are specific proposals to improve access to specialist care for example for out of hours GI bleeds.  The ICS is developing a Workforce Hub which is focusing on strengthening recruitment from the local population, developing new roles, and building skills.

<b>Affordability</b>	In considering the evaluation criteria, many members of the public felt that the affordability of services should not be a priority in deciding the future of services, though some felt effective management of funding to avoid wasting money should be a priority.	There is a statutory duty on providers and commissioners to achieve financial balance. The affordability of services was considered in this context. Work is ongoing across the ICS to improve the efficiency of services through working together, for example on procurement.
<b>Access</b>	Access was a major theme across the public engagement. In the engagement phase October 2018-April 2020, 6 in 10 participants expressed a preference for local services. A further 3 in 10 participants mentioned the importance of effective and affordable transport in their local area, in order to access the care they need. This theme was emphasised by the public group on transport, which was set up in response to public feedback on the HSR and the SOC.	In response to concerns around access, the Hospital Service Programme has followed the principle of keeping services local wherever possible. Detailed transport plans will be developed if any service reconfigurations are taken forward.
<b>Interdependencies</b>	Interdependencies were voted by public respondents to be one of the most important themes to consider when evaluating change. Views were divided between participants who believed that all interdependent services should be provided locally, and those who thought that it was important to have access to all interdependent services but they did not necessarily have to be local.	The work undertaken on the clinical models for neonatology and maternity was intended to address interdependencies, and the assessment of the safety and quality of services has included looking at whether their interdependent services are also safe.
<b>Paediatrics</b>	<ul style="list-style-type: none"> <li>• Care is often excellent and staff are compassionate and friendly, although very busy.</li> <li>• The physical environment in some Trusts could be more welcoming for children and their families</li> </ul>	<p>The focus of the work on paediatrics was to find ways to strengthen the workforce across the organisations, reducing the pressures.</p> <p>The ICS has an capital strategy for the system as a whole, which is looking at how specific concerns with the estates could be addressed.</p>
<b>Maternity</b>	<ul style="list-style-type: none"> <li>• Many women reported excellent experiences and good care</li> <li>• The main concern that was raised by women was that staff were very busy. Some</li> </ul>	The ICS work on transformation of maternity services going forward will include recruitment and retention of staff, and developing shared approaches to workforce.

	patients reported a change of staff or too few staff present during labour, particularly amongst midwives.	
<b>Gastroenterology and endoscopy</b>	<ul style="list-style-type: none"> <li>• In engagement with seldom heard groups, including people from minority ethnic groups, two respondents reported difficulties in communicating with staff which, they reported, had led to patients being discharged without a clear diagnosis or treatment.</li> <li>• A significant number of gastroenterology patients are suffering from liver disease associated with alcohol addiction. Some patients referred to a lack of support in managing their addiction or understanding their circumstances during their hospital stay.</li> </ul>	Both of these points are around the quality of care rather than the design of services, so fall within day to day operational issues. They have been relayed to clinicians in Trusts via the Clinical Working Groups.

### Feedback on proposed service changes: paediatrics

The public engagement included extensive discussion, with a range of different groups, around the option of moving from an inpatient unit to a Short Stay Paediatric Assessment Unit. The engagement included sessions with mothers, at mother and baby groups, and with working parents at some of the major employers in SYB.

The key themes that emerged are as below:

<b>You said</b>	<b>We did</b>
<p>Some parents were concerned above all to ensure that their child received appropriate specialist care, and were willing to travel further to ensure that this happened.</p> <p>On the other hand, some parents felt that all specialist services should be provided on all sites and expressed concern about parents having to travel to units further away, particularly if they had other children who they could not leave. Some respondents from Bassetlaw felt strongly that the inpatient unit should be reinstated.</p>	<p>The ICS has focused on how to ensure that all services are safe and have appropriate access to specialists. The changes at Bassetlaw addressed these issues: through the Paediatric Assessment Unit model, children who need access to higher levels of care are transferred to the inpatient paediatric unit at Doncaster.</p> <p>The work between Sheffield Children's Hospital and Doncaster and Bassetlaw, to develop a level 3 Hosted Network, will also consider how children in Doncaster and Bassetlaw have improved access to specialist paediatric care.</p>

