

The future of services at Castleberg Hospital: Outcome of engagement

Introduction

Castleberg Hospital was built as the Settle Union Workhouse in 1834. Subsequently, in April 1838, the property transferred to the guardians of the Settle Poor Law Union. Over the years, the buildings were extended to include a hospital block and a block for people with learning disabilities.

In 1930, control of the workhouse site passed to the West Riding County Council and it became a home for people with learning disabilities. In 1948, its ownership transferred to the NHS and it was re-named Castleberg Hospital. It continued to provide care for people with learning disabilities and for the elderly.

The property transferred to the (now) Airedale NHS Foundation Trust (ANHSFT) in 1995. In 2001 the Trust sold part of the original land to Dalesmoor Homes Ltd. In July 2004 the property was transferred from the Trust to Craven and Rural District PCT, and was acquired by NHS Property Services Ltd via a Ministerial Transfer Order on 1 April 2013.

Until its temporary closure in April 2017, the hospital had 10 intermediate care beds that were also used to care for some end-of-life patients living in Airedale, Wharfedale, Craven and Bentham. The hospital also provided an office base for community staff.

Following issues with the estate, ANHSFT raised patient safety concerns which led to the temporary closure of the hospital on 13 April 2017. These included ongoing issues with the power supply, drainage and heating. The Trust was no longer confident that the building was safe to provide inpatient care or suitable for the health and wellbeing of staff.

Since its temporary closure, people have been cared for in the community, in their own homes or in residential or nursing homes. To do this effectively, the Trust has re-deployed Castleberg nursing staff into its community and intermediate care teams in Craven. The Trust is also making alternative arrangements for a base for its community staff.

Patients with acute medical needs were not admitted to Castleberg; this type of care is provided at Airedale Hospital for Craven patients, or at Lancaster Royal Infirmary for people living in Bentham. Similarly, hospice care is provided by specialists in Lancaster and Oxenhope.

Engagement

This engagement took place to help Airedale, Wharfedale and Craven Clinical Commissioning Group (the CCG) determine the future of services until recently provided at the hospital. In this first of two stages, we asked people to tell us what would be the best way to conduct a future consultation about intermediate, end-of-life and palliative care services in Craven, and for their thoughts on what options we should include in that consultation.

Role of Healthwatch North Yorkshire

This report is jointly authored with Healthwatch North Yorkshire, whose staff are working with us to ensure that local people's voices are heard.

Methods of engagement

Engagement with the public and other stakeholders took place between 7 August and 15 September 2017.

There were seven drop-in sessions – at Settle, Grassington, Skipton, Sutton-in-Craven and Bentham. Leaflets and posters were delivered to a range of public venues, including local shops, in all of the main centres of population in Craven. Adverts for the drop-in sessions were carried in the Craven Herald and Pioneer, the Westmoreland Gazette, and the Bentham News. In addition, we promoted the sessions through Facebook advertising for the duration of the engagement period, with a reach of 16,327 people. The Facebook advert converted into 218 clicks on the engagement webpage/questionnaire. The sessions were also supported by press releases, other social media updates and the websites of the CCG and ANHSFT. The engagement document was available online, at engagement sessions, and was sent by email and/or letter to stakeholders at the start of the engagement period.

As part of the engagement we targeted people living in Craven, GP practices, voluntary and community sector organisations, hospices, local media, councillors and MPs, pharmacies, libraries and shops – and a wide range of other organisations/venues. Community nurses were asked to take engagement leaflets to patients currently receiving care at home to enable them to respond.

During the engagement period we built up a large database of people and organisations interested in this work, now and in the future. This will be the basis of the stakeholder list for future consultation and will be extended as a result of the feedback from this engagement.

Numbers of responses

Overall, 294 questionnaires and 51 emails/letters were returned. In total, 254 people attended the drop-in sessions, the vast majority of whom attended the two Settle meetings (216 people). Similarly, the two-thirds of questionnaires (191) were returned by people living the BD24 postcode area (Settle, Giggleswick and Horton-in-Ribblesdale).

During the engagement we used equality monitoring forms (see Appendix 1). Of the 294 questionnaires returned, 277 people completed an equality form.

Results of engagement

For all of the following questions, to which we asked people to respond, tables are provided at Appendix 2 to list category of response and their frequency.

QUESTION 1: What options should we consider for the future of intermediate, end-of-life and palliative care services in Craven (tick all that apply)?

This question asked for views on three potential options, and well as affording an opportunity to suggest other potential options for investigation. The majority of respondents chose more than one option, and often said that a combination of services was needed.

“All of the above – it is not the building that’s important, but the facility. If it is decided Castleberg is not financially viable, a new facility must be used or built, BUT (you) must bear in mind the increasing elderly population so it must be capable of catering for more people.”

Two hundred and thirty five respondents wanted to hospital to remain open in some form or another, whilst 162 said that an alternative facility should be built or used. A further 45 people said that the hospital should be closed and services provided in a different way.

Whilst not everyone (of 117 respondents) who suggested that another option should be found made a suggestion, other options included:

Hub (11 respondents):

- a purpose-built hub in Settle, linking together the GP practice and health centre the beds transferred from Castleberg Hospital and increasing the range of other services provided – e.g. podiatry, pharmacy, walk-in, referral centre, minor surgery, etc. Sites suggested included Townhead Surgery, the former Settle Middle School or the Castleberg site itself.

Nursing/care homes (6):

- transferring the beds and associated services to nursing and/or care homes throughout Craven, to ensure equality of access. Suggestions included [Limestone View](#) extra care housing scheme and [Anley Hall Nursing Home](#), both in Settle.
- extending Limestone View to add four or five beds where the nursing care previously provided at Castleberg Hospital could be provided.

Castleberg Hospital (12):

- selling off some of Castleberg Hospital’s land and using the proceeds to fund the repair/restoration of the hospital.
- continuing to use Castleberg Hospital, and a number of satellite hubs across Craven.
- Increasing the facilities available at Castleberg Hospital.

Care at home (10):

- providing care in people's own homes, and increasing NHS services across Craven to ensure equality of access (in a service directed by GPs and community nurses).
- providing more services from [Townhead Surgery](#) in Settle – for example, minor surgery, walk-in centre, etc.

