Humber Acute Services Review
Citizen's Panel Feedback

13 March 2020

Option 1 - Access

	Site 1			Site 2		
Option 1	UEC	Obs	Paeds	UEC	Obs	Paeds
K1 & 8 Q1 & 8	Hot	Hot	Hot	Warm	Cold	Cold

Urgent & Emergency Care:

Facilitators provided the following information during the session:

- *Site 2 would have an emergency department and patients would be able to stay for consultant-led assessment and short stay inpatient care. Most patients – around 70% - could be cared for in this hospital. Patients requiring specialist care may need to be transferred to Site 1 for assessment and/or treatment.*
- *Both sites would have a frailty service available, which would provide same-day and short stay care for older people.*
- *Patients can still access emergency care services in Scunthorpe and in Grimsby.*

General Comments:

- A panel member asked how warm is warm for A&E, what do we actually mean by this?

Group 1:

- The group liked that a 'warm' site A&E would be available to support children with general paediatric conditions
- Would require strict training/protocols for ambulance staff to understand where to take children or access could be confusing
- Very confusing about which site to access
- What about the patient's family? How would they get to an alternative site?
    - Not a wealthy population, elderly, low car ownership, poor transport links – How can family be expected to pay for travel / parking at an alternative site, especially if the loved one is in hospital for a long period of time.
- When you require emergency care, you are in panic mode. You do not care where it is you just get you or your loved one to the nearest place.

Group 2:

- Concern about the impact of spending longer in an ambulance rather than being in a care setting
- Effect on time critical conditions if having to travel for UEC
- Impact of the weather or other travel disruption if it is further to travel to a UEC
- Impact on family members of the person in the ambulance, and that family may not be able to follow if they have no transport themselves
- Will still have basic UEC cover at both for the walk-in patient, so that is a positive

- Need to consider parking and the effect this has on time taken to access the service
- Concerns about the skills of the ambulance service and their capacity to make decisions as to which site to go to with patient

UEC Emerging Themes:

- Concerns raised around the impact on critical patient outcomes due to increased travelling times.
- Concerns were raised around whether an already stretched ambulance service could cope with further demands and pressures of transferring patients between 'Hot' and 'Warm' sites.
- Concerns were raised about the increased costs families would incur to travel and park at the different sites.
- The Citizen's panel felt this option could be confusing for patients not knowing which site would be the most appropriate to access for their clinical needs.

Maternity:

Facilitators provided the following information during the session:

- *Site 2 would not have any obstetric led or neonatal care available.*
- *Subject to patient demand, a standalone Midwifery Led Unit (MLU) could be provided at Site 2, which would provide an option for patients identified to have a 'low risk' pregnancy to still choose to birth there. Evidence from other regions suggests the numbers of patients choosing a standalone MLU are relatively low (potentially around 5%) However, any patients requiring specialist obstetric care would need to be transferred to Site 1 for assessment and/or treatment.*
- *Patients who have been identified as 'high risk' would not be given the option of birthing at Site 2.*

Group 1:

- The word 'worry' was repeatedly used:
    - Poor roads, mums might not get there in time and babies could be born on the roadside
    - Rural geography
    - The group referred frequently to the Cramlington model, which they felt caused worry amongst patients due to the long journeys patients were required to make to get to hospital to have their baby.
    - The group were worried that the level/quality of care and baby safety could be impeded due to the extra travel required to get to the 'Hot' site and clinical specialists.
- It was felt important to recognise that some women do want an MLU, with no/limited intervention and we need to keep that choice available to them (even if low numbers).
- Number of transfers between sites would increase putting strain on ambulance / patient transport services

Group 2:

- Some people already choose to go to a different site due to belief they will get a better quality service. This decision is based on feedback from others (e.g. that DPoW offers better support than SGH for births)
- Those in rural areas are used to travelling for this care, so for some it is a given they will need to travel anyway
- Concern that people who have no transport and have to use an ambulance will not have the same choice as those that do
- Transport comes into everything and there needs to be more transport options

Maternity emerging themes:

