Paper ref:	TB (11/19) 019

Sandwell and West Birmingham Hospitals NHS
NHS Trust

Report Title	Winter readiness and beyond		
Sponsoring Executive	Rachel Barlow, Chief Operating Officer		
Report Author	Rachel Barlow, Chief Operating Officer & Toby Lewis, Chief Executive		
Meeting	Public Trust Board	**Date**	7th November 2019

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

Flu vaccination and waits for emergency care are covered by other papers before the Board. Under this discussion we should cover admitting and discharge practice from our bed base. That bed base is changing with the move of respiratory medicine later in Q3. Our winter 'stretch' capacity is thereby created but will only be used if we cannot restore discharge rates to those required. This includes remedying package backlogs.

Work across NHS Midlands demonstrates the scale of opportunity to improve care from better Frailty and admission avoidance pathways. The Board's quality and safety committee heard an initial presentation on opportunities which needs more development. Linked to that the Board asked to discuss and begin to champion a 2020 focus on Hospital Acquired Functional Decline – consistent with our therapeutic model in Midland Met and prior campaigns like End PJ Paralysis

Implementing pathway changes needed dedicated resources and time. This paper outlines how that will be managed within Medicine and Emergency Care. The bandwidth and skills needed across the senior team will be supplemented and supported. Discussions continue on how best to ensure accountability and oversight.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	x	Public Health Plan		People Plan & Education Plan	x
Quality Plan	x	Research and Development		Estates Plan	x
Financial Plan	x	Digital Plan		Other *[specify in the paper]*	

3. Previous consideration *[where has this paper been previously discussed?]*

August and September 2019 Trust Board

4. Recommendation(s)

The Trust Board is asked to:

a.	**NOTE** the respiratory reconfiguration plans and outcome of the engagement exercise
b.	**CONSIDER** the winter stretch plan
c.	**EXAMINE** plans to support these improvement projects

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and where shown elaborate]*

Trust Risk Register		n/a						
Board Assurance Framework		SBAF risks associated with acute medicine sustainability						
Equality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Nov 7	
Quality Impact Assessment	Is this required?	Y	X	N		If 'Y' date completed	Nov 7	

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 7th November 2019

Winter readiness and beyond

1. Introduction and purpose

1.1 The Trust Board in August received briefing papers on winter plans and intended service reconfiguration. This paper provides an update on winter preparedness inclusive of planned service reconfiguration activities. It will be important to confirm that we have the support infrastructure, skills and bandwidth in place to do these things simultaneously. That assessment must also consider the work being done inside the Emergency Departments.

1.2 Looking towards early 2020 there is a desire to create and implement a meaningful frailty model, starting at Sandwell, and to support our discharge models with a concerted programme of work to better tackle Hospital Acquired Functional Decline.

2. Emergency Care performance; in department changes and flow

2.1 The experience of our patients, as measured against the 4 hour standard is at an unprecedented low. October will see achieve just above 70%. In early September we achieved 81% performance. We remain focused on 81% or better in November.

2.2 The deterioration is since the Unity Electronic Patient Record (EPR) was put in place but is not exclusively linked to that. The ED team have mapped against the patient pathway what parts of the pathway are quicker with Unity and areas which are taking longer. This assessment does not correlate with the extent of deterioration in the performance, although other Cerner trusts report that is can take six months to return to pre go live 4 hour performance baselines. We aim to significantly better that pattern.

2.3 Our main issues impacting on performance are timeliness of the patient pathway in ED and the lower than plan discharge outflow from both the acute medical assessment units (AMU) and the main inpatient wards, which have both deteriorated.

2.4 The opportunity for improvement is designed on a simple yet desirable patient ED journey; triage patients within 30 minutes with batch of blood tests complete, patients seen by a senior clinician within an hour of arrival, plans made to admit of discharge at 2 hours, with actual admission or discharge within 4 hours.

2.5 Effective leadership is critical to success and suitability. ED clinical speciality and site leads have been appointed in October. Intelligent rostering is being urgently reviewed to optimise in-situ shift leadership and support to staff. David Carruthers, Medical Director and Rachel Barlow, Chief Operating Officer have freed up time to focus on

supporting rapid improvement activity in the EDs. There is strong evidence of good local engagement. Visual management hubs are in place in the main EDs to demonstrate improvement goals, delivery approach and progress. During the 10 days of this approach we have seen progress and a reduction of circa 400 patients a week waiting more than 4 hours. That is our first step.

2.6 Aligned to the ED improvement focus is an immediate need to improve discharge rates. Currently we admit more patients than we discharge and the cumulative impact of this causing delays to admission and backflow of patients waiting to be seen in the ED's. There is work to do on long Length of Stay (LOS) patients, compounded by Unity (CAPMAN). Clinical and supporting discharge teams must quickly learn to work to prospective discharge planning around specified discharge goals. Paula Gardner, Chief Nurse will lead this improvement focus over the coming days and weeks.

3. Winter planning

3.1 Our agreed Medicine winter bed plan totals 384 beds based on the following activity plan:

Winter plan	**Daily attendances**	**Daily admissions to AMU**	**Daily medical admissions into IP bed base**	**Daily discharges**
Winter 2018 plan	610	85	53	53
Winter 2019 plan	**623**	**87**	**54**	**54**

There are clearly then two challenges with this plan: Demand side variation and supply side availability. Demand side variation is considered under section 5 below. Supply side delivery and work to improve and mitigate risks to supply side are considered in section 3 and 4.

3.2 Our planning assumptions for surgery are aligned to the surgical emergency activity plan and production plan for elective care. Our planning allows for 3 flexible weeks with no in patient elective admissions to respond to seasonal surge.

3.3 Community bed plan remains at 132 beds based in intermediate care and medically fit services. System wide investment for winter includes capacity for 10 additional 'own bed instead' care provision and provision of 10 additional fast track end of life packages of care.

3.4 Staffing across Medicine and Emergency Care in ward nursing, both qualified and HCAs, is problematic at present: 5 out of 16 wards have a vacancy rate over 30% for qualified staff. Fill rates vary day by day from bank and agency staffing.

3.5 To improve our chances of succeeding we need deliver a set of improvement projects:

- A LOS and admission avoidance improvement plan across admitting medical specialties and nursing homes /community services was designed to counteract the increased admissions above plan experienced this year. **The schemes aimed to save bed days equivalents to the scale of 33 beds** (Annex A RAG rates the LOS and admission avoidance improvement plan delivery to date).

- The results of these interventions show likely delivery of 3 out of 8 schemes (Gastroenterology, stroke and 48 hour follow up schemes) and partial progress on 2 (neurology and End of Life Fast Track pathways) which are expected to fully deliver in November. **This reduces bed day use equivalent to 11 beds**.

3.6 Of the red schemes yet to deliver:

- The nursing home work to save bed days to free up 5 beds will start in November following funding confirmation. Pilot results in the initial 11 homes still look very strong. Over winter this extended scheme would potentially deliver 145 less admissions, 270 less 999 calls and 401 less ED attendances. This schedule is due to reduce bed day demand equivalent to 5 beds. The Better Care Fund will fund half the expanded pilot and A&E Delivery group monies or winter reserves will need to fund £115,000. Workforce is available.

- Respiratory pathway design changes has been included in the service reconfiguration planning with implementation wrapped into that timeframe. We would expect to see some bed demand reduction in Q3 against the goal of 8 beds.

- Cardiology scheduling improvement is delayed and is subject to improvement support.

3.7 But since implementation of Unity the new electronic patient record, our prospective discharge planning to 48 hours to meet discharge goals has been underperforming. LOS appears to be increasing. There is a daily deficit of discharges to admissions causing strain on patient flow. **The cumulative impact of this deficit could counteract any gain described above from admission avoidance or LOS reduction at speciality level**.

- Our existing Admission Avoidance scheme will increase over winter to meet the continued increase in demand; a 70% increase in the use of Admission Avoidance in the last 6 months, avoiding ED attendance. The multi-disciplinary team includes Advanced Care Practitioners, community matrons and therapists. Direct referral from WMAS, social care, GPs, patients, carers to the 7 day service receive a 1-3 hour

response time. The response is according to patient need at the point of referral and readmission avoidance forms a function of this team. Impact of this is a further benefit bed day demand.

- Managing long length of stay is essential: Approximately a fifth of all beds are occupied by patients with a length of stay over 21 day. Common reasons for this length of stay for non-clinical or therapeutic reasons are waiting packages of care, placements (nursing homes, enhanced assessment beds and residential care), end of life care packages and equipment. The Delayed Transfer of Care position is increasing in the latter part of October with backflow into the acute bed base. The Chief Nurse, Paula Gardner leads a Multi-Agency Disciplinary Event monthly and chairs weekly 21 day LOS review meetings. At the time of writing we have 131 patients in the Trust staying over 21 days with a trajectory to reduce to 82 by March 2020.