Other (7):

- using a ward at [Skipton General Hospital](#) to provide the services.
- building a new hospice, central to Craven (3 respondents).
- using ward 10 at [Airedale General Hospital](#) and setting up another similar ward in an existing facility.
- Selling [Settle Health Centre](#) and using the proceeds to fund improvements at Castleberg Hospital.
- Link with other interested organisations that may be able to provide funds

Whilst responding to this question, people also took the opportunity to talk more about their views on potential options, including:

Build an alternative facility

There was concern that it would take time to build an alternative facility. In the interim, therefore, to ensure care for local people – and to stop potential bed blocking at Airedale General Hospital (AGH) and Lancaster – it was suggested that Castleberg Hospital should be made safe and re-opened.

Others suggested that, whatever form an alternative facility took, it should be central to Craven and particularly accessible for people living in Bentham, Burton, Clapham, Austwick, Feizor, and Settle and its environs. It was felt that these were the people who had the most to lose, since others living towards Skipton could easily access AGH or Skipton Hospital. Concerns included the rural nature of large parts of Craven, people's inability to travel to AGH or Lancaster, and the adverse effect on older people's health when removed from their communities and received few, if any, visits because of the distances and lack of public transport.

"I think accessibility is different to location/convenience. Airedale Hospital may be accessible from Settle, but it is not convenient. There should be a diversity of provision, well distributed. We've seen centralisation and care in the community – I don't think either or both are sufficient."

Both at the engagement sessions and within the questionnaire responses, there was considerable disbelief, and some anger, that any money raised from the sale of Castleberg Hospital would not stay within the local health economy but rather return to central government funds. People were sceptical, therefore, about whether building an alternative facility was a viable option which to consult. If it was not viable, then most people would prefer that Castleberg Hospital is repaired and re-opened (235 responses).

An alternative facility should be modern, energy-efficient, "green" building on which local contractors/tradesmen should be employed to save money on maintenance. A Scandinavian design was suggested, built with older people in mind. It should also take into account the increasing numbers of elderly people in Craven.

Finally, it was felt that a new build – which included an appropriate number of beds - would provide a more suitable facility from which to provide a range of additional services to the community, over and above the intermediate, end-of-life and palliative care services offered at Castleberg Hospital.

Keep Castleberg Hospital open

It's clear from the responses that the excellent reputation of Castleberg Hospital, its staff and services has helped, over the years, to reassure people living in remote rural communities that first class, reliable health services are near at hand. It is not always as clear, however, that people have understood that AGH or Lancaster would more often than not be the first port of call during serious illness because of the limited nature of the clinical services provided at Castleberg Hospital.

The vast majority of respondents (235) felt that Castleberg should be re-opened. Some commented that, because of the amount of unused space available, it could also provide a range of additional services to the community – including mental health, long-term illness support, GP, dentist, chiropody, physiotherapy, an out-of-hours/emergency unit, outpatient department, hospice – which would prevent journeys further afield. Others said that, in addition to the hospital, it would be sensible to continue to develop rehabilitation services through multi-disciplinary teams of community nurses, physiotherapists, occupational therapists, speech therapists, social and care workers and with input from local GPs.

“Keep the hospital open and, if possible, incorporate other services in the building, eg care for people with mental health issues, young people with terminal illnesses, doctor’s surgery, dentist, chiropodist, physiotherapy. Rather a huge ask but it would seem sensible to bring things together under one roof so that people from rural areas can access services without having to travel long distances.”

Other ideas for the hospital included increasing the number of beds available, and/or providing satellite unit(s) in other parts of Craven to ensure equality of access.

One respondent, concerned about the serious lack of nursing home capacity in North Craven, said the need to address the problem is urgent. In view of this, Castleberg Hospital should be restored as quickly as possible for at least a five to seven-year timescale. In the meantime, it would be possible to work with partners (which could include a housing association, Sue Ryder, North Yorkshire County Council or a private operator) to run the whole physical and financial operation including, say, six beds designated as intermediate care beds, paid for by the CCG. The GP surgery would continue to provide for medical needs, and nursing care for intermediate care patients (who do not have high-tech needs typical of an acute admission) would be provided by community nurses under a community matron and embedded in the GP practice. It was felt that this would garner real support from the local community in North Craven.

Some noted that they were unsure of what could be done with the hospital, or its future viability, because they were not aware of the financial or other commitments involved. With this information they may, or may not, feel that NHS funding would be wasted by keeping it open.

Others said that it was dangerous to risk losing the hospital because funds from its sale would not be ring-fenced for the Craven community.

Hub

A hub in Settle could bring services together under one roof and help people who otherwise had long distances to travel to other services. Suggestions variously combined Settle's health centre, GP practice, swimming pool, services/beds from Castleberg Hospital, library, pharmacy, etc, on the site of the former Middle School or on the current sites of the health centre and/or GP practice.

To do this, there should be a review of all health provision in the Settle area. Suggestions of services to include – as well as those previously provided at Castleberg Hospital - were: an assessment ward, physiotherapy, occupational therapy, district nursing, a walk-in service, referral centre, minor injury/operations clinic, talking therapies, mental health and respite services.

“Create a medical hub for North Craven on the Castleberg site that combines intermediate care beds, the GP surgery, and end of life facility, a health centre that provides all the ancillary medical services, and includes provision for social care – integrated and seamless.”

Care at home

Providing as much care at home as possible was suggested, but with the opportunity to use in-patient beds somewhere locally should the need arise. This was felt particularly appropriate for those who had no-one to care for them at home. In this scenario, services should be tailored to people's own needs, allowing them to stay in a familiar setting at a time when they feel most vulnerable.

However, a 15-minute daily visit from a health or care professional was not enough for someone living on their own. Community matrons and/or GPs would oversee the care of those at home.

“Accessibility and quality of care post-hospital for many is best provided in units that are small and friendly – the old convalescent home. Reassurance in being in a place where you are being monitored – not a 15 minute home visit.”

“This is a rural area with a high proportion of older people than the national average. As such, there is a clear need for a local community hospital for ‘step-up’ and ‘step-down’ care and end of life care. There are many cases where these services cannot be done in the home. People would like to stay in their own homes, but carers calling in for only 15 mins at a time is not a replacement for the excellent full-time care provided at Castleberg. If a replacement is to be build, then any money from the sale of Castleberg should be used towards the cost of this, as Castleberg was built by the local community and has had equipment and supplies provided by the Friends of Harden Ward so it is our money.”

Nursing/care home beds

Anley Hall and Limestone View were both suggested as suitable places from which to provide in-patient care for people living in Craven. Limestone View, in particular, was seen as a caring establishment nestled within a vibrant community - with a café, library and hairdressers - and situated centrally in the town. Ensuring that beds were available there for people who would otherwise have been admitted to Castleberg was seen as preserving that facility locally without the need to construct an expensive alternative. This could be done by using existing beds there, or extending the building.