- This option raised significant worries amongst the group, particularly in relation to traveling times, patient safety and delays in access to specialist clinicians.
- Ultimately, reputation will overrule location, with examples that patients will travel further to an alternative site because they believe it offers a better service.
- Transport options and infrastructure would need to be radically improved across the entire region to support this option
- Patient's must still have a choice about where they access maternity services

Paediatric:

Facilitators provided the following information during the session:

- *Around 20% of children could still be seen at Site 2 in a UTC setting rather than attending A&E at all.*
- *Children who need assessment by a specialist paediatrician or inpatient (overnight) care would be required to travel to Site 1 (or another alternative hospital).*

Group 1:

- This option would have a big impact on the distances some families would have to travel to get paediatric care for their children.
- The group felt this option could be extremely confusing for parents to understand which site would be the correct one to take their child to?

Group 2:

- As patients accessing this service are children the transport issue is even more critical as a parent would need to be with them and travel with the child.
- Confusing about what a 'Hot' and 'Cold' site offer and could result in patients presenting at the wrong sites, delaying treatment.

Paediatric emerging themes:

- It was recognised that this option would have a big impact on the distances some families would have to travel to access paediatric care.
- Concerns were raised that this option could be confusing for parents as to which site is the most appropriate to access.

Option 1 - Experience

General Comments:

- How can you ask for patient experience when patients don't know what they should be experiencing?
- The group found this model very difficult to grasp and found it very confusing
- Would like to see quantifiable data to support this option
- "Feel good factor" – It is reassuring to know that your local hospital has an A&E when you or your family need it
- Regardless of what model is implemented, there is a need for better technological link-ups.
- A lengthy discussion was had around the wider determinants of patient experience:
    - A welcoming environment
    - The way patients and family are greeted and the tone of language used – an example was given where ward staff seemed almost annoyed they had arrived on the ward for treatment and their attitude was like they wanted to be anywhere else but at work – made the whole experience a negative one
    - Patients are putting their lives in their hands, the staff need to look okay not like they are on their knees / fatigued.
    - Made to feel like and inconvenience
    - Communication to patients and families has to be improved and in a language we understand
    - Keeping patient records up to date so we don't have to repeat ourselves each time we see someone new
    - It would be nice to feel more involved in our care and the care of our loved ones

Urgent & Emergency Care:

Group 1:

- A 'Hot' and 'Warm' option could give patients equal access if the treatment pathway is vastly improved
- This option could help our hospitals meet clinical standards which we are currently failing to meet
- What would happen to follow up care? Would consultants / Dr's still have a responsibility for community outpatient clinics? For many people these are vital, especially those living in rural/isolated areas of the region
- Access to specialist clinicians would undoubtedly increase, and in turn improve experience which is very important to a patient.
- Who looks after the children if a patient is relocated to an alternative site further away from their home?

Group 2:

- The success of this is pinned on good co-ordination and availability of services
- Experience is better if you know you will get seen in a timely manner and transparency with patients is important to manage patient expectation

- Need to have different professionals working together in teams as in cancer care, so that holistic care is provided. This will improve patient experience

Urgent & Emergency Care emerging themes:

- It was recognised this option could allow patients to be seen in a timely manner with quicker access to specialist doctors which in turn would improve patient experience
- This option could also help hospitals meet clinical standards which again would help improve patient experience
- Opportunities were identified for specialist teams to work closer together to provide more holistic care in both a hospital and community clinic setting.

Maternity:

Group 1:

- Travelling during labour could be extremely scary, traumatic and uncomfortable, leaving lasting memories for the mother
- High anxiety levels
- A group member spoke about a personal experience relating to lack of communication between clinicians and patient/family in an emergency situation which made the whole experience more stressful than it already was
- Would the 'Hot' site a mother and baby was relocated to have adequate provisions (chairs/beds) for dads/families as in an emergency patients need support from their families and loved ones
- Pregnant women would choose to go to the safest option (OLU) – What happens if things do not go to plan?