3.8 Our risk profile is, in essence, increasing in that:

- We are not always staffing supply with known teams, and we are using an unfamiliar IT system which makes us slower and less predictive
- Only a third of our mitigation schemes are in place with confidence presently
- We are not consistently achieving 378 discharges per week nor 54 per day, and can be up to 100 discharges short of this figure

Our pre-planned remedy for this is to use the 18 beds in the stretch plan.

4. Securing our winter bed base - locations

4.1 **In mid-November we reconfigure in-patient respiratory medicine services to a single site at City hospital.** Patients attending Sandwell hospital and assessed to have a respiratory condition will be admitted to Sandwell AMU, reviewed via the in-reach respiratory clinical team and if appropriate transferred to City hospital, as now happens with cardiology patients. The ambulance service will directly convey condition specific patients to City hospital again similar to the cardiology single site model.

4.2 The clinical pathways, workforce plans and estates plans are all on track to support reconfiguration towards the middle of week commencing 17th November.

4.3 Quality measures for the reconfiguration have been agreed and re-agreed at the Quality and Safety Committee. These will be benchmarked prior to reconfiguration and reported back the committee at 3 and 6 months post reconfiguration. QIA and EIA have been completed and are due for sign off this week.

4.4 NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) and NHS Sandwell and West Birmingham Trust ran a listening exercise from 23 September 2019 – 18 October 2019. Annex B is the output of that exercise, which recommends

consideration of future communication, assurance regarding continuity of care and concerns raised over transport and travel.

4.5 The final bed configuration for respiratory and other medical specialities at City will be in place in December when the Neonatal service (currently on D16 whist essential improvement works are completed in their substantive location) move back to their base ward in the maternity block. In the 6 week interim period, whilst the overall medicine bed numbers remain as per the medicine bed plan, there is an increased risk of gender breaches due to the nightingale ward environment at City Hospital. An interim standard operating procedure will be discussed with regulators and commissioners in the event this risk is demonstrated. This remains a better option than delaying the move.

4.6 The respiratory reconfiguration is intended to support AMU medical staffing. Acute medicine consultant rotas were risk assessed as a sustainability issue due to the elongated 2 acute site model, resultant of the delayed opening of the Midland Metropolitan hospital. From November, there will be extended in-reach service to AMU by the Respiratory Consultant of the Week, Monday to Friday. Recruitment to 3 new hybrid acute medicine / respiratory consultant posts will add 8 clinical sessions a week to the AMU by February 2020.

4.7 **In April 2020, both paediatric ED and assessment facilities will be collocated in City ED**. There are no hospital site changes with this service model change but an improved integrated clinical service for children presenting on an urgent care pathway. Enabling estates works for this integrated facility starts in November which relocates minors and the primary care service from the current ED to the nearby but not adjacent empty fracture clinic space. The loss of adjacency between minors and the majors area in ED, will impact on the flexible use of the ED clinical locations in a period of unexpected surge. Partial mitigation will be achieved by ensuring specialty ambulatory units and primary care are able to 'keep doors open' rather than locally direct admission flow which on occasion causes avoidable patient attendance to ED, circa 10 patients a day. The need to rapidly improve bed flow on the site will also reduce the risk of overcrowding in the ED.

4.8 **Other essential estates works** scheduled over winter include a partial floor replacement at Sandwell ED, the detail of which is being worked through to avoid loss of cubicle capacity. This work will be scheduled after the New Year after consideration at the Risk Management Committee.

4.9 Delivery of the above changes permits the stretch plan to be implemented.

5. Winter stretch plan

5.1 In July and August medical emergency admissions were 10% above plan. For the same period, the associated LOS was slightly better than plan. If this was sustained over winter, this would require approximately 30 additional beds to meet the required bed days with no medical outliers. Given this historical profile, our post Unity discharge rate

and current true occupancy position, it is prudent therefore to plan on the basis we will need additional beds.

Winter plan	Daily attendances	Daily admissions to AMU	Daily medical admissions into IP bed base	Daily discharges
Winter 2019 plan	623	87	54	54
Winter stretch scenario with 3% increase in ED attendances and 10% increase in IP medical	642	96	60	60

5.2 There are a total of 26 stretch bed spaces with beds unfunded and unstaffed across medicine and PCCT from mid-November. The cost of these might be covered in winter reserves, depending on the cost of our base wards in a challenging staffing situation. The respiratory reconfiguration (see update in section 4) leaves 18 empty beds at Sandwell in November. There are 4 beds on the City site on D5/7 post respiratory reconfiguration and 6 beds in PCCT at Rowley Regis.

5.3 Staffing the unsubstantiated beds with nursing staff is largely dependent on bank and agency. Effectively this increase vacancy rates to 20 % in medicine. 16 qualified nursing new starters are due to join medicine by January. In the increasingly likely event that these stretch beds will be required, particular care will need to be given to holiday period rostering. In extremis there are emergency staffing plans that review non clinical commitments of clinically trained staff and prioritise time to direct clinical care.

5.4 Medical staff cover is currently in place to ensure consistency in care for medical patients outlying into surgical beds. In the scenario the winter demands required the stretch bed plan to be in place and additional patients were outlying in surgery, there is a risk that there would need to be increased medical locum cover.

5.5 **A numeric set of demand triggers is being finalised to support consideration of when the stretch beds would be used after November 21st.**

6. Frailty and HAFD

6.1 Work developed through NHS Midlands has analysed region wide rises in emergency admissions, typically assumed to relate solely to ageing and demography. Their analysis challenges that broad assumption and considers that in practice population change can only account for about a quarter of the rise in NEL admissions. In terms of the SWB winter plan we should reasonably consider that this already reflected in our plans.

6.2 However, **the work demonstrated that frailty was then the most probable driving cause of admissions in older adults, notably those over the age of 70, and specifically the large rise in admissions over 90 years of age. A material proportion of that growth was in short length of stay patients. For those people, and those staying longer, there is then an associated question of the impact of such admissions on wellbeing. The Trust, and wider NHS, seeks to measure those impacts through tracking Hospital Acquired Functional Decline (HAFD).** As a potential impact on health and outcome, this is evidently more prevalent a cause now of amenable harm then commonly cited infection rates.

6.3 The Trust is contributing to the wider Frailty Collaborative across the west midlands. The challenge that is needed is to meet the need we have by getting more from the services we already have in place, whilst expanding and improving those services. This work is likely to include:

i. Our extant project to maximise the use and benefit of our large AMAA 18 hour units on both acute sites

ii. Developing more joined up front door Frailty services, initially at Sandwell

iii. Working more closely still with both Care Homes and the new 111 offer to ensure that we are supporting people outside hospital as best as we can

iv. Developing innovative projects like the acute medicine in Care Home project for implementation from April 2020

v. Tracking and acting on functional decline in our admitted population

It is suggested that we use time in CLE, Q&S and the next Board meeting to take an overview of these FIVE BIG OPPORTUNITIES and ensure that we have clear plans for each and rightful choices made between them.

7. Summary

7.1 The Trust Executive team are focussed on rapid ED improvement in November to get back to early Septembers performance of 81% or better in November. This work is being led by Rachel Barlow.

7.2 Reconfiguration of respiratory services is on track for mid-November and the medicine winter bed base is fully open. Delivery of this and the plans behind it will be led by Beth Hughes.

7.3 Discharge profiles are well below plan recently and the cumulative impact causing strain on effective patient flow and delaying admission times from ED with long waits for admission at times. A rapid improvement approach for effective and timely discharge is being mobilised to make impact in the coming days and weeks. This will be led by Paula Gardner with support through Liam Kennedy.

7.4 It is increasingly likely the winter stretch plan will need to be activated partially if not completely in November. Any such decision will be governed through the Chief Executive and Medical Director. The present working model is that this will not be activated before the start of January.

7.5 The Frailty work in the Trust is good in patches but insufficiently focused and purposive. Consideration is being given to how to change that, without adding to the bandwidth challenges of either executive triumvirate or the medicine group and directorate management team. That thinking is not yet concluded.