"It has been suggested that the facilities of a ward similar to that provided at Castleberg could possibly be set up in an existing facility eg Limestone View in Settle, which would obviate the need to provide an expensive new building."

"Close Castleberg, then purchase dedicated space in or near Limestone View in Settle to provide 4-5 beds. Limestone View has a café, library and hairdressers open to the public and lovely views. People pass by to walk the dog, etc, and it is adjacent to the rugby club where games can be seen from the windows. It would provide interest and stimulation."

It was felt that community beds could be managed by a Community Matron and/or the local GP practice.

Concerns were expressed, however, about the future of nursing and care homes, which were seen as struggling financially in the current climate. Some referred to the national crisis in the care home sector and worried that there may not be beds available locally when they were needed. One respondent said that beds were already not available in Settle, citing a recent example of someone being cared for in Gargrave, where visiting is difficult.

"As well as being short of intermediate/palliative care beds and rehabilitation facilities, we are also short of "regular" (social care) nursing home beds. This was true before patients were moved out of Castleberg, which has added significantly to the pressures on nursing home beds in North Craven."

Other

Reference was made to the potential use of a ward at Skipton General Hospital, or to a combination of Ward 10 at AGH and a similar ward/facility in another location nearer to Settle and Bentham. A hospice in/near Settle would assist those who would otherwise have to travel to Oxenhope or Lancaster.

"If Castleberg is to close, a Ward at Skipton General Hospital ought to be there to replace it, as was envisaged when Raikeswood Hospital was closed."

“Building a hospice with extra beds for those recovering from operations at Airedale is probably the only way any facility will materialise. There is a beautiful one in Inverness where each cubicle looks out through full-length glass onto the countryside, a nice way to die.”

QUESTION 2: Who would you like to hear from during a future consultation (tick all that apply)?

In this question, we asked whether people would wish to hear from staff (179), the CCGs (176), the people who run (193) and deliver (203) the service, families and carers (181), or someone else.

Those who said “other” asked for representatives of the following:

- NHS Property Services (including an engineer) – 4 respondents
- GP practices who refer patients to the relevant services in Craven – 14 respondents
- Patient participation groups – 1 respondent
- Those who compiled the Craven Local Plan – 1 respondent
- MP and other community leaders (eg parish, district and county councillors) – 2 respondents
- Social care – 2 respondents
- Jeremy Hunt
- Service consultants with an unbiased opinion – 1 respondent
- Independent care providers – 1 respondent
- People running successful facilities elsewhere – 1 respondent
- Voluntary and community sector – 2 respondents
- Rehabilitation services, particularly physiotherapy
- North Yorkshire County Council

When commenting, respondents said that they needed honest, realistic information to help them form a conclusion. This would include:

- a costed, detailed report of the deficiencies at Castleberg Hospital
- information about the scale of need in the area
- the costs of alternative provision
- overall plans for the future of health and social care services in the area
- value of the land at Castleberg Hospital
- Costs of demolition, disposal and re-build
- Comparative costings for the options chosen for consultation

Three respondents said they would like a public meeting (rather than drop-in sessions) in Settle.

“I would like you to be open an honest about (1) the cost of making Castleberg fit for purpose, (2) the cost of adapting an alternative facility, (3) the opportunity to generate cash by selling Castleberg, (4) the financial considerations or relying entirely on home care and services provided outside the NHS.”

QUESTION 3: How would you like us to run a future consultation?

This section asked respondents to think about how a future consultation should be run.

Overall, respondents said that they would like the consultation to be objective and truthful, with accessible facts and figures, particularly about the lack of maintenance at Castleberg Hospital. Figures should be published about the costs of repair, and about other options under consideration.

“Given the compound nature of the failures in utility services (heating, power, drainage) there is something seriously wrong with the premature maintenance management. We cannot contemplate any long-term solution until we have a report How on earth did such incidents occur – this is not a third world country.

How would you like to hear about the consultation (tick all that apply)?

We asked respondents whether they would like information in the following ways: face-to-face, written, email, social media, news media, websites – or something else.

The most popular responses were face-to-face (160), written (151), email (146), and newspapers, radio and TV (121). These could be supported by social media (47) and website information (75)

Although not everyone who suggested “other ways” of hearing about the consultation (75) went on to provide further information, those that did suggested the following:

- Drop-in meetings (9 respondents) or public meetings (4 respondents)
- Using Victoria Hall in Settle rather than St John’s Church for any meetings, as there is more parking available
- Market stalls
- Avoiding holiday periods
- Articles in local newsletters and parish magazines, community newsletters
- Including interest groups, such as clubs, neighbourhoods, coffee mornings, informal gatherings, bus, libraries, Women’s Institute, Rotary, Rugby Clubs, and drama, poetry and music sessions
- Flyers, posters and leaflets made available in meeting places, village shops, post offices and newsagents
- Appointment only question and answer sessions
- Settle Hub
- Any method providing it is not expensive for the NHS

“Get out into the community – write articles for local newsletters, parish magazines, etc. Send senior people to talk to schools, etc. This work should be an essential part of senior management. Encourage ‘help desks’ to pass on enquiries to accountable officers. Websites must to open, up-to-date and work with hard information (the NHSPS site is how not to do it).”

How would you like to hear about how the consultation is progressing (tick all that apply)?

We asked about how people would like to be kept updated about the consultation once it begins. Responses were similar to the previous question, with written (182) and email (179) being most popular, followed by newspapers, radio and TV (132). Again, social media and websites would have a supporting role.

Of those who said “another way” (29), not everyone made further suggestions. Those that did said:

- public meetings (4 respondents)
- posters
- group meetings/drop-ins (3)
- Age UK
- ensuring that information available to the public is kept up to date and relevant

“Just make sure people feel included and valued. The consultation must not be lip service.”

QUESTION 4: What information would help to reassure you that the right decisions are being made about the future of intermediate, end-of-life and palliative care services?

In addition to questions where respondents were asked to select an option from a list, the survey also contained some short-answer questions. In order to summarise the views expressed, comments were qualitatively grouped into themes that emerged repeatedly through the course of the analysis. Many of these support what was found in earlier sections of the survey, elaborating on views about the importance of community access and quality of care.

121 individuals provided comments about what information they felt they would require in order to make an informed decision about the future of care. A table in Appendix 2 provides every categorisation that was developed through initial coding, but the key findings can be summarised into five themes:

Plans:

The most requested information was evidence that future planning was committed to ensuring that local services would be able to meet demand (45 comments). Respondents wanted to know the options that were available for the future of care in the region, and that every option was assessed to ensure that it could provide the necessary level of care.