Group 2:

- Some issues are identified early, but the concern here is for the unknown complications
- If it is explained why people are being taken to the other site, perhaps people will accept this if it is better care or more support
- It could be that both the mother and baby are ill and baby travels but not the mother – this would be stressful from a patient perspective and not practical from the father's perspective. If it was known beforehand then perhaps they would transfer together?
- The potential to end up dealing with the mother and the baby on different sites would have a negative impact on experience

Maternity emerging themes:

- Concerns were raised around how stressful and traumatic it could be for mothers and babies having to travel to a 'Hot' site should unforeseen complications arise at a 'Cold' site.
- It was identified that better communication would need to be improved between clinicians and patients during an emergency to help them understand and accept why they are being taken to the other site
- Concerns were also raised around how this model could potentially have a negative impact on the experience of dads/families having a mother and baby at different sites, or no provision/facilities to stay over.

Group 1:

- What do single parent families do if the child needs to be treated at a site far from home?
- This model could reduce waiting times and help get children seen by the specialist faster, which is important to improve patient experience
- This model could increase anxiety to both a child and their parent(s) if travel to the other site was required
- Confusing about which site is the right one which could negatively impact on experience if turned away from a site as it is not equipped to deal with the child's condition
- Concerns were raised around safeguarding and what would happen if a child presents at a 'Cold' site with signs of abuse / neglect? Presently the police/local authority will only accept a medical assessment by a paediatrician consultant, so how would a child be protected if there was no consultant present at a 'Cold' site?
    - The group highlighted this is very prevalent in the Humber area and safeguarding concerns commonly present at A&E in both Grimsby and Scunthorpe.

Group 2:

- Having specialist centres could improve experience as all needs could be accommodated on one site, with appropriately skilled clinicians and maybe with a few different appointments in one day.
- People might be happy to travel for this if the child has complex needs.

Paediatric emerging themes:

- This model could be extremely stressful for children and parents if transfers/travel is required to the other site
- It was recognised this model could reduce waiting times and allow children to be seen by a specialist faster
- Concerns around safeguarding were raised should a child present at a 'Cold' site would there be the appropriate staff present to deal with the concern.
- The Citizen's Panel recognised that the parents of a child with complex needs are happy to travel further to ensure their child received the best care. This is already happening in this area with parents traveling to Leeds and Sheffield.

Option 2 – Access

	Site 1			Site 2		
Option 2	UEC	Obs	Paeds	UEC	Obs	Paeds
L1 & 8 R1 & 8	Hot	Hot	Hot	Cold	Cold	Cold

Urgent & Emergency Care:

Facilitators provided the following information during the session:

- *Site 2 would have no emergency care available, meaning all patients would have to travel to an alternative hospital to receive emergency or inpatient care.*
- *Around 20% of current patients could still be seen at Site 2 in a UTC setting rather than attending A&E at all.*

General Comments:

- The group wanted to understand what the current footfall is in both A&Es, and what would be displaced if the model changed?

Group 1:

- Members of the group made the following statements in response to the description of the model:
  - "I don't like this option"
  - "Get rid of this option"
- People wouldn't chose this, they would be forced to do it
- Appreciate people don't need urgent care for most of their life, however it is reassuring to know it is close by when you do need it
- How would one site cope with the large numbers accessing it? Currently the 2 A&Es struggle to keep to the 4 hour waiting times are always heaving.

- Members of the group made the following statements in response to the description of the model:
  - "Huge impact"
  - "People would object"
  - "This cannot be an option"
  - "This is not acceptable"
- More people would die accessing urgent care with this model
- Dangerous – patients could present at the wrong site where services / clinicians are not available to help
- This option would have a significant impact on how far large numbers of people have to travel
- Could get inappropriate patients turning up at the 'Hot' site as it has a better reputation – it is commonly known patients go to A&E because they think they get a better level of treatment

Group 2:

- At the cold site, out of hours you are forced to travel at certain times unless there will be 24/7 urgent care access
- Could technology be used to improve access at the 'cold' site?
- Talking about moving significant demand on to one site – is this feasible?
- Although it does impact on emergency care, f you have a good 24/7 UTC at the 'cold' site then some patients will not experience that great an impact, as they would be seen and treated as urgent care anyway rather than an emergency.