## Feedback on proposed service changes: maternity

Where neither paediatrics and maternity services (and / or their interdependent services) can be sustained on a site through a system-wide approach, this model involves changing the clinical model of both paediatric and maternity services on one or two sites:

- Changing the inpatient paediatric unit on a site to a SSPAU; and
- changing the obstetrics unit to a Standalone Midwifery Led Unit (SMLU); and
- removing Neonatal services from the site.

There was considerable public engagement around the proposed SMLU model. The key points made were:

<b>You said</b>	<b>We did</b>
Some respondents, particularly women who have themselves had midwife-led births, supported a Standalone Midwifery Led Unit	The Hospital Services team noted this view.
Some respondents expressed concern about the safety of the model, if a woman got into difficulties during labour, and raised concerns about the risk of women having to be transferred during a birth.	The Hospital Services team looked at the national evidence around the safety of SMLUs. The SMLU model has been identified in the national report Better Births as being safe, and evidence from NICE guidance <sup>1</sup> indicates that the outcomes in SMLUs tend to be better than in obstetric units or Alongside MLUs. This is dependent on the correct triage protocols being in place, to direct patients to the appropriate setting, and proper transfer to convey a woman by ambulance to an obstetric unit if necessary during or after labour.
Some respondents raised concerns about midwife led units even alongside an obstetric unit, and suggested that all births should be in obstetric units in the interest of patient safety. These respondents tended also to be opposed to home births.	The national strategy on maternity services, Better Births, lays out the direction of travel to maximise choice for women around where and how to give birth.
Some respondents raised concerns that families would have to travel further away in order to visit.	The Hospital Services team discussed this with the travel and transport group. The group discussed the balance between ensuring the safety of services and minimising travel times.
Some respondents were concerned that a woman would also have to travel to the further site for ante- and post-natal care,	Under the model, ante- and post-natal services would continue to be provided on the SMLU site, including outreach clinics

<sup>1</sup>NICE, Intrapartum Care for Women and Babies, 2014. <https://www.nice.org.uk/guidance/CG190>

which could be particularly difficult if she had to navigate public transport while pregnant or with a pushchair.

with consultants, so the model could be designed in a way to minimise any additional travel for pregnant women.

## Feedback on equalities issues

The ICS has undertaken a programme of engagement with representatives from seldom heard groups, including people from ethnic minorities; women from a variety of backgrounds, and mother and toddler groups; people with physical disabilities including people from the Deaf community; people from the LGBT community; older people; young people; asylum seekers; people from the traveller community; survivors of domestic violence; people with drug and alcohol addictions; and sex workers.

More detail can be found at:

[https://www.healthandcaretogethersyb.co.uk/application/files/5615/3996/5160/37.\\_Hospital\\_Service\\_Review\\_Engagement\\_Report\\_-\\_October\\_2018.pdf](https://www.healthandcaretogethersyb.co.uk/application/files/5615/3996/5160/37._Hospital_Service_Review_Engagement_Report_-_October_2018.pdf)

The engagement with these groups was used to inform an analysis of the issues related to each of the protected characteristics. In addition, the report also looked at issues related to socioeconomic disadvantage: this is not one of the protected characteristics, but it was felt to be an important equalities issue in the context of changes to healthcare services.

