



healthwatch Cumbria



**Treatment at
a Distance**

Contents	
Executive Summary	3
Acknowledgements.....	3
Introduction	4
Methodology.....	6
Analysis of findings.....	8
Summary	25



Executive Summary

In January 2017 Healthwatch Cumbria (HWC) was commissioned by the West, North and East Cumbria Sustainability and Transformation Programme (STP) to facilitate a series of events to explore the support people feel they need when receiving treatment at a distance and to produce a report summarising the findings. The events were designed to be solution focused with participants being encouraged to share their ideas for how things could be improved.

The events were scheduled to take place over the first two weeks in February 2017 and were designed in partnership with the STP. Representatives of the STP were to provide a scene setting presentation and HWC staff would facilitate and support the discussions that followed recording the key points raised, and solutions suggested, on specific issues related to treatment at a distance.

Summary of solutions and ideas;

- IT should be used more. This was in terms of using Skype or Facetime to enable patients to stay connected to relatives as well as using more telehealth consultations to minimise the need for travel
- Explore how day clinic areas could be used when not needed to increase space available for relatives in hospitals
- Greater flexibility with visiting hours to better suit the needs of patients and their relatives
- Appointment times should be better tailored to suit travel arrangements and bus times
- More information given to patients on things such as how to get to the hospital, local accommodation and parking. Consider a single point of access to a full range of information about public transport providers and local road networks
- Consider increasing access to services at weekends to address challenges with childcare and/or caring for other dependents
- Better use and awareness of volunteer driver schemes

Summary of issues;

- Challenges for patients with appointment times, transport and travel
- Challenges for relatives wishing to support/visit patients, including having to take time off work to take people to hospital appointments and find out how patients were doing

Acknowledgements

HWC wishes to acknowledge the particular support of:

- Representatives of the STP who attended to provide the presentation.
- Venue owners and staff where the meetings were held.
- Our team at HWC who helped facilitate the events and supported the project.
- David Boothman, our graphic designer.

Most importantly, we are indebted to the people who gave their time to share their views and experiences with HWC.

Introduction¹

The STP is aware of the difficulties faced by patients, relatives, carers and communities when they have to be treated a long distance from where they live. The STP wants people's ideas on possible solutions on how to improve people's overall experience of receiving treatment at a distance. This will form the beginning of an ongoing conversation with people as proposals are developed over time.

At present people receiving treatment at a distance are informally supported by ward staff, matrons and senior managers. Some of the arrangements in place are:

- Provision of a list of local accommodation.
- Provision of recliner chairs in some wards.
- A relative's room for those with loved ones in Intensive Care.
- Use of taxis at the discretion of the staff on shift, for example when it is late at night.
- For those on benefits support with travel expenses in line with national rules.

There are a number of possible options being considered that are:

- Use of shuttle buses between West Cumberland Hospital (WCH) and Cumberland Infirmary Carlisle (CIC) for use by staff, patients and visitors.
- A single point of access for staff and the public to go to that would provide advice and signposting information on available transport.
- Staff made more aware of the difficulties patients and families face when travelling long distances.
- Greater joined up working between the voluntary and third sector transport schemes.

However, there are a number of factors the STP has to consider when deciding on any potential solutions in relation to cost, funding priorities, physical site constraints and availability of charitable funding.

HWC was commissioned in January 2017 to carry out a joint piece of work with the STP to engage with members of the public to explore what support people would need if they were in hospital or attending a hospital appointment and did not live in the respective hospitals foot print. HWC was appointed to facilitate a series of events across West, North and East Cumbria to collect feedback from the public particularly from those who've received treatment at a distance to help inform and improve future changes and improvements.

This report is a summary of the key points raised from the conversations facilitated by HWC. These points are related to specific issues the STP wanted to hear people's ideas on.

All feedback will be sent to the STP for their consideration.