Urgent & Emergency Care emerging themes:

- Members of the Citizen's Panel did not like this model at all due to the significant impact they see that it would pose; they made it very clear it is not acceptable and want it discounting.
- Concerns were raised over patient safety with fears more people would die accessing urgent care under this model.
- Concerns were also raised around how one A&E would cope with the significant increase in footfall and questions were asked as to how feasible this really is.
- Opportunities to improve access at the 'Cold' site were identified, with technology being suggested along with a 24/7 UTC.

Maternity:

(Please note- it was explained to the groups that the model for maternity in option 2 is the same as the model in option 1, and that the comments would therefore be re-used to evaluate this particular aspect of the option.)

Facilitators provided the following information during the session:

- *Site 2 would not have any obstetric led or neonatal care available.*
- *Subject to patient demand, a standalone Midwifery Led Unit (MLU) could be provided at Site 2, which would provide an option for patients identified to have a 'low risk' pregnancy to still choose to birth there. Evidence from other regions suggests the numbers of patients choosing a standalone MLU are relatively low (potentially around 5%) However, any patients requiring specialist obstetric care would need to be transferred to Site 1 for assessment and/or treatment.*
- *Patients who have been identified as 'high risk' would not be given the option of birthing at Site 2.*

General Comments:

- A group member asked if we have any data on the %age change of complications in maternity/labour and an idea of how many of these are known before birth, and how many occur with little or no warning, as this would be helpful to understand the impact of a change

Group 1:

- The word 'worry' was repeatedly used:
    - Poor roads, mums might not get there in time and babies could be born on the roadside

    - Rural geography
    - The group referred frequently to the Cramlington model, which they felt caused worry amongst patients due to the long journeys patients were required to make to get to hospital to have their baby.
    - The group were worried that the level/quality of care and baby safety could be impeded due to the extra travel required to get to the 'Hot' site and clinical specialists.
- It was felt important to recognise that some women do want an MLU, with no/limited intervention and we need to keep that choice available to them (even if low numbers).
- Number of transfers between sites would increase putting strain on ambulance / patient transport services

Group 2:

- Some people already choose to go to a different site due to belief they will get a better quality service. This decision is based on feedback from others (e.g. that DPoW offers better support than SGH for births)
- Those in rural areas are used to travelling for this care, so for some it is a given they will need to travel anyway
- Concern that people who have no transport and have to use an ambulance will not have the same choice and those that do
- Transport comes into everything and there needs to be more transport options

Maternity emerging themes:

- This option raised significant worries amongst the group, particularly in relation to traveling times, patient safety and delays in access to specialist clinicians.
- Ultimately, it was felt that reputation would overrule location, with examples that patients will travel further to an alternative site because they believe it offers a better service.
- Transport options and infrastructure would need to be radically improved across the entire region to support this option
- Patient's must still have a choice about where they access maternity services

Paediatrics:

(Please note- it was explained to the groups that the model for paediatrics in option 2 is the same as the model in option 1, and that the comments would therefore be re-used to evaluate this particular aspect of the option.)

Facilitators provided the following information during the session:

- *Around 20% of children could still be seen at Site 2 in a UTC setting rather than attending A&E at all.*
- *Children who need assessment by a specialist paediatrician or inpatient (overnight) care would be required to travel to Site 1 (or another alternative hospital).*

Group 1:

- This option would have a big impact on the distances some families would have to travel to get paediatric care for their children.
- The group felt this option could be extremely confusing for parents to understand which site would be the correct one to take their child to?

Group 2:

- As patients accessing this service are children the transport issue is event more critical as a parent would need to be with them and travel with their child.
- Confusing about what a 'Hot' and 'Cold' site would offer and could result in patients presenting at the wrong sites, delaying treatment.

Paediatric emerging themes:

- It was recognised that this option would have a big impact on the distances some families would have to travel to access paediatric care.
- Concerns were raised that this option could be confusing for parents as to which site is the most appropriate to access.