“That provisions for the future of intermediate end of life and palliative care service are definitely being made.”

“given the large distance involved in travelling to hospitals I would be reassured to know that there will definitely be adequate, good quality care available locally.”

27 comments further emphasised that detailed financial information should be made available to the public, especially in relation to any potential plans for the future.

“Don't want vague reassurances that people will be cared for at home or in care home. We need facts, i.e. costs of alternatives and availability of alternatives. If Castleberg not in existence then 'someone' has to provide new equivalent.”

A further 13 comments drew specific attention to the provision of transportation. This was a common concern throughout the written answers, highlighting the rural nature of the Craven district and ongoing difficulty with physical access to services.

“To know that you are really listening to the needs of the people that live in this area, that you understand that as people age it is a real effort to travel long distances to reach a director/hospital anything medical.”

These findings reinforce the answers that were provided in Q2 (“Who would you like to hear from during a future consultation?”). Ideally, any plans that are outlined would demonstrate involvement in their formation with groups that the public wanted to hear from: staff, the CCG, the people who run and deliver services, and families and carers.

Engagement:

Engagement was also a common topic among respondents. 42 individuals wrote that regular, consistent, and transparent engagement would be a key part of decision-making.

“Specific details of the investigative procedures, processes and costs associated with all options, communicated regularly and transparently and with opportunity given for comment and feedback before decisions are taken.”

“Continually updating the public on the situation and making sure real areas like settle and its surrounding area are not in a situation where palliative and intermediate end of life care etc are only accessible at Airedale. Rural facilities are very important to all families.”

Honesty was a regular theme in comments, with 22 respondents emphasising that there was some feeling that the public was being deceived.

“A full and open consultation that lays all the cards on the table. It is believed by many in North Craven that the decision to close has already been made and this consultation is just a paper exercise to make it look good. If it the case that there is a genuine possibility that intermediate care beds can continue to be provided you should lay all the costings before us and say just what it is possible to provide for the money you think is available.”

Nine comments requested that the information from pre-engagement also be made available to the public, in order for every step of the process to be transparent. Opportunities for feedback and information about the way that the consultation influenced decision-making were also mentioned.

“Collation of the response received during this consultation - and making the comments (in a summarised form) available as part of the next stage – to demonstrate the strength of views expressed (and their quantity).”

“To know that the majority are being listened to, and that decisions are not solely finance based, therefore figures or % of the vote would be useful.”

Overall, there was a consistent desire for opportunities for feedback and a sense of dialogue. Part of this could potentially involve clarifying the role of the engagement (and pre-engagement) in decision-making, explicitly providing evidence for ways that public views shaped future policy.

Outcome:

Some of the comments centred around desired outcomes, focusing on the results of any potential consultation rather than the process. 28 responses spoke about the importance of local development of services, and that any outcome to the consultation should ensure that care is still available on a local basis.

“Local community is happier with local familiar services. Airedale feels very distant - certainly when visiting a patient. When my mother was in Castleberg, I could spend every day with her and greatly appreciated the love and care that the dedicated staff provided when she went into Airedale everything. Was much more difficult for us all”

“That the needs of local communities are being listened to - that we have local provision for the above”

13 comments stated outright that Castleberg should remain open, while 5 referenced the possibility of a purpose-built new facility.

“The news that Castleberg Hospital is up and running again, all repairs done to receive end of life and palliative aid in a calming place with caring staff as it was before it closed in April 2017.”

“Certainty that Castleberg would continue to provide its existing services or that another local amenity would be provided for end of life and palliative care.”

Consultation:

In addition to broader desires about the nature of the engagement and regularity of information being available, respondents also indicated that certain viewpoints should be especially considered. Specifically, these comments drew attention to relying on information from healthcare professionals (15), service users/carers (10), and staff (6), once again reflecting the answers that were provided in Q2 (“Who would you like to hear from during a future consultation?”).

“Proof of the new/altered care plans, testimony from those who have used it & designed it & the staff who deliver it.”

“To know that you are really listening to the needs of the people that live in this area, that you understand that as people age it is a real effort to travel long distances to reach a director/hospital anything medical. That you are consulting with the past/present carers who understand what its like to live in a rural area with less and less access to such services.”

Information:

Finally, and perhaps most specifically, several specific pieces of information were raised as items that should be made available to the public. 7 comments related to the current state of Castleberg and the problems related to its maintenance and upkeep, asking for an explanation for why these issues were not addressed sooner. Similarly, the information that was available in the pre-consultation was cited as a positive aspect of engagement.

“All background information, especially about why the buildings are not maintained properly, why it was closed with no consultation, whose decision was it when the need is so great.”

[Regarding the pre-consultation events]: “The openness that has been shown around the Castleberg difficulties have also been beneficial.”

Information about population growth and future changes was also requested by 3 comments:

“A guarantee that the decisions are being made taking the big picture into account. When the size of the facility is being considered taking in long term populations into account”

QUESTION 5: What is important to you about services in your area (for example, things like accessibility, quality, being involved, living at home, being in control, dignity, respect, choice, personalised care, etc)?

This question obtained the largest number of responses in the short-answer section, with 244 respondents providing individual comments. Many of the responses were some variation of “all of the above”, referring to the items that were provided in the example. Some themes were mentioned only once or twice, and can be found in Appendix 2.

Despite this, several themes still emerged as being significantly more common than others:

Accessibility

The primary concern by a large margin was accessibility, mentioned in 147 comments. Similarly, 114 comments (with a great deal of overlap) included concerns about services remaining local or being possible to reach through public transit. A lot of concern was about the ability of family and friends to visit individuals who were receiving care, and the impact to the patient if this was not possible.

“all of the above - accessibility being key in this rural area. Fitting in and coordinating public transport. Timetables with hospital visiting times and appointment times no easy matter”

“Accessibility and quality are extremely important to everyone, but more so for the elderly. Visiting is of the utmost importance and as such improves the quality of care and enhancement of a patient’s health. Helping to feed patients with dementia comfort and reassurance from a loved one is so important to all parties concerned.”

The ability to physically reach medical in-patient services— along with those in care— was the most pressing issue to emerge from the pre-consultation.

Quality, respect and dignity

These three items were most often lumped into “all of the above”- with some comments emphasising that dignity (84 comments), respect (73 comments) and quality (109 comments) should be a matter of due course.

“All these. How can you chose some not others. all these are vital to patients and families using these services, services should be available locally.”