Once the initial programme of events was planned, requests for additional events were received and HWC agreed to include these venues where possible. This has meant that some feedback has been received after the in-house deadline for writing this report. Some

¹ Background information sourced from presentation by STP given at events.

initial checking has been carried out to identify any new ideas/ issues raised in the extra sessions and a full analysis of these will be produced and added as an appendix to the substantive report.

Methodology

Members of staff from HWC organised a series of events to find out patients, families and carers experiences of receiving treatment at a distance. These events were scheduled to be delivered in West, North and East Cumbria. The initial programme of events was scheduled for:

- Wednesday 1st February 2017-Carlisle Best Life Building 5pm to 7pm
- Thursday 2nd February 2017- Workington Best Life Building 5.30pm to 7.30pm
- Friday 3rd February 2017- Maryport Wave Centre Theatre 11.00am to 1.00pm
- Monday 6th February 2017-Millom Guide Hall 11.30am to 1.30pm
- Tuesday 7th February 2017-Whitehaven United Reform Church 5.00pm to 7.00pm
- Wednesday 8th February 2017- Penrith St. Andrews Church Rooms 10.30am to 12.30pm
- Friday 10th February 2017 Keswick Rawnsley Centre 11.00am to 1.00pm

The additional events were scheduled for:

- Tuesday 7th February 2017- Bolton Exchange, Bolton 1pm to 3pm
- Wednesday 8th February 2017- Market Place Egremont 2.30pm to 4.30pm
- Tuesday 14th February- Seascale Methodist Church 2pm to 4pm
- Thursday 16th February 2017- Alston 2pm to 4pm
- Thursday 16th February 2017- Culgaith Exchange, Culgaith

The events were widely advertised amongst HW contacts via email and phone, by social media and on the HWC website and the STP also advertised the events amongst its own contact network. Places at the events were limited so people were asked to confirm their attendance.

The events were designed to be focus group style conversations.

People that were unable to attend or had any supplementary comments to add following the events were asked to complete a feedback form on the HWC website; these comments are included within the analysis for this report.

All events followed the same format. At the beginning of each event a member of HWC staff gave a welcome briefing to the attendees followed by a presentation from a member of STP staff. The attendees were then invited to discuss each of the topics starting with the topic they wished to discuss most. The topic areas were:

- Travel and transport
- Accommodation
- Childcare
- Appointment and visiting times
- Disability
- And any other matters relevant to the discussion

The facilitator at each table introduced themselves and explained their role was to record the main points that arose during each of the topics discussed. The HW facilitator recorded the key points onto the corresponding feedback sheets. At the end of the

meeting the HW facilitator summarised the key points recorded to ensure all the main points had been noted.

The information recorded was uploaded onto an Excel Spreadsheet by a member of HWC staff after each event to allow for ease of analysis.

Analysis of findings

The feedback from all of the events was analysed to identify the key messages raised. This was done by a content analysis of the comments to ascertain the most commonly recurring points from each topic.

Where possible research has been undertaken on some of the key points where further information has been available.

Main key messages

Carlisle

The key messages from the Carlisle focus group were as follows:

Improved use of technology

The main ideas and solutions discussed by attendees regarding improved use of technology were:

Ipads available for patient use

Attendees discussed that this would enable patients to connect with loved ones via Skype and Facetime if visitors were unable to visit if they lived a long distance away from where the patient was in hospital. It was discussed that this would provide reassurance, however issues around security and cost were discussed as barriers to this idea being implemented.

Use of email

It was discussed that ward staff could email updates on the patient's condition to an appointed family member due to the difficulties in phoning for information by a relative. It was discussed that staff could possibly do this at quieter times such as during the night or within 48 hours of family requesting the information. The main issue discussed with this option is around confidentiality.

It was also discussed how relatives could email the ward with important information on the patient in relation to their treatment that would be beneficial for staff to know.