Option 2 – Experience

Urgent & Emergency Care:

General Comments:

- Would want Option 2 the least, as the UEC is what the most people come into contact with. Option 1 is better.

Group 1:

- A member of the group made the following statement in response to the description of the model:
  - "I don't like this option at all"
- Do not believe this option would reduce waiting times to see a specialist as there would be a huge increase to the number of patients going through the unit which would negatively impact on experience, clinical standards and outcomes. Staff would also be extremely stressed, constantly under pressure and probably leave.

Group 2:

- There will be an impact on patient experience when waiting for an ambulance to transfer patient from the 'cold' site to the 'hot' site
- It could increase the number of patients waiting in the UEC for a transfer and impact negatively on their experience
- Education will be required so that people know what each UEC site is for. People are resistant to change and we need people to understand why this is better for them in the long term

- Can see the benefits when this is up and running and perceptions change – this will happen when people see that they are being better treated and cared for. This option may become

Urgent & Emergency Care emerging themes:

- As a collective the Citizen's Panel were strongly against this option and made it very clear they did not like it.
- Concerns were raised that this option could have a significant negative impact on patient experience as waiting times would increase not only for treatment but also for transport between sites
- Significant concerns were raised around how under this model one A&E would could with the increase in footfall when the current 2 A&E's struggle to cope with demand.

Maternity:

(Please note- it was explained to the groups that the model for maternity in option 2 is the same as the model in option 1, and that the comments would therefore be re-used to evaluate this particular aspect of the option.)

Group 1:

- Travelling during labour could be extremely scary, traumatic and uncomfortable, leaving lasting memories for the mother
- High anxiety levels
- A group member spoke about a personal experience relating to lack of communication between clinicians and patient/family in an emergency situation which made the whole experience more stressful than it already was
- Would the 'Hot' site a mother and baby was relocated to have adequate provisions (chairs/beds) for dads/families as in an emergency patients need support from their families and loved ones
- Pregnant women would choose to go to the safest option (OLU) – What happens if things do not go to plan?

Group 2:

- Some issues are identified early, but the concern here is for the unknown complications
- If it is explained why people are being taken to the other site, perhaps people will accept this if it is better care or more support
- It could be that both the mother and baby are ill and baby travels but not the mother – this would be stressful from a patient perspective and not practical from the father's perspective. If it was known beforehand then perhaps they would transfer together?
- The potential to end up dealing with the mother and the baby on different sites would have a negative impact on experience

Maternity emerging themes:

- Concerns were raised around how stressful and traumatic it could be for mothers and babies having to travel to a 'Hot' site should unforeseen complications arise at a 'Cold' site.
- It was identified that communication would need to be improved between clinicians and patients during an emergency to help them understand and accept why they are being taken to the other site
- Concerns were also raised around how this model could potentially have a negative impact on the experience of dads/families having a mother and baby at different sites, or no provision/facilities to stay over.

Paediatric:

(Please note- it was explained to the groups that the model for paediatrics in option 2 is the same as the model in option 1, and that the comments would therefore be re-used to evaluate this particular aspect of the option.)

Group1:

- What do single parent families do if the child needs to be treated at a site far from home?
- This model could reduce waiting times and help get children seen by the specialist faster, which is important to improve patient experience
- This model could increase anxiety to both a child and their parent(s) if travel to the other site was required
- Confusing about which site is the right one which could negatively impact on experience if turned away from a site as it is not equipped to deal with the child's condition
- Concerns were raised around safeguarding and what would happen if a child presents at a 'Cold' site with signs of abuse / neglect? Presently the police/local authority will only accept a medical assessment by a paediatrician consultant, so how would a child be protected if there was no consultant present at a 'Cold' site?
    - The group highlighted this is very prevalent in the Humber area and safeguarding concerns commonly present at A&E in both Grimsby and Scunthorpe.

Group 2:

- Having specialist centres could improve experience as all needs could be accommodated on one site, with appropriately skilled clinicians and maybe with a few different appointments in one day.
- People might be happy to travel for this if the child has complex needs.