When mentioned individually, it was often in conjunction with a statement that emphasised how accessibility was necessary in order to enable any other priorities.

“Accessibility for families (often frail themselves) to have care for their family and friends given with quality, allowing dignity and respect when unable to stay at home”

“This list takes care of most of my concerns with perhaps accessibility the prime consideration”

Living at home, being in control, personalised care, choice, and a dedicated facility

These themes can be viewed as being tied together in a manner. Although there were many individual comments that focused one option or the other, the vast majority emphasized how important it was to have the choice between receiving care at home or in a dedicated facility. This, in turn, was tied into the concept of personalised care— wherein individuals would be either directed to home care or local inpatient care depending on what was best suited to their needs.

“Many people - myself included - would like to stay in their own home as long as possible, with care (affordable care) but recognise that there will come a time when care is needed outside the home. Sometimes it may simply be respite care to help someone who has been looking after a sick or dying relative. Travelling great distances, problems of parking increase with age and accessible services are essential in a rural area.”

The key thing to note is that although the number of comments about living at home (77) outnumbered those about care in a dedicated facility (50), one was rarely mentioned without the importance of the other being available when necessary.

“Being able to remain at home as long as possible and then to have accessible services in the vicinity to avoid the need for lengthy, stressful and expensive travel to visit loved-ones. ”

QUESTION 6: Have you, or someone you care for, received intermediate, end-of-life or palliative care services? Please tell us about your experience and what, if anything, could be improved.

141 respondents provided comments for this question. As with earlier questions, tables in the appendix are provided to list every category of response and their frequency. The most common type of care was end-of-life (30), followed by palliative (21) or intermediate (10). 73 comments were about family receiving care, while 36 comments mentioned friends and neighbours. 13 respondents disclosed that they had received care themselves. Overall, a significant portion of the individuals who took part in the survey displayed experience with the services available at Castleberg hospital and local care.

Care in Castleberg

Only one respondent provided a general suggestion about improving the experience of receiving care (improved communication with relatives and carers). Instead, the majority of comments spoke highly of the care that they had received and emphasised how it had lessened the burden involved in coping with their illness. Of the 83 comments about receiving care in Castleberg, 81 spoke positively about their experience.

“I have received personal intermediate care. – excellent. A close friend had intermediate care - excellent. End of life care several friends all pleased. Palliative care who had treatment at several hospitals and said Castleberg was the only place he was treated as a human being.”

14 respondents spoke about the care that they had received at Airedale hospital. While the quality of care was generally described as being good (with a few serious exceptions), even respondents who were pleased with the care at Airedale noted that they were relieved when their relatives or friends were moved to care closer to home. Alternately, they spoke of the strain when care in the community was not possible.

“My 92 year old uncle, who lives in Settle, had a fall this year and was in Airedale for three and a half weeks, because there was nowhere else to send him. He didn't actually need hospital treatment but lives alone and was too shaken and unsteady to send home. The staff all agreed that Castleberg would have been a better alternative had it still been open, and would have made a hospital bed available for persons needing it.”

While the information provided was generally limited to information about personal experiences with care, four comments also emphasised that care in Castleberg meant that more beds were available in Airedale:

“I spent a week in Castleberg hospital after a sort emergency stay at Airedale Hospital. this gave me chance to recover near my family without blocking a bed at the main hospital.”

Additional Information – Register of Interest

An additional 37 comments were submitted to the CCG as a part of the process of registering to receive updates about the consultation process. These comments are highly consistent with the themes that emerged from the short answer portion of the survey. Concerns about the distance of Airedale and the availability of local provision were significant, as was the desire that Castleberg would remain open if possible. Changes in population and the increasing number of elderly people in the area were also emphasised.

“Settle continues to expand and our roads out are increasingly busy and often quite slow-moving. Increasingly, journeying to our excellent Airedale hospital can be a tense and frustrating experience at sometimes hugely anxious times in our lives. Please strain every muscle to ensure that we retain a facility akin to our beloved Castleberg hospital which has been such a godsend to this district.”

“The North Craven area has had for many decades a high proportion of elderly people, some of whom need more care from the NHS than average. The Harden Ward, first at Harden, then at Castleberg Hospital, served to provide local nursing care which was readily accessible to the families and friends of patients. Airedale, while providing excellent care, is not readily accessible. It would seem sensible to plan for a new building, built with future conditions in mind to limit heating load and to ensure a long life.”

Conclusion

Across the answers to the six questions that were a part of the pre-consultation, it is abundantly clear that there is a high degree of interest and emotion regarding the future of Castleberg hospital. Residents of the Craven area – particularly those who live in Settle and the surrounding district - are most concerned about still having access to local, good quality care. Moving forward, a future consultation would ideally focus on having clear, accessible information regarding potential plans, a range of opportunities for feedback, and evidence of having taken views of service users into account.

Report compiled by:

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Equality Questionnaire

277 equality questionnaires were returned.

Respondents' postcode area

The vast majority of respondents live in Settle and surrounding areas (the BD24 postcode).

Post-code	Area	Covers	Council(s)	No of respondents
LA2	Lancaster	Lancaster, Abbeystead, Aldcliffe, Aughton, Austwick, Bailrigg, Bay Horse, Caton, Clapham, Cockerham, Dolphinholme, Ellel, Farleton, Galgate, Glasson Dock, Halton, Hest Bank, High Bentham, Hornby, Quernmore, Tatham, Wharfe	Lancaster, Craven	15
LA6	Carnforth	Arkholme, Burton-in-Kendal, Burton in Lonsdale, Cantsfield, Casterton, Ingleton, Ireby, Kirkby Lonsdale, Masongill, Tunstall, Whittington	Lancaster, Craven, South Lakeland	8
LA7	Milnthorpe	Milnthorpe, Beetham, Storth, Heversham	South Lakeland, Lancaster	1
BD20	Keighley	Cononley, Cross Hills, Glusburn, Kildwick, Silsden, Steeton, Sutton-in-Craven	Bradford, Craven	9
BD21	Keighley	Hainworth, Keighley	Bradford	1
BD22	Keighley	Cowling, Haworth, Oakworth, Oxenhope, Cross Roads	Bradford	1
BD23	Skipton	Carleton-in-Craven, Embsay, Gargrave, Grassington, Hebden, Hellifield, Horton, Kettlewell, Kirkby Malham, Skipton, Threshfield, Tosside	Craven, Ribble Valley	34