8 Recommendations

The Trust Board is asked to:

- Note the respiratory reconfiguration plans and outcome of the engagement exercise
- Consider the winter stretch plan
- Examine plans to support these improvement projects (including stretching impact back from 11 to 33 beds)

Rachel Barlow
Chief Operating Officer

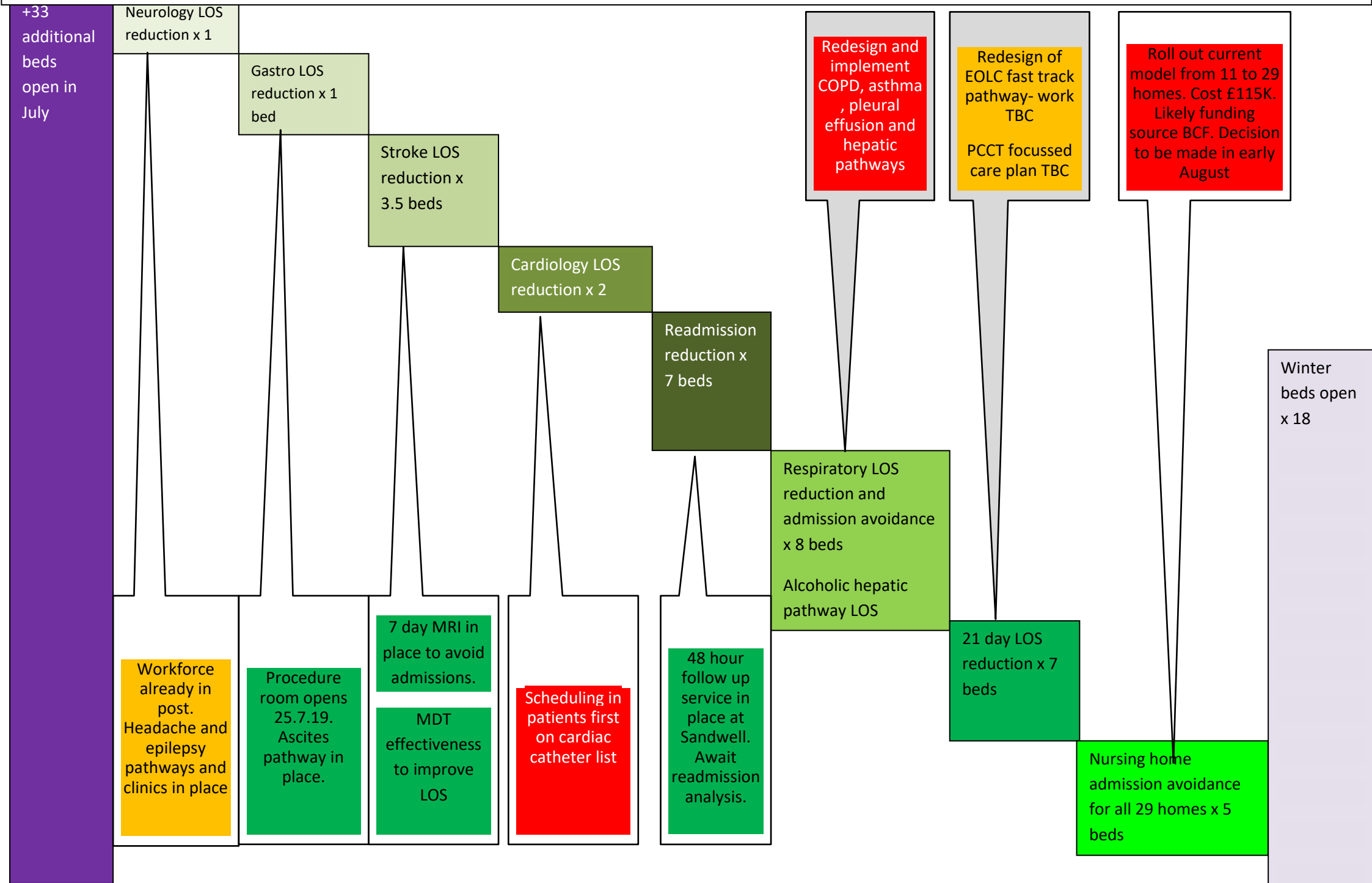
1st November 2019

Annex A: LOS and admission avoidance improvement plan – RAG rated for delivery

Annex B: NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) and NHS Sandwell and West Birmingham Trust Listening exercise outcome document

Annex A: waterfall chart representing proposed journey from the current additional beds above summer plan - improvement activities to reduce beds – winter bed base opens Vs actual delivery

August	Aim to deliver by 9.8.19	23.8.19	6.9.19	13.9.19	27.9.19	1.10.19



Sandwell and West Birmingham Clinical Commissioning Group

Sandwell and West Birmingham

Acute Respiratory Listening Exercise

Engagement Report

October 2019

1. Executive Summary

1.1. Introduction

NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) and NHS Sandwell and West Birmingham Trust ran a listening exercise from 23 September 2019 – 18 October 2019, urging as many people as possible to complete an online or paper survey before the deadline of 18 October 2019.

The Trust is looking to move the specialist respiratory wards to a single site at City Hospital, creating a new hub for patients. This is ahead of the opening of the Midland Met Hospital which will house all acute and emergency services for Sandwell and West Birmingham. The move to City Hospital for inpatient respiratory specialist care will make services safe and sustainable as well as support preparation for the new Midland Met.

1.2. The Engagement Process

An engagement questionnaire and the listening exercise document with detailed information about the proposals was available both online and in hard copy format.

To encourage people to have their say, the engagement was publicised in local media, resulting in an article in the 26 September edition of the Express and Star. There was also promotion on social media with 11 tweets and 3 Facebook posts. There were over 280 clicks through to the website page and 18 likes.

Along with the circulating the questionnaire, three meetings were attended, and feedback was obtained from talking to patients at a number of clinics held in the area. Demographic information was obtained from the questionnaire but not recorded at the meetings and clinics.

1.3 Key issues raised

In summary, the key issues raised were:

- Travel, transport and costs.
- The need for constant communication about the changes.
- Sharing of medical records

1.4 Recommendations

It is recommended that the feedback received from the listening exercise is taken into consideration and an equalities assessment is undertaken to identify and address any potential inequalities that might be experienced by those groups most likely to be affected by the proposals. As over 66% of respondents to the questionnaire were White British it is also recommended that there is further engagement with BME groups.

2. Introduction

Health and social care partners are working together in partnership to make a step change in the quality of care for patients in Sandwell and West Birmingham. NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) and Sandwell and West Birmingham NHS Trust want to be able to provide better health and social care to the residents in these areas, delivered in high quality facilities closer to where people live, reducing the need for hospital stays where possible.

Sandwell and West Birmingham residents were encouraged to help shape the future of respiratory services by taking part in a listening exercise from 23 September 2019 – 18 October 2019.

The opening of the new Midland Met Hospital has unfortunately been delayed due to the liquidation of construction partner, Carillion. With funding secured, and a new partner selected, the building is now scheduled to open in 2022. This delay means that the already stretched acute hospital services have to continue on two sites for longer. In order to make the services safe and sustainable until 2022 it is proposed to make some changes now.

The CCG and the Trust are proposing to create a specialist inpatient respiratory hub at City Hospital, Birmingham, for all patients with respiratory conditions who need to stay in hospital for longer than 48 hours. The service will be on the same site as the urgent cardiology service with our dedicated cardiac wards. This service was successfully centralised onto one site a few years ago which helped to improve patient services and make them more efficient.

The changes that are being proposed would enable patients to see specialist respiratory staff more quickly. Some patients may see a reduction in the length of time they need to spend in hospital and respiratory clinicians would have more time to support the acute medical units at City Hospital enabling the NHS to keep those units at Sandwell and City running 24/7.

3. The Process

3.1 Document and Questionnaire

The engagement document **(Appendix A)** was developed including a questionnaire. The questionnaire was also available online.

The table on the next page demonstrates where the printed engagement copies were distributed to:

Destination	Distribution	Target Audience
Agewell Group	15	Patients
SPARCs – Part of Murray Hall Community Trust	20	Patients, carers etc.
Cardiac Group	30 x	Patients
NHS Sandwell and West Birmingham CCG Respiratory Steering Group	15	Staff
Weatherwise Groups x 2	60	Patients, Carers and staff
Chest Clinics	80	Patients, Carers and staff x 7 clinics
Ladywood & Perry Barr Health and Care Forum	15	Patients, voluntary sector representatives
Sandwell Health and Care Forum	30	Patients, voluntary sector representatives
Total	**265**	

Information and a link to the electronic questionnaire was sent to stakeholders and partner organisations including:

- Voluntary Sector Groups BVSC (5,000 members) and SCVO (approx. 2,400 members) – Website and Newsletters x 2
- Email to various stakeholders with survey website link (WMAS, Healthwatch, Acute trusts, mental health, local providers)
- Email sent to Voicesentwined – Respiratory singing group
- GP – link and newsletter article in Members News
- CCG staff – link and newsletter article in internal 'Alice's News' staff newsletter.