There is a lack of available information online about the use of Ipads and email within the NHS by patients. However, some hospitals are now using handheld devices at patient's bedsides to record observations in real-time². Further, there are 12 NHS Hospital trusts which are presently trialling new ways of using digital technology to improve patient care.³

This comes as part of the Health Secretary's, Jeremy Hunt's, plans to make all NHS buildings digital and paperless by 2020.

² Hand held devises replacing pens and paper on wards- <https://www.nuh.nhs.uk/communications-and-media/news/2014/august/hand-held-devices-to-replace-pens-and-paper-on-wards/>

³ NHS England News- <https://www.england.nhs.uk/2016/09/digital-revolution/>

In a move towards making the Trust more digital it is currently working towards: improving the IT support service, a new IT infrastructure, having all Patient Records on an Electronic Patient Records (EPR) system and a new way of business reporting.⁴

Consideration of family support needs

The main ideas and solutions discussed by attendees regarding family support needs were:

Extended visiting hours

It was discussed that extended visiting hours would be beneficial as it would: avoid a surge in visitors at certain times, ease demand for car parking and avoid patients feeling that they don't have any visitors. Although it was understood by attendees that there may be occasions for clinical reasons visitors may need to leave the ward for a short period to maintain patients' right to privacy and dignity. Attendees also considered how security and infection control would be other issues associated with extended visiting hours.

Accommodation support for those wishing to visit and stay near the patient

Ideas on how relatives could be better supported with accommodation needs were:

- A place for privacy and rest especially if a patient is in the High Dependency Unit.
- Utilising day clinic areas into waiting rooms at night.
- Providing a list of local accommodation.

Some hospitals do publish on their websites information of accommodation within the local area. Some offer accommodation for those travelling long distances at discounted rates in specially created facilities on or off site particularly for parents whose child is in hospital. Research found there was often an accommodation team who handle any accommodation related queries. Further exploration found that one hospital trust researched offered free residency car parking spaces within the hospital car park for those staying whilst also offering affordable accommodation in partnership with a housing group to patients and relatives as well providing accommodation within the hospital grounds.

Childcare options to support parents receiving treatment

In relation to childcare ideas discussed were:

- A privately run nursery that hospital staff and visitors may use. It was discussed that these places may be subsidised or paid for in full. Rake Lane nursery was cited as an example in the North East of a nursery based in hospital grounds.
- A list of registered childminders for parents to access. This would not necessarily be a cost to the NHS. It was discussed that there could also be on-call child minders.

⁴ EHealth Cumbria- <https://www.cumbriapartnership.nhs.uk/e-health-cumbria>

- Students studying childcare may also become involved in helping facilitate childcare.

Research into childcare facilities at hospitals across the country found that there are many examples of nurseries in hospital grounds. Kids 1st have a number of nurseries across the North East of England located in hospital grounds, Rake Lane nursery is one of their nurseries on the grounds of North Tyneside General Hospital.⁵

Consideration of the care needs of those with disabilities

It was discussed that the needs of those with disabilities should be considered when they are receiving treatment, this was in relation to:

- Considering the needs of those with disabilities or considering there may be needs which are unknown to ensure they can access all aspects of their treatment from travelling to the hospital to what they can or can't do whilst staying in hospital.
- The need for disabled individuals to have with them at all times a carer or family member to assist them.
- The use of a disability passport was referred to as a good idea that works to an extent as it gives key information on the patient. It was suggested that this could be extended to all patients allowing staff to have key information on a patient, this would be only be useful if staff were aware of it and had read it.

Conflict between polices and procedures and family needs

The main ideas and solutions discussed by attendees regarding conflict were:

- Confidentially and data protection mean care home staff are not allowed to open residents' mail which could hold important information about hospital appointments for instance. Family or next of kin are not informed of the resident having mail until their next visit which may not be sufficient notice to attend the appointment.
- Idea of appointment letters being sent to family as well as or instead of being sent to the patient when the patient lacks capacity. This was discussed as an issue as despite some having Power of Attorney letters were still not sent to them.
- If family are taking a patient to an appointment family would like a choice of appointment time and day especially when travelling from a distance to escort patient.