BD24	Settle	Giggleswick, Horton in Ribblesdale, Settle	Craven	193
BB18	Barnoldswick	Barnoldswick, Bracewell and Brogden, Earby, Kelbrook, Salterforth, Sough	Pendle	1
LS21	Otley	Arthington, Otley, Pool, Fewston, Blubberhouses	Leeds, Harrogate	1
		Postcode not specified		13
			TOTAL	277

Table 1: number of respondents

Age range and gender

The bulk of respondents were aged between 51 and 90 years old:

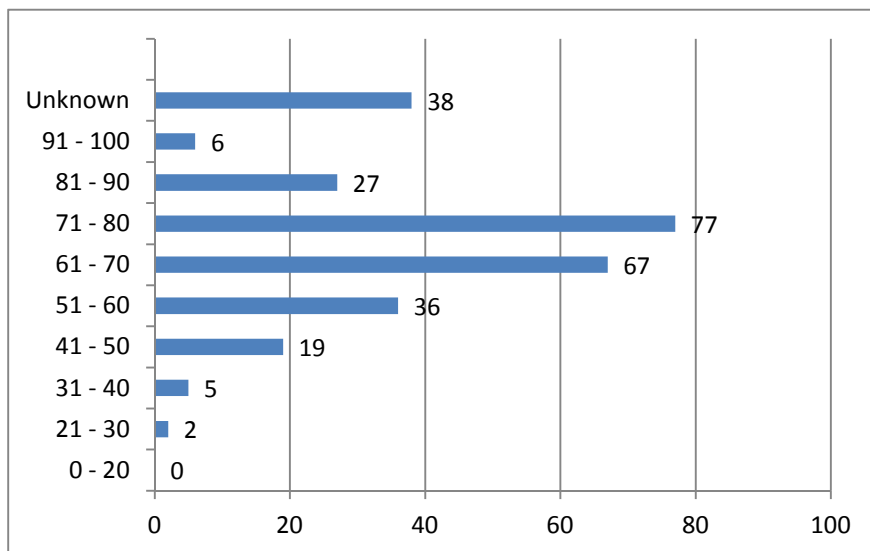


Table 2: Age range

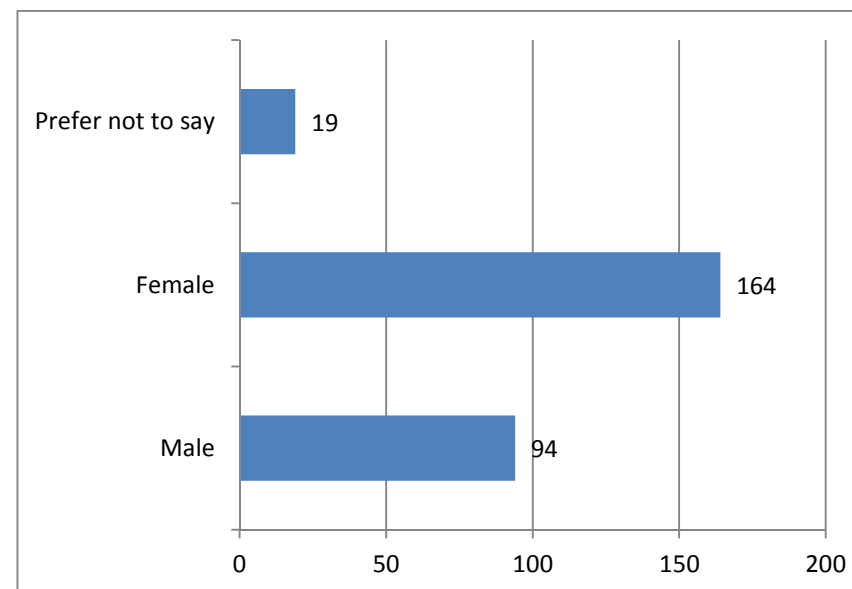


Table 3: Gender

Is your gender identity different to the sex you were assumed at birth?

Yes	11
No	191
Prefer not to answer	40
No response	35

What best represents your sexual orientation:

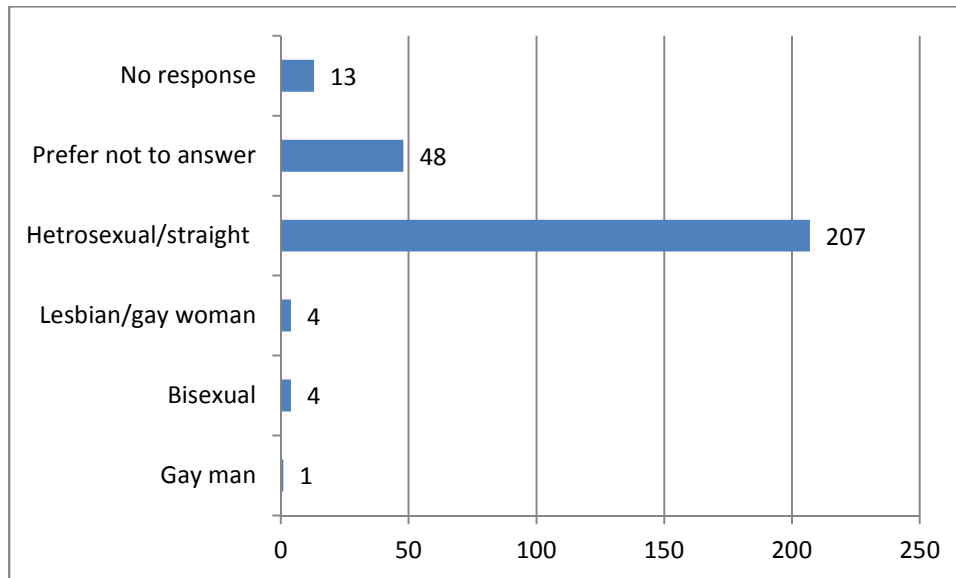


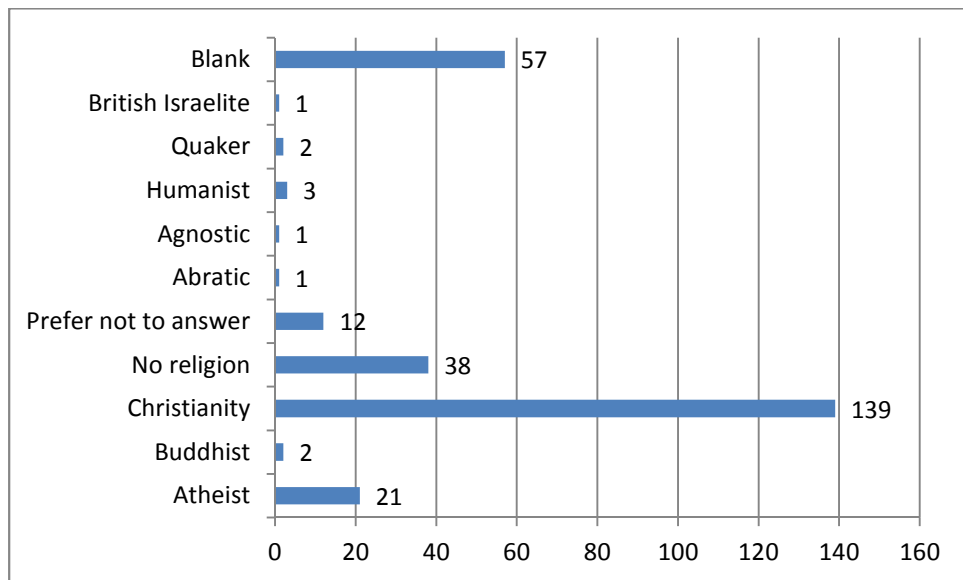
Table 3: sexual orientation

Ethnic background:

White British	228
White Irish	4
White Eastern European	1
White other	1

No response 43

Do you consider yourself to belong to any religion/spiritual group?



Do you consider yourself disabled?

Yes 30
No 205
Prefer not to answer 35
No response 7

If yes, what kind of disability do you have (all that apply):

Long-standing illness 21
Learning disability/difficulty 2

Physical/mobility	12
Hearing	11
Mental health condition	2
Visual	3
Prefer not to answer	20

Are you a carer?

Yes	56
No	174
Prefer not to answer	32
No response	15

Pregnancy and maternity:

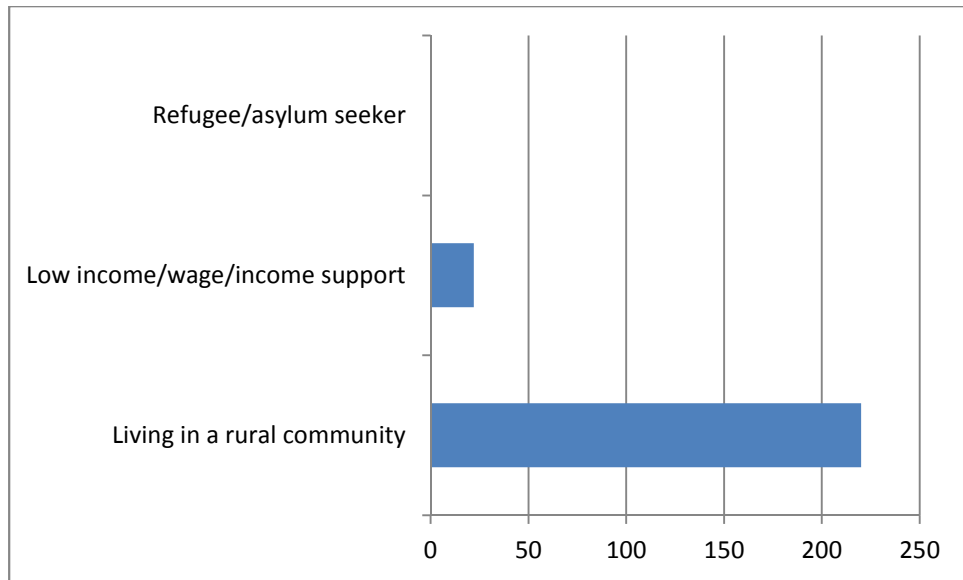
Are you pregnant now:

Yes	1
No	149
Prefer not to answer	4
No response	123

Have you recently given birth:

Yes	0
No	106
Prefer not to answer	4
No response	167

Additional local questions – please select any of the following which would best represent you:



Responses to survey questions

QUESTION 1: What options should we consider for the future of intermediate, end-of-life and palliative care services in Craven? (tick all that apply)

<i>Keep the hospital open</i>	235
<i>Build or use an alternative facility</i>	162
<i>Another option(see below)</i>	117
<i>Close the hospital and provide services in a different way</i>	45

Those who specified “another option”:

<i>Castleberg: Re-develop the site</i>	2
<i>Castleberg: re-open until an alternative is built</i>	3
<i>Castleberg: increase facilities provided</i>	8
<i>Castleberg: sell off land to fund repairs</i>	2
<i>More services at GP practice in Settle</i>	2
<i>Build a new hospice in/near North Craven/Settle</i>	3
<i>Use of nursing/care homes</i>	6
<i>Care at home</i>	10
<i>Hub with additional services</i>	11

QUESTION 2: Who would you like to hear from during a future consultation?

<i>Staff</i>	179
<i>Commissioners (CCG)</i>	176
<i>People who run the service</i>	193
<i>People who deliver the service</i>	203
<i>Families and carers</i>	181
<i>Other</i>	32

Those who said “other:

<i>NHS Property Services</i>	4
<i>GP practices</i>	14
<i>Patient Participation Groups</i>	1
<i>Compilers of Craven Local Plan</i>	1
<i>MPs/community leaders</i>	2
<i>Social care</i>	2
<i>Jeremy Hunt</i>	1
<i>Unbiased consultant(s)</i>	1
<i>Independent care providers</i>	1

<i>People running successful facilities elsewhere</i>	1
<i>Voluntary and community sector</i>	2
<i>Rehabilitation services, particularly physiotherapy</i>	1
<i>North Yorkshire County Council</i>	1

Question 3: How would you like us to run a future consultation?

(a) How would you like to hear about the consultation? (tick all that apply)

<i>Face-to-face</i>	160
<i>Written</i>	151
<i>Email</i>	146
<i>Newspapers, radio & TV</i>	121
<i>Website</i>	75
<i>Social media</i>	47
<i>Other</i>	46

Of those who said other:

<i>Drop-in meetings</i>	9
<i>Public meetings</i>	4
<i>Use of Victoria Hall, Settle</i>	1
<i>Market stalls</i>	1
<i>Avoid holiday periods</i>	1
<i>Articles in local newsletters, parish magazines, community newsletters</i>	4
<i>Interest groups</i>	4
<i>Q&A session by appointment</i>	1
<i>Settle hub</i>	1
<i>Any cheap method</i>	1

(b) How would you like to hear about how the consultation is progressing?