3.2 Face-to-face engagement

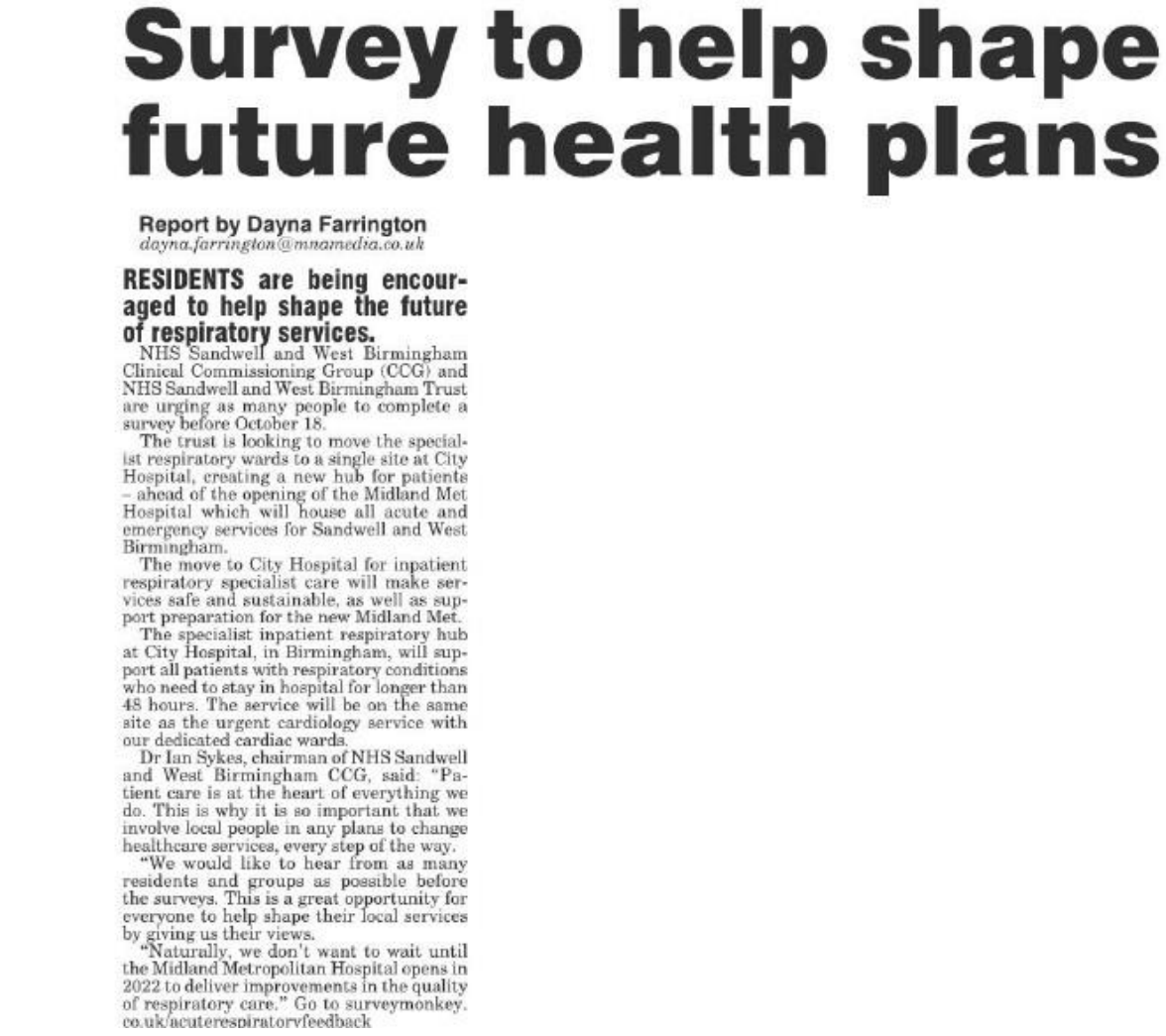
Along with the questionnaire, three meetings were attended, and feedback was also obtained from patients at a number of local clinics as follows on the next page:

Healthwatch Sandwell – Health and Social Care Group	Greets Green Access Centre, Tildesley Street, West Bromwich. B70 9SJ	Tuesday 24th September 2019	40 people approximately
Sandwell Cardiac Club	Stoney Lane Community Centre, West Bromwich	25 September 2019	30 people approximately
Ladywood and Perry Barr Health and Care Forum	Safeside, Handsworth Fire Station, Rookery Road, Handsworth. B21 9QU	Thursday 26 September 2019	11 people
Patients attending the Chest Clinic (Face-to-face engagement before and/or after their appointments)	Sandwell Hospital	30 September 2019	8 patients
Sandwell Health and Care Forum	Tipton Sports Academy, Wednesbury Oak Road, Tipton, West Midlands. DY4 0BS	1st October 2019	29 people
Weathwise Respiratory Group	Medical Education Centre, Sandwell Hospital	3 October 2019	30 patients
Sandwell Chest Clinic	Sandwell Hospital	7 October	20 patients
Weathwise Respiratory Group	Medical Education Centre, Sandwell Hospital	10 October	20 patients
Sandwell Chest Clinic	Sandwell Hospital	14 October	10 patients
Dr Z Ansari's respiratory clinic	Birmingham Treatment Centre	14 October	12 patients

3.3 Media

To encourage local people to have their say, a media release was issued which achieved coverage in the Express and Star on 26 September 2019.

The article is featured on the next page.



Survey to help shape future health plans

Report by Dayna Farrington
dayna.farrington@mnamedia.co.uk

RESIDENTS are being encouraged to help shape the future of respiratory services.

NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG) and NHS Sandwell and West Birmingham Trust are urging as many people to complete a survey before October 18.

The trust is looking to move the specialist respiratory wards to a single site at City Hospital, creating a new hub for patients – ahead of the opening of the Midland Met Hospital which will house all acute and emergency services for Sandwell and West Birmingham.

The move to City Hospital for inpatient respiratory specialist care will make services safe and sustainable, as well as support preparation for the new Midland Met.

The specialist inpatient respiratory hub at City Hospital, in Birmingham, will support all patients with respiratory conditions who need to stay in hospital for longer than 48 hours. The service will be on the same site as the urgent cardiology service with our dedicated cardiac wards.

Dr Ian Sykes, chairman of NHS Sandwell and West Birmingham CCG, said: "Patient care is at the heart of everything we do. This is why it is so important that we involve local people in any plans to change healthcare services, every step of the way.

"We would like to hear from as many residents and groups as possible before the surveys. This is a great opportunity for everyone to help shape their local services by giving us their views.

"Naturally, we don't want to wait until the Midland Metropolitan Hospital opens in 2022 to deliver improvements in the quality of respiratory care." Go to surveymonkey.co.uk/acuterespiratoryfeedback

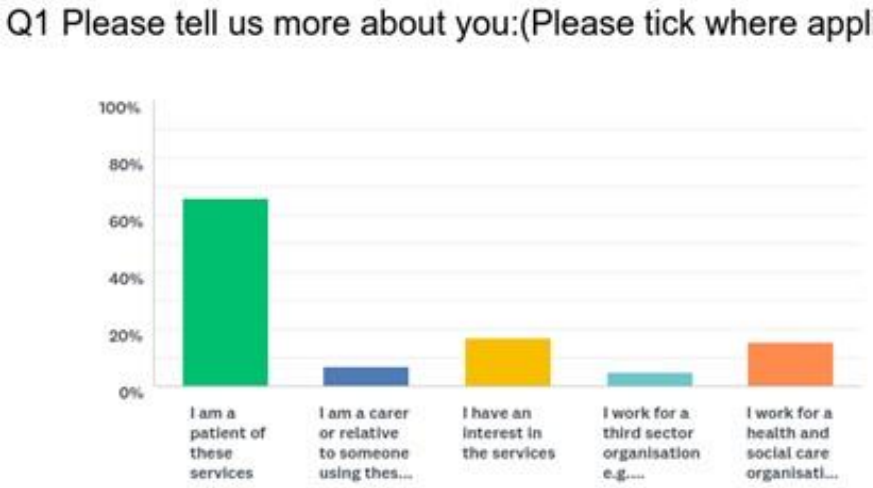
3.4 Social Media

Local people were urged to give their views on social media. On Twitter there were 12 posts which resulted in 9870 impressions, over 280 clicks, 170 engagements and one of the tweets, featured on the next page, was the most successful of all the CCG's tweets during October with 1,297 impressions.

There were 3 Facebook posts which resulted in 118 impressions and 51 clicks.