⁵ Rake Lane Nursery- <http://kids1st.net/index.php/our-nurseries/rake-lane/>

Workington

The key messages from the Workington focus group were as follows:

Accommodation

One of the key themes that arose from the discussion was around supporting people with their accommodation needs. Key points discussed were:

- Financial support is needed for families when they are looking for local accommodation. Accommodation needs to be local, affordable and there needs to be information on local accommodation.
- An idea was presented that charities and/or other relevant organisations should be sought out to provide accommodation support.
- A quiet space or room should be provided to allow people respite or it could be used by patients awaiting treatment.
- Provision for parents to enable them to sleep alongside their child such as a chair or bed.

The North Cumbria University Hospitals NHS Trust (NCUHT) has a charitable fund established which invests donations into purchasing additional goods and services to improve the services being delivered for the benefit of patients and staff.⁶ Although this money is not exclusively used to support people with their accommodation needs.

There are many examples of charities which support families with accommodation needs but there is less support for other patients and their families with their accommodation needs.

Visiting times

The key points raised about visiting times were:

- Extend visiting times so they are longer and more feasible. Greater flexibility with visiting times would be beneficial for visitors with children.
- Create bespoke visiting times with consent from the ward.
- An online booking system to arrange visits. It was suggested that people should be able to book visiting times; this would be bespoke to the needs of patients and their visitors.

From an internet search on extended hospital visiting hours many NHS hospitals across the country now have extended visiting hours following feedback from patients, relatives and staff. Whilst visitors are welcome they are made aware that on occasions ward staff may ask them to leave so that they can carry out their normal duties.⁷ Chesterfield Royal Hospital has a 'visiting code' setting out 'rules' for visitors.⁸

⁶ NCUHT Charity and fundraising page-<http://www.ncuh.nhs.uk/about-us/charity-and-fundraising/index.aspx>

⁷Open visiting, Heart of England NHS Foundation Trust- <http://www.heartofengland.nhs.uk/open-visiting-to-be-introduced-across-the-board-at-trusts-hospitals/>

⁸Visiting hours extended, Chesterfield Royal Hospital <https://www.chesterfieldroyal.nhs.uk/news/at-the-royal/799>

Communication

There were a number of comments made in relation to how communication could improve treatment at a distance:

- Improved use of technology to allow patients to be able to use Skype for example.
- Improved communication between trusts and hospitals.
- Easier access to contact ward departments by introducing a system whereby a person only needs to make one phone call rather than several when trying to reach a specific department.
- Improve communication with charities and other relevant organisations to start considering how to support people's accommodation needs.
- Improve transition process. It was also commented that communication during the discharge process should be improved.
- To communicate with patients to ensure if travelling a long distance they are fit to drive or have suitable alternative travel arrangements in place.
- Improve communication with people with disabilities.
- That the North Cumbria University Hospitals NHS Trust (NCUH) should be communicating better with the Cumbria Partnership NHS Foundation Trust (CPFT). Attendees expressed that there is currently a lack of joined up working between Trusts who attendees felt were working independently from one another. Attendees felt Cumbria should have one Trust.

Maryport

The key messages from the Maryport focus group were as follows:

Discharge of patients from hospital

The main issue that came across from the comments was that there should be greater consideration of:

- The condition of the patient at discharge and whether they are safe to be going home based upon their condition.
- Consideration needs to be given for how the patient is getting home for example if it is by taxi should they be travelling with people who are outpatients due to the risk of infection and potential distress it may cause.
- The time which the patient is being discharged should be considered, is it a reasonable time of day to be discharging someone. For instance discharging a patient home by taxi late at night when they live alone.
- If the patient is travelling by patient transport this is a lengthy process that is often delayed and can have a detrimental effect on a patient.

Parking

Most of the comments refer to parking at WCH referring to a lack of parking and the distance to the Accident and Emergency (A&E) department being a mobility issue.