<i>Written information</i>	182
<i>Email</i>	179
<i>Website</i>	78
<i>Newspapers, radio & TV</i>	132
<i>Social media</i>	48
<i>Other</i>	29

Of those who said other:

<i>Public meetings</i>	4
<i>Posters</i>	1
<i>Group meetings/drop-ins</i>	3
<i>Age UK</i>	1

Question 4: What information would help to reassure you that the right decisions are being made about the future of intermediate, end-of-life and palliative care services?

In the process of coding responses, certain items were considered to be conceptually linked. **Consult** refers to items that were about who should be consulted within the community. **Engagement** refers to items that specifically were about the engagement and formal consultation process via the CCG. **Information** is concrete items that could potentially be included within the consultation. **Outcome** refers to comments that desired a specific result of the consultation, while **Plan** instead refers to comments that wanted information about how the decision would be made. Other comments, while also important, were considered to be less conceptually linked and should be examined individually.

<i>Consult: Castleberg Service Users</i>	10
<i>Consult: Castleberg Staff</i>	6
<i>Consult: Community</i>	3
<i>Consult: Healthcare Professionals</i>	15
<i>Engagement: Evidence of Regular Engagement</i>	42
<i>Engagement: Honesty from CCG</i>	22
<i>Engagement: Pre-Engagement Incorporated</i>	9
<i>Information: Assessment of benefits of Castleberg in the past</i>	2
<i>Information: Building Deterioration</i>	7
<i>Information: Case Studies of Previous Situations</i>	1
<i>Information: Current Services</i>	1
<i>Information: Media Coverage</i>	1
<i>Information: Population Stats</i>	3
<i>Outcome: Castleberg Remains Open</i>	13
<i>Outcome: Local Development</i>	28
<i>Outcome: Purpose Built New Location</i>	5
<i>Plan: Budget and Cost Details</i>	27
<i>Plan: Care At Home</i>	6
<i>Plan: End of Life Care</i>	9
<i>Plan: Evidence that Community Needs will be Met</i>	45
<i>Plan: Options</i>	17
<i>"Care, not Cost"*</i>	13
<i>Accessible Information</i>	9
<i>Appropriate Discharge Process</i>	2

<i>Carers Will Be Supported</i>	1
<i>Congestion in Airedale</i>	3
<i>Coordination of Services</i>	6
<i>Current Hospice Care</i>	2
<i>Details of Decision Making Process</i>	2
<i>Evidence Based Research</i>	2
<i>Feedback on Existing Community Care</i>	3
<i>Intermediate Measures</i>	1
<i>Knowing Care Ongoing During Consultation</i>	2
<i>Local MP Involvement</i>	1
<i>Money from Sale Goes to New Service</i>	2
<i>National Healthcare Policy Information</i>	1
<i>Numbers of those Cared for Out of Area</i>	1
<i>Opportunity to Respond</i>	2
<i>Outcome Measures of Services for Users and Carers</i>	1
<i>Patient Numbers Unnecessarily Removed From Home</i>	1
<i>Proof that All Options are Genuine</i>	4
<i>Public Meetings</i>	1
<i>Public Transit Options</i>	4
<i>Rural Needs Considered</i>	12
<i>Service Consistent with Other Areas</i>	1
<i>Timeline</i>	3
<i>Timely Resolution</i>	1
<i>Top Staff Available</i>	2
<i>Transport Considered</i>	13

*"Care, not cost" refers to all comments that stated something approximately along the lines of: "Choices about decisions for future provision should be made based on need and best practice, not cost."

Question 5: What is important to you about services in your area (for example, things like accessibility, quality, being involved, living at home, being in control, dignity, respect, choice, personalised care, etc)?

While certain themes were conceptually linked in a manner that is elaborated on in the report, for the sake of illustration, they are listed here simply in order of highest appearance.

<i>Accessibility</i>	147
<i>Local Care/Transport Ease</i>	114
<i>Quality</i>	109
<i>Choice</i>	87
<i>Dignity</i>	84
<i>Living At Home</i>	77
<i>Personalised Care</i>	75

<i>Respect</i>	73
<i>Being In Control</i>	69
<i>Being Involved</i>	60
<i>Dedicated Facility</i>	50
<i>Availability</i>	7
<i>Carers' Needs</i>	7
<i>Communication Between Services</i>	7
<i>Good, Trained Staff</i>	6
<i>Safety</i>	6
<i>Continuity</i>	4
<i>Communication Within Services</i>	2
<i>Flexibility</i>	2
<i>Reliable</i>	2
<i>Services Maintained</i>	2
<i>Staff Welfare</i>	2
<i>Accountability</i>	1
<i>Advice</i>	1
<i>Approachable</i>	1
<i>Care at Home Quality Improvement</i>	1
<i>Cheerful Care</i>	1
<i>Confidential</i>	1
<i>Democratic</i>	1
<i>Discreet</i>	1
<i>Efficient</i>	1
<i>Evidence Based</i>	1
<i>Fair</i>	1
<i>Fully Funded</i>	1
<i>Maximising Independence</i>	1
<i>Openness</i>	1
<i>Patient Rights Observed</i>	1
<i>Support</i>	1
<i>Work with Secondary Organisations</i>	1

Question 6: Have you, or someone you care for, received intermediate, end-of-life or palliative care services? Please tell us about your experience and what, if anything, could be improved.

As respondents were asked about their experience with care, the answers are divided as: **Care** (for type of care they had experience with), **Location** (where they experienced care, along with whether their experience was overall positive or negative), **Service User** (to indicate whether they themselves had experienced care, as opposed to supporting a friend or family member), **Comments** and **Suggestions**.

<i>Care: End of Life</i>	30
<i>Care: Intermediate</i>	21
<i>Care: Palliative</i>	10

<i>Care: Respite</i>	3
<i>Comment: Additional Support for Carers</i>	1
<i>Comment: Affordable</i>	1
<i>Comment: Bed Blocking</i>	4
<i>Comment: Choice</i>	1
<i>Comment: Distance of Airedale</i>	14
<i>Comment: Refurbishment Cost</i>	1
<i>Location: Airedale (Good)</i>	4
<i>Location: Airedale (Poor)</i>	10
<i>Location: At Home (Good)</i>	14
<i>Location: At Home (Poor)</i>	3
<i>Location: Castleberg (Good)</i>	81
<i>Location: Castleberg (Poor)</i>	2
<i>Location: Hospice</i>	5
<i>Location: Nursing Home</i>	13
<i>Location: Out of County</i>	6
<i>Service User: Family</i>	73
<i>Service User: Friend</i>	36
<i>Service User: Respondent</i>	13
<i>Suggestion: Better Communication with Family</i>	1