4. Responses to the questionnaire

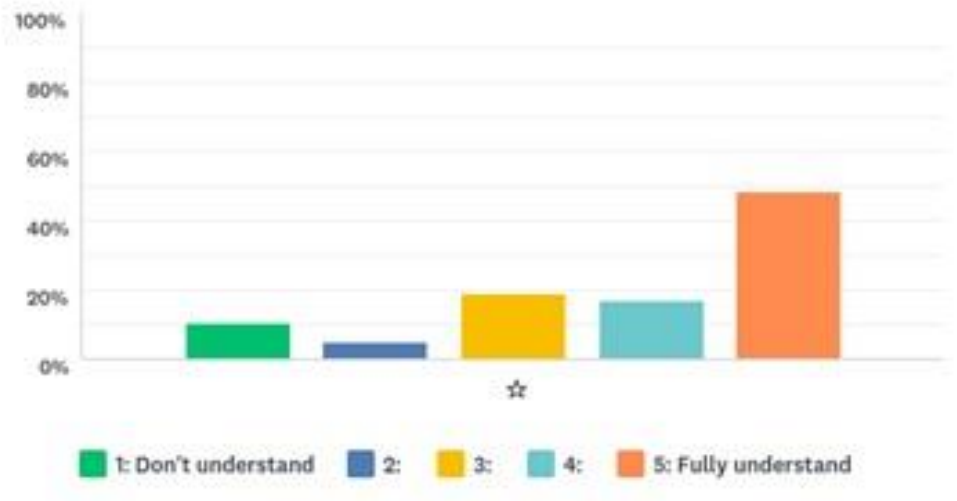
Altogether, 59 people completed a questionnaire either in hard copy or online. Their responses are analysed below.



ANSWER CHOICES	RESPONSES	
I am a patient of these services	66.10%	39
I am a carer or relative to someone using these services	6.78%	4
I have an interest in the services	16.95%	10
I work for a third sector organisation e.g. voluntary sector	5.08%	3
I work for a health and social care organisation eg: NHS, council	15.25%	9

Q2 How well do you understand why we need to make the changes? (please rate 1 to 5, where 1 is don't understand and 5 is fully understand)

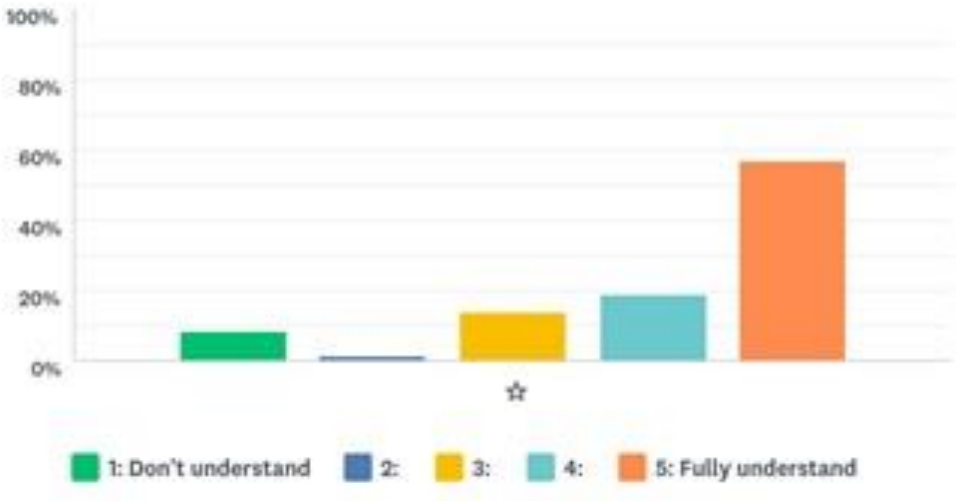
58 people completed this question.



1: DON'T UNDERSTAND	2:	3:	4:	5: FULLY UNDERSTAND	TOTAL	WEIGHTED AVERAGE
10.34% 6	5.17% 3	18.97% 11	17.24% 10	48.28% 28	58	3.88

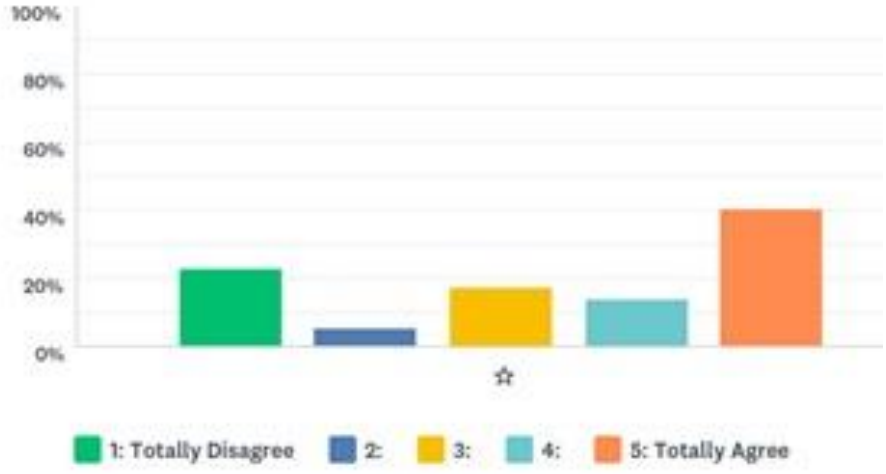
Q3. How well do you understand why we are bringing acute respiratory services together onto one site, as detailed in the document? (please rate 1 to 5, where 1 is don't understand and 5 is fully understand)

58 people completed this question.



1: DON'T UNDERSTAND	2:	3:	4:	5: FULLY UNDERSTAND	TOTAL	WEIGHTED AVERAGE
8.62%	1.72%	13.79%	18.97%	56.90%		
5	1	8	11	33	58	4.14

Q4 To what extent do you agree with the proposals to locate respiratory and acute medical services at City Hospital? (please rate 1 to 5, where 1 is don't agree and 5 is fully agree)



1: TOTALLY DISAGREE	2:	3:	4:	5: TOTALLY AGREE	TOTAL	WEIGHTED AVERAGE
22.81%	5.26%	17.54%	14.04%	40.35%		
13	3	10	8	23	57	3.44

This question gave people the opportunity to expand on their answer by writing comments, and 39 people responded. As we analyse these comments, we find themes emerging which are highlighted in the word cloud below:

Those who agreed with the proposals explained how bringing the services in one place would be better and make it easier for patients. It was a better use of resources, services would improve, and it makes sense to have all the expertise in one place. All comments are available in **Appendix C**:

Examples of their comments are shown below:

- *Standardise services. Plan to move to Midland Met. Better use of resources*
- *Improve services, more access to care*
- *It's better having facilities in one place, easier to manage*
- *All Professionals will be under one complex*
- *Totally agree, have no problem at all*
- *Might get a lot better care*
- *More modern and updated. Better hospital*
- *All Doctors and Nurses can share their knowledge and skills*

People who disagreed with the proposals stressed the difficulties travelling and the extra costs of additional travel and car parking. Public transport to the City Hospital can be a problem and the distance would be a burden for some people who are already struggling with their mobility. There also seems to be limited parking spaces for people with disabilities at the City Hospital.

Examples of their comments are shown below:

- *Not enough thought is given to either patients or their carers/relatives who have to use this service. Elderly patients and their relatives who have to travel from Wednesbury/West Bromwich West find it difficult to get to City Hospital and the new hospital will be no better to get to.*
- *Difficulty in travelling either by bus or attempting to park and walk long distance on rough ground at car park at City. No blue badge spaces near main entrance*
- *Too far to travel, how do you carry 2 oxygen bottles to make sure you don't run out. What happens when you cannot walk far?*
- *Costings to be considered What about those on the far-reaching borders. Concerned about rush hour traffic. e g. for people being transported.*
- *This would most likely cause problems for people with travelling, especially disabled people and people who are blind/partially sighted.*
- *I am unable to understand why I would have to travel so far to access respiratory services). I don't understand why there will no longer be local services. I live on the Wednesbury/ Walsall border, my nearest hospital is Walsall Manor. To travel to City Hospital takes over half an hour by car. I would prefer to visit a respiratory service at Walsall Manor, as it is a 5-minute journey by car.*

- *We need to keep units in Sandwell. The journey is too far, bad transport to get there.*
- *I am concerned that one or other area will be disadvantaged with travel requirements and that continuity of care if currently seen at Sandwell will be lost.*

Q5 Please tell us how can we support you through these proposed changes?