Suggestions on how car parking at WCH could be improved were:

- Make the short stay car park into parking for the disabled, frail or emergency services.
- An idea was suggested that there should be a multi-story car park created at WCH; this was felt as achievable given the gradient of the car park.
- Another comment also suggested removing the grass area and making it into car parking, although it wasn't stated at which hospital this should be done.

Access to treatment

The two main points raised about accessing treatment were:

Time of appointments

That common sense should be used and later appointments should be offered to people who are travelling from a distance. This is especially so in Cumbria which has rurality challenges meaning it takes time to travel around particularly during inclement weather.

Getting to appointments

It was commented that there is a lack of public transport available. It was suggested that providing bus subsidies should be reviewed to enable people to have a form of transport to and from hospital. It was remarked that there are many in Maryport who do not have access to their own vehicle so rely on public transport to get around.

The availability of patient transport for those with disabilities was raised in regards to some transport not being suitable for disabled users and there being strict eligibility criteria. The option of community transport services with accessible feature for those with disabilities was suggested as an option which should be further looked into.

Concerns were raised for parents if they had to travel with sick children as this may mean they are not fit to drive when worrying about their child.

More efficient use of IT

The main idea behind using IT more efficiently was to use Skype, video conferencing, email or telephone more to communicate with patients that would:

- Save patients having to travel long distances.
- Enable patients to receive test results which require no further action more conveniently.
- Skype or Video Conferencing could be used to assist practitioners to carry out minor procedures under instruction.
- The benefit of having access to appointments and ordering repeat prescriptions online as well as having telehealth was recognised.

Millom

The key messages from the Millom focus group were as follows:

Weekend availability of services

The key points that were raised in relation to service availability at weekends were about:

- Hospital transport available on some weekends to help transport patients home would be beneficial.
- The phone number of a doctor available to people with chronic conditions so they have someone to contact if they are unwell at weekends, this would give people reassurance and make them feel safe.
- Services and phone lines to be available at weekends.
- Appointments available at weekends, attendees discussed that people would prefer this and it would ensure people get treated quicker, relatives would be more able to help with travel and it would cause fewer problems for parents with childcare.

Improved communication

Attendees discussed a number of ways in which communication could be improved:

- Clearer information on patient transport which could be made available to patients in doctors surgeries. Linked to this was clearer information on the hospital transport criteria, attendees felt that repeat users of the service should not have to go through the same procedure each time to check if they were eligible.
- Staff available during visiting hours to talk to relatives. Alternatively it was suggested that feedback on patients could be made available for relatives in sealed envelopes in a designated place for them to collect. The other suggestion was a text or email to relatives on how the patient is.
- It was mentioned that it was difficult to cancel appointments.

Greater use of available technology

One of the main themes that emerged was around working towards becoming more digitalised:

- It was discussed that the internet should be more widely available in hospitals not just in selected areas, this would then allow for it to be explored whether Skype or Facetime could be used to allow patients to stay better connected with relatives.

An article on the Cumbria Partnership NHS Foundation Trust website published December 2015 announced that all Cumbria Partnership NHS Trust sites and almost all GP sites across Cumbria should now have free Wi-Fi available for patients.⁹ The comments on Wi-Fi access may be that internet access is not as widely available as it should be or that it is not clearly stated how to access the free Wi-Fi.

⁹ Free Wi-Fi for all Cumbria patients- <https://www.cumbriapartnership.nhs.uk/news/press-releases/free-wi-fi-for-patients-across-cumbria#sthash.BbU5qOD5.dpbs>

- It was mentioned that Millom are very supportive and proud of the telehealth system being piloted there.

In Millom a scheme called telehealth is currently being piloted involving a triage room with a high definition camera and monitor in the GP Surgery at Millom linked to the Emergency Department in Furness General Hospital (FGH) which has a similar facility to allow two way consultations. This is in the aims of reducing the number of unnecessary patient journeys to Accident and Emergency (A&E) at FGH.¹⁰

Greater understanding of Cumbria's geography

There were two main sub-themes that emerged which were:

Rurality challenges

A number of comments referred to the considerable distances and travel involved for some due to the rurality of the county. It was discussed that this needs to be taken into consideration by those arranging or re-arranging appointments.

