Scarborough Acute Services Review
Feedback on the Evaluation Criteria

The purpose of the engagement meetings was to gather feedback on the draft evaluation criteria that would be used in the review when considering possible models of acute care for Scarborough hospital. The summary below includes the key comments and ideas that were provided in relation to the specific evaluation criteria (over and above the themes mentioned in the main feedback report). Due to the nature of the events, the majority of the feedback below was gathered at the meeting held in Bridlington on the 16th of October during small group discussions.

Section 1 – Quality of Care

Clinical Effectiveness

- Section 1; agree they are the correct headings.
- Think the evaluation criteria are asking the right questions.
- Bridlington and surrounding area needs adding into the first point of Clinical effectiveness so it doesn't just say "Scarborough"
- First point should read: "Does this option enable the population of Scarborough **and surrounding areas** to receive acute services…" also needs to include reference to non-resident population/tourism factor
- "And surrounding areas" needs adding in.
- Need to expand the remit "Scarborough & surrounding area"
- First bullet needs to include reference to Bridlington and Whitby.
- The demographics need rechecking. Both Scarborough and Bridlington are massively expanding with vast new housing developments appearing. These houses are being built to attract young families which will affect the demographics and medical services needed (e.g. maternity services/A&E/GPs etc) as it is highly likely more babies will be born in this area over the coming years.
- need explicit recognition of future population changes (link to local plan/housing development etc. not just age profile)
- Suggestion of a survey is needed to check the demographics of the area.
- Need to consider winter and summer fluctuations.
- Point 3 "will this lead option result in more effective prevention in order to improve life expectancy in the system and reduce health inequalities?" – Needs clarification.
- Sounds too much like typical "NHS speak" with lines/phrases that you **have** to have in.

Patient and Carer Experience

- Hard to comment as we don't know what the options are.
- The first two questions seem to contradict each other?
- Continuation of care – after initial intervention.
- Point 2 add in "and other relevant specialists."

- Carers need to be involved and those in care may not be able to communicate.
- Patient and carer experience needs to consider use of technology and need more volunteers to help with cups of tea and patient chats.
- patient and care experience questions need to explicitly mention carers and their needs
- Need to include: "will this option support better patient flow through hospital"
- Needs to explicitly address travel issues, including:
  - Distance
  - Stress
  - Environmental
  - Inconvenience

Patient Safety

- Trusts need to expand – into and out of A&E (including discharge)
- Need to consider people who are disabled. Need two buses to get to York. If the other half is visiting, there is no transport.
- Safe time-frame is very important.
- Should be separated out into its three separate factors:
  - prevention
  - life expectancy
  - health inequalities (this is the most relevant one and should definitely be included as a criterion – the other two are perhaps less relevant to acute services)
- The importance of devising and implementing protocols that ensure patient safety in relation to patient transfers and emergency intervention (the patient safety element of the Quality of Care criteria)

Section 2 – Access to Care

Impact on patient choice:

- Internet access is a must, not everyone has the internet, so what do they do?
- Technology is also restrictive and excludes people.
- Need to consider what public transport is currently available – this should be included as a factor in the evaluation
- Criteria should look at consistency in services between different areas (e.g. services for getting people home after they have been discharged vary between Bridlington and Scarborough).
- Taking into account technology solutions(i.e. telemedicine, self-care hand held devices) particularly in relation to accessing specialist opinion or in facilitating the provision of locally delivered care either in local premises or in the home setting
- Patient experience should be included in evaluation – like idea of one-stop-shop to have all tests, etc., on one day in one place: Eye clinic, pregnancy, breast lump.

Distance, cost and time to access services:

- Convenient appointment times should be considered – limited public transport, also traffic is a problem getting into Scarborough
- Transport situation also needs taking into consideration
- If weather is bad
- Consider mums, elderly, cancer patients.
- Can we use technology more?
- Will all patients be able to access a service?
- Impacts on both carer and family should be considered
- Technology is mentioned under access but should be pulled out as a separate criterion (not just about access but about facilitating different models of care)
- Should include a question: "will this option enable all patients to access X service within a given timeframe?" also should include "will patients' family/carers be able to access them?"
- The importance of considering the state of public transport locally given the low level of car ownership as part of the access subsection

Service operating hours:

- Expand to include "Will this option reduce the risk of unplanned changes and improve or worsen service resilience"

Ability for clinicians to access specialist input:

- Technology
- What account is being taken of remote IT? Don't necessarily need a clinician to physically be here, but need access.