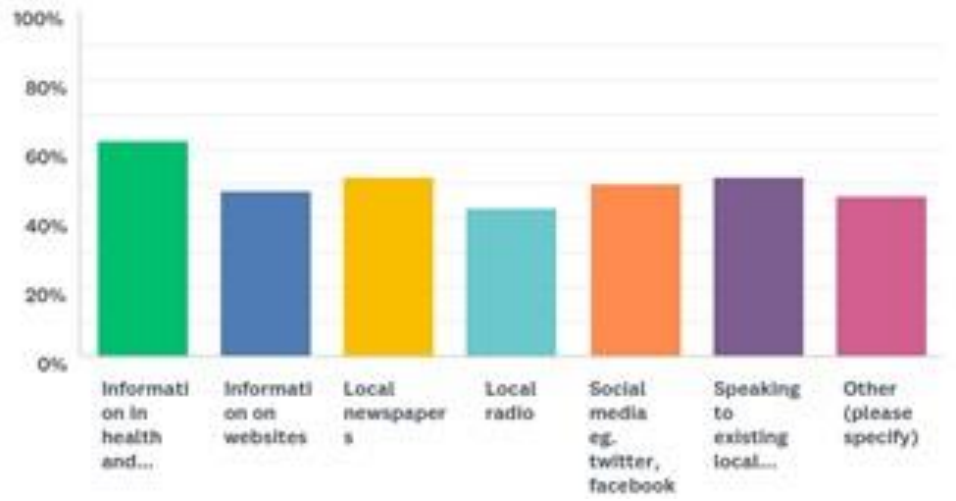
43 people gave their comments on how they could be supported through the proposed changes. Travel, transport and car parking were the key issues here as well as the need for constant communication so patients can be kept informed.

All comments are available in **Appendix D**. Examples of comments are shown below:

- *Why is everything going to Birmingham? We need transport in our own area, to see a doctor when you need too. Better transport, not everyone has a car.*
- *Travel, telling us what is happening*
- *Keep everyone informed. Respiratory patients should receive a letter informing them. Didn't know this was happening*
- *With the ability to choose later appointments. It's more convenient here as it's less time out of your day.*
- *Extended bus service to and from City*
- *Better car parking especially for disabled vans, wheelchair access.*
- *Just the distance and travelling, Finding out bus routes*
- *Car parking is the issue*
- *Travel for elderly relatives to City site from the West Bromwich, Wednesbury & Tipton areas will be extremely difficult. The community teams are not staffed adequately to support these patients at home as an alternative to hospital admission.*
- *I wouldn't transfer to City Hospital, simple as. Ward services need to remain in Sandwell. Also increases the travel needed by relatives.*
- *Communication and how well people are made to understand where they need to go or any complexities, especially if someone is foreign - speaking Review if the change has been successful. Gather feedback. Give feedback to patients on how it's going. How it is being run as a taxpayer, need to hear to this*

Q6 How can we keep you informed and promote where to go for respiratory services?

56 people answered this question.



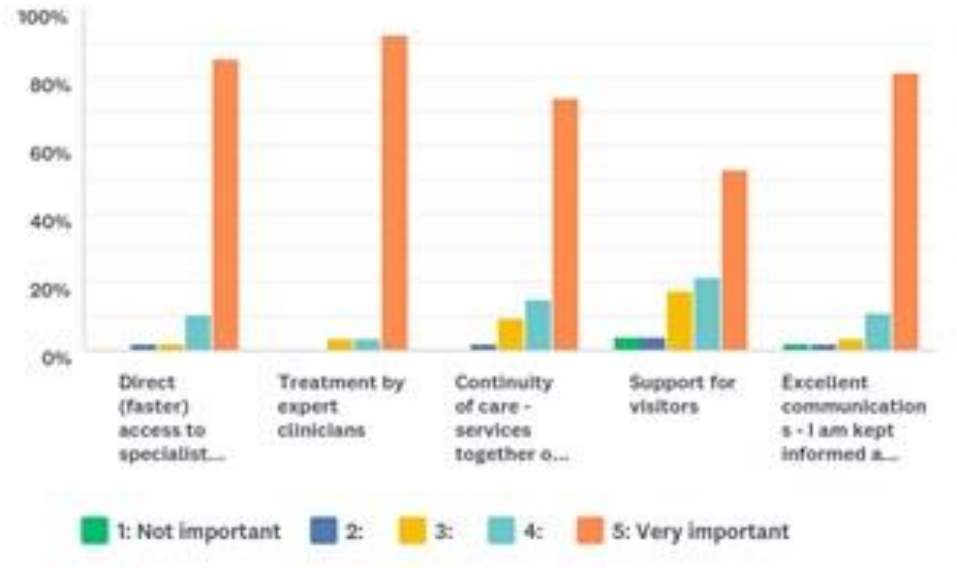
ANSWER CHOICES		RESPONSES	
Information in health and community building eg. libraries, emergency departments		62.50%	35
Information on websites		48.21%	27
Local newspapers		51.79%	29
Local radio		42.86%	24
Social media eg. twitter, facebook		50.00%	28
Speaking to existing local groups		51.79%	29
Other (please specify)	Responses	46.43%	26
Total Respondents: 56			

People who selected other sources of communication stated a preference for the following:

- Contacting existing patients within this service to advise them of suggested changes.
- Supermarket displays
- Patient letters and texts
- Information at appointments
- Face-to-face contact via volunteers at clinics, hospitals

Q7 How important are the following when working to achieve excellent respiratory services?

57 people answered this question.



	1: NOT IMPORTANT	2:	3:	4:	5: VERY IMPORTANT	TOTAL	WEIGHTED AVERAGE
Direct (faster) access to specialist teams	0.00% 0	1.79% 1	1.79% 1	10.71% 6	85.71% 48	56	4.80
Treatment by expert clinicians	0.00% 0	0.00% 0	3.64% 2	3.64% 2	92.73% 51	55	4.89
Continuity of care - services together on one site	0.00% 0	1.85% 1	9.26% 5	14.81% 8	74.07% 40	54	4.61
Support for visitors	3.92% 2	3.92% 2	17.65% 9	21.57% 11	52.94% 27	51	4.16
Excellent communications - I am kept informed and involved in my treatment	1.85% 1	1.85% 1	3.70% 2	11.11% 6	81.48% 44	54	4.69

Q8 Is there anything else you would like to tell us about these changes?

People were invited to submit any closing comments and 41 responses were provided. 18 people skipped this question.

The closing comments reflected the need for considering the impact upon patients who would have to travel further and face additional extra costs for fuel and parking. Those who are unable to drive and without their own transport could face a challenging journey with up to three buses being mentioned. Pensioners with early appointments would not be able to use their bus pass as free travel does not start until 10.30am.

Some people commented that they were unaware of the proposals or even the Midland Metropolitan Hospital which highlights a need for greater communication with patients and members of the public about future plans.

All comments are available in **Appendix E.**

An example of comments is shown below:

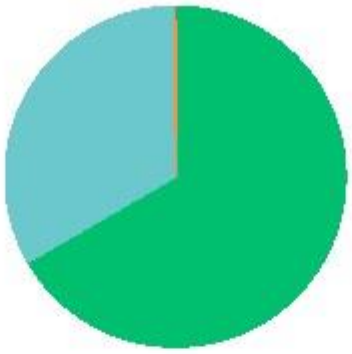
- *I think people should be considered when making decisions to move to other hospitals. What if you have not got a car, it means 2 bus rides or taxi fares*
- *I think it's better in one place. The cost of parking is an issue - nearly £10! The distance is a problem for visitors & also the time getting to/from on the bus.*
- *The transition will need to be managed well as it would be a shame that patients receive an inferior service due to the changes impacting on their health.*
- *Not impressed by the consultation process, as set out above. Think it is so that changes can be pushed through.*
- *I do understand why you want to make these changes and I do agree. My only concern is the distance to travel from where I live to the new hospital and City Hospital*
- *More information in letters. Need clear directions on where to go & clear instructions is the main thing.*
- *Car parks are too expensive. The additional costs of petrol. Over 65s have a free bus pass but not before 9.30am so early appointments will cost. It'd be good to have a choice of later appointments after 10.30am.*
- *It's a good thing to have it all in one place. It's a bit longer for me to travel but it'll be worth it to get the best care. It's a bit spread out here at Sandwell*
- *I think this will be very beneficial to the public in general. Strongly believe you should go ahead by providing this support to the public.*
- *Car parking charges - extra cost*
- *I think the changes will cause upset and problems for people with travelling to and from other sites, especially if it is really bad weather, for people with eye sight problems, elderly people and people with disabilities. Also, for people who work and then have to travel to other sites and also in the dark nights when you have to get 2/3 buses home or wait for trains.*

Q9 Please can you indicate the first 3 characters of your postcode? This will help us assess whether we are receiving responses from across Sandwell and West Birmingham.

49 people answered this question and gave their postcode and 10 skipped the question. A full breakdown of all the postcodes is provided in **Appendix F.**

Q10 What is your ethnic group?