Availability of public transport

It was raised that train times do not coincide with hospital visiting times and that buses are infrequent. This can make it difficult for those wanting to visit people in hospital if they rely on public transport and don't have an alternative mode of transport.

Use of volunteers

The key points that arose about using volunteers were:

- Millom has a lack of volunteers, could a list of volunteer car drivers be available at the doctors surgery or in hospitals of those willing to help transport patients.
- It was suggested that volunteers could be available at hospitals to give information to relatives. Volunteers would be at the hospital for a set amount of time each day. This was discussed as being dependent upon volunteers having DBS clearance.

Currently, there are a number of volunteer car driver schemes in place operating all over the county. From an internet search these are some of the voluntary schemes in place:

- *Cumbria County Council (CCC) Voluntary Social Car Scheme.¹¹*
- *Rural Wheels. This cannot be used for hospitals appointments/ treatment if Patient Transport Available. This can be used for doctor, dentist or optician appointments. There is also the Village Wheels and the Community Wheels Schemes.¹²*
- *Royal Voluntary Service Cumbria. This service supports older people to remain independent and one of the ways this is achieved is by helping older people with lifts to and from hospital or GP appointments.¹³*

¹⁰ Telehealth Millom- <https://www.cumbriapartnership.nhs.uk/e-health-cumbria>

¹¹ CCC Car Scheme- <http://cumbria.gov.uk/roads-transport/public-transport-road-safety/transport/commtrans/voluntarycars.asp>

¹² Rural Wheels- <http://www.cumbria.gov.uk/roads-transport/public-transport-road-safety/transport/commtrans/ruralwheels.asp>

¹³ Royal Voluntary Service Cumbria- <http://www.royalvoluntaryservice.org.uk/get-help/support-at-home>

Whitehaven

The key messages from the Whitehaven focus group were as follows:

Issues with treatment not being available locally

There were a number of issues raised about having to travel to a hospital that is not local for treatment which were:

- Issues getting to the hospital in regards to the travel involved, having to find transport and the cost of travel.
- That visiting patients is difficult when they are not at a hospital locally. Visiting times should take into consideration for relatives travelling long distances and that patients visits may be missed due to problems arising during the journey, road conditions, and parking upsetting both patients and relatives.
- Appointments should be better co-ordinated and there should be more joined up working to avoid patients and relatives having to make multiple long journeys.
- Travelling by hospital transport is often lengthy and should be better organised to minimise the amount of time patients have to spend travelling to and from appointments.
- Facilities for relatives on site need improving, for instance in one Newcastle hospital relatives room there are no washing facilities for people to use and there is a lack of disabled facilities for relatives.

Parking problems

The main points that arose about parking were:

- Hospital car parking is expensive.
- There is a lack of car parking spaces available.
- People should be able to pre-pay for parking or be able to pay on departure which would be less stressful.

Proposed solutions

To improve people's experiences of receiving treatment at a distance some ideas were proposed for how this could be achieved:

- Having a shuttle bus operating between hospitals.
- Consultants going to WCH rather than patients having to travel, having treatment available locally would make it more accessible to people.
- Using Skype or telephone more to conduct appointments reducing the amount of travelling that patients have to do.
- Suggestion of whether an information pack could be sent out to patients prior to their appointment providing detail on where to park.
- It was mentioned that having walk in centres would be a good idea.

Cumbria currently does not have any walk-in centres (WICs) although does have three urgent care centres. WICs don't provide a 24/7 service or all of the services of an urgent care centre.¹⁴

- Training for call handlers to reduce what attendees felt were a high number of unnecessary ambulance call outs.
- More facilities for those with disabilities.