Protected characteristic	Issues raised	Response
Pregnancy and maternity	<p>The services considered in the Hospital Services Programme, maternity and paediatrics, are likely to have the most impact on women. The ICS has spoken with a number of mother and toddler groups in order to identify specific issues.</p> <p>Key concerns, which have shaped the conclusions of the report, included access issues. Concerns were raised by women who struggle to visit a child in hospital while other children were at home requiring care. Women also talked about the difficulties of using public transport while pregnant or with a buggy.</p> <p>Other women raised issues around choice and the range of maternity services available to them.</p>	<p>In the light of this feedback the Review has recommended keeping paediatrics and maternity services local wherever possible, if this can be done safely and with a good quality service.</p> <p>Issues around maternal choice have also been considered in the recommendation to keep obstetrics services open wherever possible.</p>
Age	<p>Most of the services discussed in this report are focused on younger people. The Hospital Services Programme engaged with the Youth Forum at</p>	<p>The transformation of services through the paediatrics network, and through the Integrated Care System more widely, is intended to support a shift of care out of</p>

	<p>Sheffield Children’s Hospital, which includes young people from across SYB. They spoke about the importance of being able to access the specialist care they needed, but also of wanting to minimise the amount of time they spent in hospital, and the disruption this caused to their lives. Another strong theme was the wish to be more involved in their care.</p> <p>Changes to GI bleeds services would be likely to impact more on older people. The public travel and transport group were supportive of the proposals being discussed around GI bleeds, because they are focused on improving access to emergency, life-saving procedures. However they discussed the challenges for older family members in visiting a site further away.</p>	<p>hospital, for example by building community services and the Hospital@Home model. This will minimise the amount of time that chronically ill young people need to spend in hospital, and the disruption to their lives that this causes. The recommendations also look at ensuring that children who need specialist care can access it.</p> <p>The travel and transport group suggested that hospitals would need to ensure that transport was provided to support the family members of a patient being transferred out of hours, particularly if they did not have their own transport, and if they were older and frail. This will be considered as part of the development of specific proposals going forward.</p>
Disability	<p>People with disabilities reported that the key issue that they encountered was around access, particularly for those who used public or community transport.</p> <p>However access went beyond transport issues: respondents from the Deaf community referred to the shortage of translators for Sign Language while respondents with autism and learning difficulties described information received from the hospital as being difficult to interpret.</p>	<p>Representatives of public transport companies reported a number of improvements to buses and trains, with new stock coming onstream: for example, from 2019 buses will be introduced which have 2 wheelchair spaces, while national guidance requires speaking buses to be rolled out to help people with visual impairments.</p> <p>The issues around provision of interpreters and communications materials are operational issues, which have been shared with the Trusts.</p>
Race	<p>Most of the issues reported by people from ethnic minority groups were around the quality of care and the way in which care was delivered. A number of respondents described communication difficulties and a shortage of translators, while a few reported specific stereotypes: some women of Indian and Asian heritage, for example, warned against cultural stereotypes that assume</p>	<p>The issues around communications and relationships with patients’ families are operational issues, which have been shared with the Trusts.</p>

	that Asian families will want to care for family members at home.	
Religion or belief	The public engagement included groups of men and women from a range of religions, including groups of older Muslim women. Several of the group members reported finding it difficult to access healthcare, largely because of language and cultural barriers. Again, these issues were more around how specific services were delivered than about how they were designed, and emphasised the vital importance of workforce.	The issues around communications and service delivery are operational issues, which have been shared with the Trusts.
Sexual orientation and gender identity	LGBT respondents similarly focused on the delivery of services and the attitudes of healthcare staff, rather than on the design of services. Some reported specific negative experiences although most were positive.	The issues around attitudes and service delivery are operational and cultural issues, which have been shared with the Trusts.
Lower socioeconomic groups	Public respondents made the point that changes in access would impact particularly on the poorest. The biggest impact would be anything which required travel to sites further away, since those on the lowest incomes are least likely to have private cars.	<p>The analysis laid out in the report breaks down the implications for people in the highest and lowest income quartiles, analysed by postcode, and this was considered in thinking about the implications of reconfiguration.</p> <p>The analysis suggested that the majority of the poorest communities lived in urban areas, which tended to be closer to the hospital sites and be better served by public transport. On average, the rural districts which would be most impacted by changes in travel times tended to be in the higher socioeconomic groups where car ownership was higher. However, we recognise the potential impact on lower income groups living in rural areas, and this would need to be addressed in the design of services if services were being reconfigured.</p>