55 people completed this question. Over 66% of respondents were White British which is not truly representative of the Sandwell and West Birmingham population.

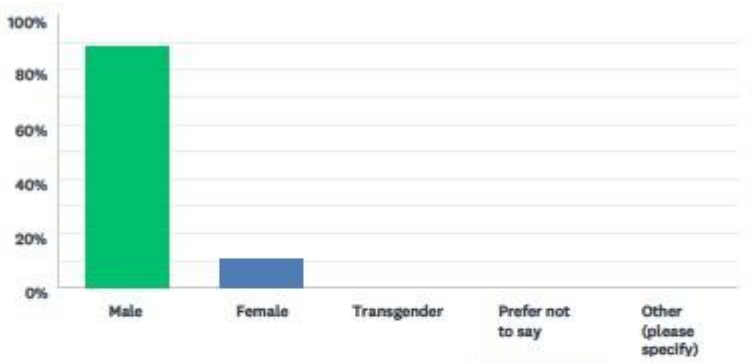


White: English, Welsh, Scottish, Northern Irish, British
White: Irish
White: Gypsy / Irish Traveller
Asian / Asian British: Indian
Asian / Asian British: Pakistani
Asian / Asian British: Bangladeshi
Asian / Asian British: Chinese
Black / African / Caribbean / Black British: African
Black / African / Caribbean / Black British: Caribbean
Mixed / Multiple Ethnic: White and Black Caribbean
Mixed / Multiple Ethnic: White and Black African
Mixed / Multiple Ethnic: White and Asian
Any other ethnic group: Arab
Prefer not to say
If any other, please specify:

ANSWER CHOICES	RESPONSES	
White: English, Welsh, Scottish, Northern Irish, British	66.67%	6
White: Irish	0.00%	0
White: Gypsy / Irish Traveller	0.00%	0
Asian / Asian British: Indian	33.33%	3
Asian / Asian British: Pakistani	0.00%	0
Asian / Asian British: Bangladeshi	0.00%	0
Asian / Asian British: Chinese	0.00%	0
Black / African / Caribbean / Black British: African	0.00%	0
Black / African / Caribbean / Black British: Caribbean	0.00%	0
Mixed / Multiple Ethnic: White and Black Caribbean	0.00%	0
Mixed / Multiple Ethnic: White and Black African	0.00%	0
Mixed / Multiple Ethnic: White and Asian	0.00%	0
Any other ethnic group: Arab	0.00%	0
Prefer not to say	0.00%	0
If any other, please specify:	0.00%	0
TOTAL		9

Q11 What is your gender?

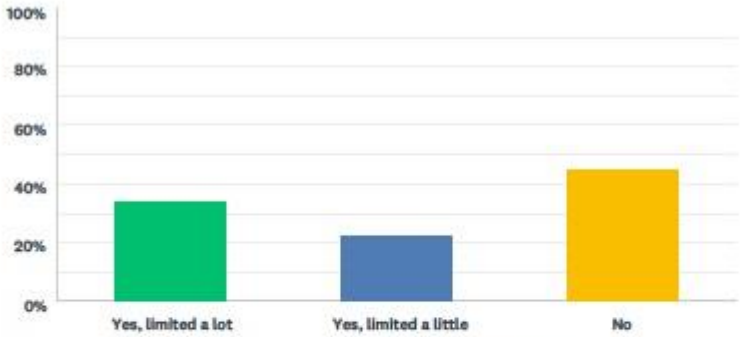
55 people answered this question and the majority of respondents were male.



ANSWER CHOICES	RESPONSES	
Male	88.89%	8
Female	11.11%	1
Transgender	0.00%	0
Prefer not to say	0.00%	0
Other (please specify)	0.00%	0
TOTAL		9

Q12 Are your day-to-day activities limited by a health problem or disability which has lasted or is expected to last over 12 months?

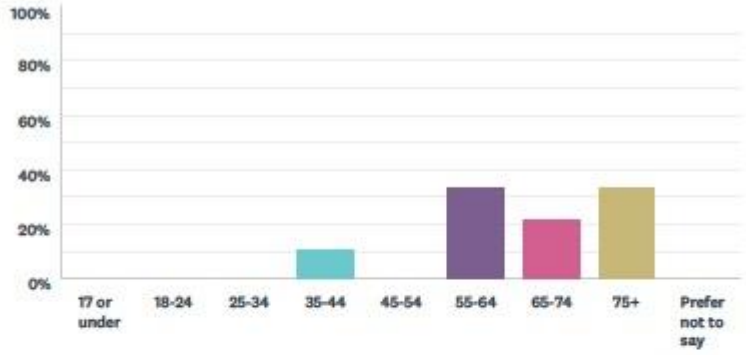
54 people answered this question.



ANSWER CHOICES	RESPONSES	
Yes, limited a lot	33.33%	3
Yes, limited a little	22.22%	2
No	44.44%	4
TOTAL		9

Q13 Which of the following age categories do you fit into?

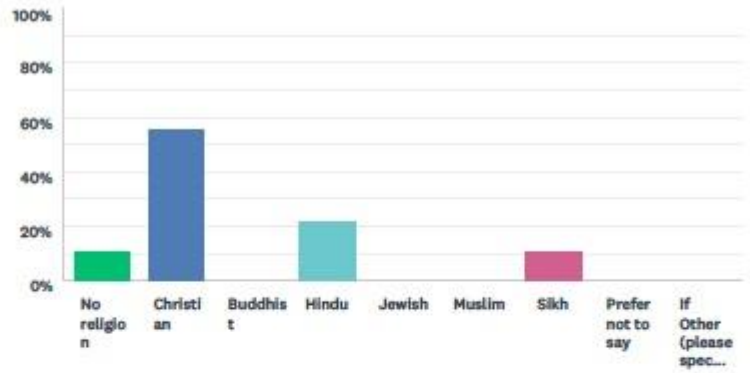
55 people answered this question.



ANSWER CHOICES	RESPONSES	
17 or under	0.00%	0
18-24	0.00%	0
25-34	0.00%	0
35-44	11.11%	1
45-54	0.00%	0
55-64	33.33%	3
65-74	22.22%	2
75+	33.33%	3
Prefer not to say	0.00%	0
TOTAL		9

Q14 What is your religion/faith?

53 people described their religion or faith. 55% of respondents were Christian.

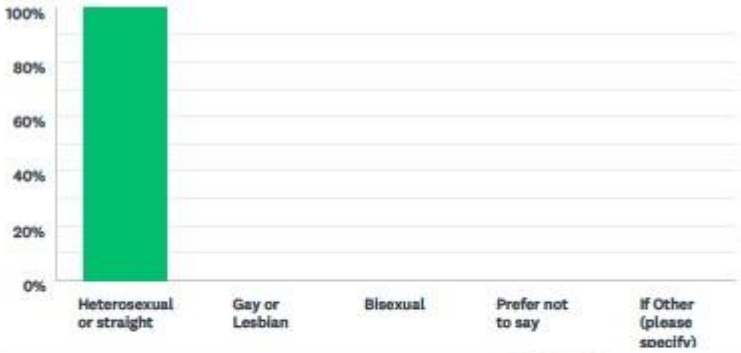


ANSWER CHOICES	RESPONSES	
No religion	11.11%	1
Christian	55.56%	5
Buddhist	0.00%	0
Hindu	22.22%	2
Jewish	0.00%	0
Muslim	0.00%	0
Sikh	11.11%	1
Prefer not to say	0.00%	0
If Other (please specify)	0.00%	0
TOTAL		9

#	IF OTHER (PLEASE SPECIFY)	DATE
	There are no responses.	

Q15. Which of the following options best describes how you think of yourself?

55 people completed this question and 100% were hetrosexual or straight.



ANSWER CHOICES	RESPONSES	
Heterosexual or straight	100.00%	9
Gay or Lesbian	0.00%	0
Bisexual	0.00%	0
Prefer not to say	0.00%	0
If Other (please specify)	0.00%	0
TOTAL		9

5. Outreach and engagement meetings

5.1 Meetings attended

Three meetings were attended at Healthwatch Sandwell - Health and Social Care Group (24 September), Ladywood and Perry Barr Health and Care Forum (26 September) and Sandwell Health and Care Forum (1 October).

The meetings were attended by patients and members of the public, staff, and interested groups. All those who attended had the opportunity to fill out a questionnaire.