Overall the main theme to emerge from the Whitehaven focus group was the need to have more services and support available locally and less travelling to hospitals at a distance for treatment that could have been received at the patient's local hospital.

¹⁴ Urgent care centres in Cumbria- <http://www.nhs.uk/service-search/UrgentCare/UrgentCareFinder?Location.Id=0&Location.Name=ca2%204bz&Location.Latitude=54.8799934387207&Location.Longitude=-2.93715405464172&IsAandE=False&IsPharmacy=False&IsUrgentCare=True&IsOpenNow=False&MileValue=50>

Penrith

The key messages from the Penrith focus group were as follows:

Improve facilities available

The following are the areas discussed as requiring improvement:

- Website information.
It was commented that there could be more information available on the website regarding local accommodation, maps, car parking and distances involved.
- Services at hospitals.
It was commented that improvements could be made to waiting areas, hospital facilities, information available, visiting times including information on each wards visiting times made accessible for everyone, and taxi numbers.

On the NCUH Trust website visiting times for each ward at CIC and WCH are available online.¹⁵

- Appointment times available.
Improve availability of appointment times to take into consideration how far people are travelling and the ages of patients.
- Provision of wheelchairs at entrances.
- Hospital layout.
Improvements to hospital layout referred to the distances involved from entrances to clinics as being too far for people with disabilities to walk.
- Communication.
- Use of IT.
It was commented that modern technology should be used more for instance greater use of text or email.

Management of appointments

It was commented upon that:

- More use of text messages to remind patients about upcoming appointments.
- Use of an electronic booking system for appointments.
- Better co-ordination of multiple appointments.

The NHS provide an e-Referral Service that enables patients to book their first outpatient appointment at a hospital or clinic of their choosing, on a date and time that suits them. Most hospitals and clinics allow a patient to book their appointment in this way.¹⁶

¹⁵ Visiting Times- <http://www.ncuh.nhs.uk/patients-and-visitors/visiting-times.aspx>

¹⁶ NHS e-Referral Service- <http://www.nhs.uk/NHSEngland/appointment-booking/Pages/about-the-referral-system.aspx>

More consideration of patient needs

There were a number of points made in relation to patients concerning:

- Greater flexibility with visiting times to benefit patients not staff.
- Making patient transport more accessible and consistent.
- Consider travel needs of patients and if patients are receiving treatment at a distance more consideration for how they will travel to their appointment.
- It was suggested that a volunteer meet and greet service for patients at drop off was set up.

Keswick

Unfortunately despite widespread promotion to raise awareness of the event at Keswick there was no one that attended.

Bolton (near Appleby)

Whilst there were not any overarching themes that emerged from the focus group meeting at Bolton most of the comments referred to the travel and distance involved when receiving treatment at a distance. The following points were made in four of the five topics areas:

Appointments and visiting times

The main points from the discussion on appointments and visiting times were:

- There are instances where patients choose to travel to either Hexham or Newcastle perceiving the quality of treatment to be better despite being at a distance from the county and visiting more difficult for family and friends.
- Those from Appleby and Bolton tend to have to travel to either Kendal or Carlisle for treatment.
- It was suggested that there needs to be a system in place that highlights the best days for appointments for patients. There needs to be a more personal approach to how appointments are made.
- That there needs to be greater understanding of the distances involved with the county being rural. It was also suggested that distance may contribute to non attendance and it was questioned if further information on this was ever sought.
- The idea of an information leaflet with detail of how to get to the appointment or contact the ward or department for news via telephone or email about a patient was proposed.
- One attendee cited that they had to attend an appointment in Manchester only to be seen by someone without authority to decide on their treatment resulting in a wasted journey of 200 miles.

Travel and Transport

It was suggested that some services should be provided locally within community hospitals or GP surgeries to make accessing appointments more convenient for patients.

Disability

For those that use disabled transport this is often time consuming due to the transport being shared with other patients meaning that even short appointments take most of the day.