Paediatric emerging themes:

- This model could be extremely stressful for children and parents if transfers/travel is required to the other site
- It was recognised this model could reduce waiting times and allow children to be seen by a specialist faster
- Concerns around safeguarding were raised should a child present at a 'Cold' site would there be the appropriate staff present to deal with the concern.
- The Citizen's Panel recognised that the parents of a child with complex needs are generally happy to travel further to ensure their child received the best care. This is already happening in this area with parents traveling to Leeds and Sheffield.

Option 3 – Access

	Site 1			Site 2		
Option 3 E1 & 8	UEC	Obs	Paeds	UEC	Obs	Paeds
	Hot	Hot	Hot	Warm	Warm	Warm

Urgent & Emergency Care:

(Please note- it was explained to the groups that the model for urgent & emergency care in option 3 is the same as the model in option 1, and that the comments would therefore be re-used to evaluate this particular aspect of the option.)

Facilitators provided the following information during the session:

- *Site 2 would have an emergency department and patients would be able to stay for consultant-led assessment and short stay inpatient care. Most patients – around 70% - could be cared for in this hospital. Patients requiring specialist care may need to be transferred to Site 1 for assessment and/or treatment.*
- *Both sites would have a frailty service available, which would provide same-day and short stay care for older people.*
- *Patients can still access emergency care services in Scunthorpe and in Grimsby.*

General Comments:

- General consensus was that they liked this option with all three as 'Warm'

Group 1:

- The group liked that a 'warm' site A&E would be available to support children with general paediatric conditions
- Would require strict training/protocols for ambulance staff to understand where to take children or access could be confusing
- Very confusing about which site to access
- What about the patient's family? How would they get to an alternative site?
    - Not a wealthy population, elderly, low car ownership, poor transport links – How can family be expected to pay for travel / parking at an alternative site, especially if the loved one is in hospital for a long period of time.
- When you require emergency care, you are in panic mode. You do not care where it is you just get you or your loved one to the nearest place.

Group 2:

- Concern about the impact of spending longer in an ambulance rather than being in a care setting
- Effect on time critical conditions if having to travel for UEC
- Impact of the weather or other travel disruption if it is further to travel to a UEC
- Impact on family members of the person in the ambulance, and that family may not be able to follow if they have no transport themselves

- Will still have basic UEC cover at both for the walk-in patient, so that is a positive

UEC Emerging Themes:

- Concerns raised around the impact on critical patient outcomes due to increased travelling times.
- Concerns were raised around whether an already stretched ambulance service could cope with further demands and pressures of transferring patients between 'Hot' and 'Warm' sites.
- Concerns were raised about the increased costs families would incur to travel and park at the different sites.
- The Citizen's panel felt this option could be confusing for patients not knowing which site would be the most appropriate to access for their clinical needs.

Maternity:

Facilitators provided the following information during the session:

- *Site 2 would have an Obstetric Led Unit (OLU) (with the option to include an alongside Midwifery Led Unit (MLU), subject to local demand and available resources), meaning that women would have access to consultant-led obstetric care at both sites. However, the level of neonatal care provided would be higher at Site 1 (level 2) than Site 2 (level 1). The higher level of neonatal care would enable site 1 to care for higher risk pregnancies and premature babies. The highest risk patients would be advised to give birth at a site with level 3 neonatal care available (e.g. Hull Royal Infirmary).*
- *Women with 'High Risk' pregnancies would be identified at the earliest stage and care providers would plan with the patient to have their delivery at an alternative site, where a higher level of neonatal care would be available.*
- *However, most women (around 88% of all births not requiring neonatal care) would still be able to birth at Site 2.*

Group 1:

- The group could not understand how both sites could be staffed given that one of the driving factors for this review is a struggling workforce. A warm site would require many specialised and skilled staff – The group struggled to see the logic and felt that this did not seem a worthwhile change or one that would adequately address staffing/rota issues – "It may as well still be hot!"
- However, the group did appreciate that this option is a more "sellable" option even for cautious people than the "cold" option.