Childcare

It was commented that retired grandparents often have childcare commitments if they care for their grandchildren meaning it may be difficult for them to attend appointments.

Egremont

Whilst there were not any overarching themes that emerged from the focus group meeting at Egremont most of the comments echoed key points previously raised at other meetings which were about:

- Voluntary car schemes.
- Use of a shuttle bus.
- Issue of patients being discharged late at night with no transport home.
- Greater flexibility around visiting times.
- Greater coordination of appointment and visiting times with times of public transport.
- Provision of an information pack to patients and their families.
- Enabling people to pay for parking on exit.
- Supporting patients to access free Wi-Fi to enable them to keep in touch with loved ones.
- Improved communication between the appointment system and patients.
- Services should be offered to patients locally as much as possible.
- Consideration of the effects on the child and family when a child is taken into hospital.
- More disabled car parking should be offered to patients at WCH and CIC.

Although there were some new ideas put forward:

- Greater need for accommodation at CIC and hospitals in Newcastle if services at WCH are reduced further.
- There should be a dual carriageway between Whitehaven and Carlisle.
- It was suggested that a capping system should be in place in hospital car parks whereby people only pay for parking up until a certain point.
- A system should be in place for cancelled appointments whereby when appointments are cancelled these appointments are offered to other patients.
- It was suggested that if WCH were a training hospital this might attract more staff to come and work there and then there would be less need for additional appointments or services at Carlisle minimising the need to travel.
- In order to generate more money which could be re-invested into developing services at WCH some of the old WCH hospital buildings should be sold.
- More specialised vehicles needed for those with disabilities.

Comments received directly on feedback sheets

The key messages that emerged from the comments received via the feedback sheets were about the travel and transport issues that arise from a patient receiving treatment at a distance. The words travel and transport were individually the two most frequently recurring words in the text.

The key points on travel were about the length and cost of journeys when travelling a distance from where you live.

The key points on transport were firstly that for people to receive treatment at a distance this relies on people arranging their own transport and the second key point was about the difficulties with using public transport as people rely on it running to schedule as well as the issues that trains and buses run infrequently and are expensive. It is difficult to travel around the county without your own means of transport due to rurality and infrastructure challenges.

Seascale

From an initial analysis of the comments from the Seascale focus group the main themes that emerged related to *transport* and *appointments*.

In relation to transport one of the main points raised was that people's transport needs should be taken into consideration, an example given was of patient having a procedure that meant they were unfit to drive home yet no alternative transport arrangements were organised. Secondly, a number of points highlighted that there was not enough clarity over patient transport and who was eligible for it.

In regards to appointments the key point raised was that the time of the appointment needs to take into consideration how far the patient is travelling, so trying to avoid giving early appointments to those that live a considerable distance away for instance.

Summary

The aim of this project was to work collaboratively with the STP to help them have a more in depth understanding of patients, families and carers experiences of receiving treatment at a distance either as an inpatient or outpatient and to encourage people to come forward with solutions to the challenges identified. Treatment at a distance was defined as attending a hospital that isn't your nearest or most local hospital.

Summary of solutions and ideas;

- IT should be used more. This was in terms of using Skype or Facetime to enable patients to stay connected to relatives as well as using more telehealth consultations to minimise the need for travel
- Explore how day clinic areas could be used when not needed to increase space available for relatives in hospitals
- Greater flexibility with visiting hours to better suit the needs of patients and their relatives
- Appointment times should be better tailored to suit travel arrangements and bus times
- More information given to patients on things such as how to get to the hospital, local accommodation and parking. Consider a single point of access to a full range of information about public transport providers and local road networks
- Consider increasing access to services at weekends to address challenges with childcare and/or caring for other dependents
- Better use and awareness of volunteer driver schemes

Summary of issues;

- Challenges for patients with appointment times, transport and travel
- Challenges for relatives wishing to support/visit patients, including having to take time off work to take people to hospital appointments and find out how patients were doing

healthwatch Cumbria

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● Workington 



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