Group 2:

- The group felt that people are generally more willing to travel for maternity services for the best level of care. Currently people travel from Scunthorpe to Grimsby because the service is perceived to be better in Grimsby – reputation matters

Maternity emerging themes:

- The Citizen's Panel felt this option did not seem worthwhile as it would not adequately address staffing/rota issues as a 'Warm' site would still require high numbers of specialist and skilled staff.
- However, they did prefer it to the 'Cold' option and appreciated this would be more "sellable" to the wider public.

Paediatrics:

Facilitators provided the following information during the session:

- *Site 2 would have an emergency department, which children could access, and additionally Site 2 would offer a short stay paediatric assessment unit, however, if a child required inpatient (overnight) paediatric care they would be required to transfer to Site 1.*
- *Children can still access paediatric care services at both sites and around 70% of attendances would continue to be seen as they are currently.*

Group 1:

- What happens when a child is too unwell to go home but doesn't require a 'Hot' level of care?
- Confusing for parents

Group 2:

- No comments

Paediatrics emerging themes:

- The Citizen's Panel do prefer this option to the 'Cold' one however were concerned this would be confusing for parents as to which site to access if their child was unwell.
- Questions were also raised around what happens when a child is too unwell to go home but doesn't require 'Hot' level of care, and the group felt further clarity is needed as to whether children could be repatriated closer to home in an acute care hub for example.

Option 3 – Experience

Urgent & Emergency Care:

(Please note- it was explained to the groups that the model for urgent & emergency care in option 3 is the same as the model in option 1, and that the comments would therefore be re-used to evaluate this particular aspect of the option.)

Group 1:

- A 'Hot' and 'Warm' option could give patients equal access if the treatment pathway is vastly improved
- This option could help our hospitals meet clinical standards which we are currently failing to meet
- What would happen to follow up care? Would consultants / Dr's still have a responsibility for community outpatient clinics? For many people these are vital, especially those living in rural/isolated areas of the region
- Access to specialist clinicians would undoubtedly increase, and in turn improve experience which is very important to a patient.
- Who looks after the children if a patient is relocated to an alternative site further away from their home?

Group 2:

- The success of this is pinned on good co-ordination and availability of services
- Experience is better if you know you will get seen in a timely manner and transparency with patients is important to manage patient expectation
- Need to have different professionals working together in teams as in cancer care, so that holistic care is provided. This will improve patient experience

Urgent & Emergency Care emerging themes:

- It was recognised this option could allow patients to be seen in a timely manner with quicker access to specialist doctors which in turn would improve patient experience
- This option could also help hospitals meet clinical standards which again would help improve patient experience
- Opportunities were identified for specialist teams to work closer together to provide more holistic care in both a hospital and community clinic setting.

Maternity:

Group 1:

- If communication was improved at the start of a patients journey, mums would feel better knowing that they are in the best place, especially if they have known for a while they are 'high risk' – this improved communication would give them time to get their head around the fact they may not be able to birth in their nearest hospital, which will make their experience better.

- Any travelling will make a patient and their families anxious, however this option could elevate some of their anxiousness, as clinicians will be able to stabilise mother and baby before transferring.
- A member of the group made the following statement in response to the description of the model:
    - "Better option than the cold site option"

Group 2

- People are generally more willing to travel for maternity services where choice and perception of level of service is important – currently people travel from Scunthorpe to Grimsby because the service is perceived to be better in Grimsby – reputation matters

Maternity emerging themes:

- The Citizen's panel preferred this option to the 'Cold' site option.
- It was felt that if communication between clinicians and patients then patient experience may not be negatively impacted under this option
- The Citizen's Panel felt assured that risks to patient safety would be reduced as skilled clinicians would be on hand at the 'Warm' site to stabilise mother and/or before transfer to a 'Hot' site.

Paediatrics:

General Comments:

- Service pressures dictate design, people fit into a service rather than the service fitting around people

Group 1:

- Local care = a good experience for both patients and their families and having a 'Warm' and 'Hot' option provides that local care as:
    - Support is closer to home
    - Childcare is nearer if required

Group 2:

- No comments

Paediatric emerging themes:

- The Citizen's Panel liked that this option allowed for an increased provision in local care as they strongly felt care based locally improves experiences.
- They did however feel that service pressures dictate design and given a choice patients would chose no change over change as change sparks fear.

Option 4 – Access

	Site 1			Site 2		
	UEC	Obs	Paeds	UEC	Obs	Paeds
Option 4	New Northern Lincolnshire Hospital with UEC, Maternity, Paediatrics					
S1	Hot	Hot	Hot	Cold	Cold	Cold

Facilitators provided the following information during the session:

- *All emergency care, acute assessment, inpatient and critical care, maternity and paediatric services would be located at Site 1 (somewhere between Grimsby and Scunthorpe). This would mean that all patients would be required to travel to their nearest hospital.*
- *Around 20% of adults and children could have their urgent care needs met locally at an Urgent Treatment Centre (UTC), which would be located in both Grimsby and Scunthorpe instead of attending A&E.*

General Comments:

- At a new hospital it would be much easier to get the parking and access right if it was designed properly from the outset

Group 1:

- Population are getting used to the role of the hospitals changing and that they need to go elsewhere
- HUGE infrastructure investment would be required to public transport to support this option
- Could be considered a more equitable option as not one population more disadvantaged than the other
- Could reduce unnecessary admissions to A&E if people have to travel further, and picked up in more appropriate sites such as UTCs / GPs.
- "trying to argue myself out of liking this option, but I can't, however my gut feeling is oh no."
- Less confusing as only one option and one place to go

2 / 3 split against this option.

- UTCs could be a fair trade off for a centre of excellence
- Everybody would be knocking on their MPs door
- Could mitigate recruitment, retention of staff as more opportunities to specialise / teach.
- Would be robbing Peter to pay Paul as staff on the north bank may move to new site for the increased opportunities

Group 2:

- Irrespective of location, you will have transport issues and planning for this should include a 24/7 transport solution and take into account the travelling for staff
- Where do you put the parking if this is sited in a built up area?
- Everyone will be faced with a journey, so everyone is in the same boat
- If it is a single centre, transport would have to be sorted and a new build could provide opportunity to get this right

- Concern for people who don't have a car but don't need an ambulance. A lot of people in rural North Lincolnshire don't have transport of their own
- Could you still have a UTC with walk-in at both ends of the patch as well as the new site?
- With this option, everyone is equally unhappy as it is centralised – it doesn't disadvantage one community more than the other

Emerging themes:

- The group felt this option was a more equitable one as not one population would be more disadvantaged than the other, in addition, the opportunities brought by a new-build to improve the physical environment and the parking and access were considerable and should be factored into any decision.
- This option would need huge investment to improve transport links especially in the rural areas of our region without which this option would not work for the population.
- The Citizen's Panel recognised that this option would be less confusing for patients as there would only be one site to access, however they felt it needed UTCs at both ends of the patch to support the new single site.

Option 4 – Experience

General Comments:

- There is something about consistency of service, as it is important that everyone has access to the same level of care regardless of where they are
- Sometimes you get mixed messages when you see different consultants, so perhaps it would be better if it was all on one site and the advice could be consistent?
- Getting this right depends on talking to patients and keeping them informed so they know what to expect. Need to involve people, as they will be more accepting and cooperative if they are being asked / involved.
- We will have a better chance of getting funding for a new hospital than for more minor upgrades to existing sites

Group 1:

- No Comments

Group 2:

- Having one site might improve patient experience if one of the sites becomes a centre of excellence and patients feel they are getting a better standard care
- It would be easier to build an excellent service in a new facility and patients would have an expectation of a better service.
- Staff morale might be better and they would then provide better care. It is as much about the staff as the service, as staff morale affects patient experience. The environment has such a great influence.

- A brand new facility sets the ethos and the culture. People will do the best they can with the facilities and funding they are given

Emerging themes:

- The Citizen's Panel felt this option could improve overall patient experience the greatest as a new environment would set a positive ethos and culture
- It was also recognised that staff morale could improve working within a building fit for purpose, and it has already been noted that staff morale affects patient experience
- Patients and staff would however need additional support with this option with clear information about what is available on the site