The spoken feedback indicated that the main issues raised by patients and members of the public were:

- **Travel and Transport** – There is an important need to be mindful of the problems of transport and travel for some patients and their carers. Some patients are reliant on public transport which can be a key challenge.
- **Ambulance Services** – Reassurance sought on how West Midlands Ambulance Service (WMAS) has been involved in shaping the proposal.
- **Communication** – how will patients be informed about the changes?
- **Staffing** – Concerns around multi-skilled teams and whether they would move to Midland Metropolitan Hospital when it opens? Will there be changes to job descriptions? Concern was also expressed about staff shortages at City Hospital.
- **Engagement Document** – A comment was made about the costs of producing the document. *"The amount of money spent on printing these booklets is disgusting,"* said one patient.
- **Medical records** – Concerns were expressed around access to medical records. "*If somebody with a respiratory condition needed to be admitted to hospital but live in Tipton, they will probably be taken to Russells Hall and those who live in Wednesbury would go to Manor Hospital. Will their records follow them?"*
- **Impact of pollution at City Hospital** – "*Does it worry you that the air around Sandwell and City hospitals, and the new hospital, is pretty polluted for a respiratory service venue?"*

5.2 Patient Groups and Clinics

Information about the engagement was taken to a number of clinics and groups and the following feedback was given:

- Sandwell Cardiac Club (25 September) - general support for the proposals and no objections.
- Patient clinic – Sandwell Hospital (30 September) - patients attending generally understood the need for change and the rationale i.e. in readiness for Midland Met Hospital and potential improvements that could be made
- Weathwise Respiratory Group (3 October) - Patients want a good service and don't mind the services being merged but clear concerns around Sandwell patients and their families travelling to City Hospital especially people on benefits. The other issue is car parking charges.
- Sandwell Chest Clinic – (7 October) - majority of comments were about the distance to City Hospital, bus travel and car parking from people.
- Weathwise Respiratory Group (10 October) - concerns around travel, public transport and parking.

- Sandwell Chest Clinic (14 October) - concerns around travel, public transport and parking.
- Dr Z Ansari's respiratory clinic Birmingham Treatment Centre. (14 October) - concerns around travel, public transport and parking.

Feedback showed generally that patients want a good service and don't mind the services being merged. Many patients attending generally understood the need for change and the rationale i.e. in readiness for Midland Met Hospital and potential improvements that could be made. As one patient said, "*It's a good thing to have it all in one place. It's a bit longer for me to travel but it'll be worth it to get the best care. It's a bit spread out here at Sandwell."* And another commented that *"It's easier having it all in one place & cheaper to run. It's cheaper than travelling to the Q.E & City is easier for me to get to."* Another remarked on the success of the cardiology service which had been moved*, ""I remember when this was happening with the reconfiguration of cardiology services; most people here resented it and wanted it to stay at Sandwell Hospital rather than move to City, but now we've seen it work, it's now seen as a good move and a success."*

However, there are clear concerns around Sandwell patients and their families travelling to City Hospital especially people on benefits. The other issue is car parking charges.

Key points and concerns raised in discussion at these meetings were as follows:

1. **Travel and Transport**

- Clearly, there will be an impact for some people who will have to get up to 3 buses to get to City Hospital as there are no direct routes.
- Some felt that it would be difficult for some people to travel to City Hospital depending where they live.
- In addition to the extra travelling, some people would face increased costs and may struggle to pay them. *"I live in Hill Top and it will take me two buses to get to City Hospital. I am on benefits."*
- *"Over 65s have a free bus pass but not before 9.30am so early appointments will cost. It'd be good to have a choice of later appointments after 10.30am."*
- *"Too much travel to City, especially for pensioners who might be unfamiliar with it. It's not safe for pensioners to travel that far, it's ok if there's a community bus from Sandwell to City."*
- "*Patients conveyed by ambulance should be able to have a say (if conscious to choose) on where they are, or in this case are NOT conveyed to by ambulance, if they are against going to a particular hospital."*
- People living in the far-reaching parts of the catchment area, meaning further distances for ambulances to travel and potential delays in conveyance.
- Those living near the border being taken across the boundary to other hospitals for emergency respiratory services, if they are nearer to them than City Hospital. For some this would be Russell's Hall, which some people suggested they would not want.

2. **Car Parking charges**

- Concerns around the impact of cost parking
- *"I think it's better in one place. The cost of parking is an issue - nearly £10!"*
- *"It'll be OK if there's good parking at City."*

- *At City & Sandwell parking is always expensive. Make it easier for people on Pension Credit to get refunds. The proposal doesn't make any difference really, it's a good idea."*

3. Communication

- Keeping people informed was really important to support people through the changes.
- More information needed in patient letters - clear directions on where to go.

4. Sharing of medical records

- Concerns around the availability of medical records.
- *"I go to the QE Hospital. How will City Hospital know about my medical records?"*
- *"I live on the border of Sandwell and Dudley. I will be taken to Russells Hall as the distance is shorter. Russells Hall Hospital does not share my medical history with Sandwell Hospital."*

6. Responses from other organisations

Healthwatch Birmingham welcomed the opportunity to formally respond and provided feedback and recommendations in a letter dated 18 October 2019. The full letter is available as **Appendix B**.

In summary, the letter expressed the following observations, concerns and recommendations:

Potential impact on patients

- As with all changes to services, especially changes that involve consolidating services to one site, the potential impact on patients and the public might be significant. If a service was moved to another location, it might make access difficult, especially for those who are socially and economically disadvantaged.
- People on low incomes, the elderly, people living in poverty, and those with caring responsibilities among others could be impacted. These are some of the groups that might be least able to travel to the new respiratory site.
- Healthwatch Birmingham hope to see the CCG use the feedback collected during this exercise to identify the groups that would be affected by the proposed reconfiguration of services. This information would hopefully help the CCG to feed into any impact and equality analysis already carried out or being planned.

Engagement Document

- The document should have included more information around arrangements for transfer to new site. It is less clear what the transfer arrangements are when someone is being treated at Sandwell or City hospital sites and there is a need for specialist treatment. Some clarity on this arrangement for patients and carers would be useful.
- Information would have been helpful on the lessons learned from the consolidation of other services such as cardiology. What was the impact and benefits for patients? What are the transport arrangements for patients?

Travel

- Through recent conversations (between March and May 2019) with communities in Birmingham and West Birmingham, Healthwatch Birmingham found that travel is an issue for patients and the public.
- People told Healthwatch Birmingham that they want there to be convenient ways to travel to health services when they need to. Some patients said it would be good to have support traveling to health and care services. Patients also wanted to be able to choose whether to travel to a service of their choice, or whether to access a service closer to home.
- Lack of money is a barrier for some people to travel to the services.
- According to Kings Fund, incidence and mortality rates from respiratory disease are higher in disadvantaged groups and areas of social deprivation, with the gap widening and leading to worse health outcomes. These are important issues to consider when looking at the accessibility of the new hub.

Quality of Care

- Healthwatch Birmingham believes that it is important for patients accessing the two sites to have consistency in the quality of care they receive. Thereby, ensuring that there is no variability or the potential of health inequalities occurring.
- There has to be clarity on the referral pathways with clear guidance and criteria for referring patients from the two sites to acute services. Maybe the CCG could consider structured referral templates
- Patients and members of the public have told Healthwatch Birmingham that it is important that when they access services, there is adequate referrals to specialists, better and proper referral routes.

7. Conclusion and recommendations

In conclusion, many people responded positively to the proposals to move acute respiratory services to the City Hospital in preparation for the new Midland Met Hospital. However, careful consideration needs to be given in such an area of high deprivation to those people who will be negatively impacted by the additional travel, extra costs and the additional cost of car parking.

The feedback from both the face-to-face engagement and the questionnaire has highlighted that for people who rely on public transport they would face a journey of up to 3 buses and the extra costs of paying for their travel. This would be particularly hard on the elderly and patients with more severe respiratory problems who will be struggling with their mobility. Also, over 66% of respondents to the questionnaire were White British which does not accurately represent the Sandwell and West Birmingham population. Over 88% of respondents were also male.

Consideration should also be given to pensioners whose bus passes would not be eligible before 10.30am. Car parking costs could be an additional burden to patients who may own their own transport but are own low incomes. Concerns were expressed about some people becoming disadvantaged because they live furthest away from the City Hospital on the ‘far reaching borders’. In view of this it would be helpful if patients living furthest away were given appointment times which did not involve them having to travel in the rush hour traffic.

Many people have stressed the need for regular communication about the changes. Respiratory patients would welcome information in the form of a letter and the opportunity of speaking face-to-face with health staff or volunteers at GP practices, clinics and hospitals. Supporting patients who rely on public transport with information on bus routes and transport available would be very welcome as suggested in the comments.

Some people were clearly concerned about the sharing of their medical records and the continuity of care they receive.

Recommendations

It is suggested that the following recommendations in particular are considered:

1. From the feedback received it is clear that some people are going to experience a negative impact from the proposals in relation to travel, transport, parking and costs. Consideration should therefore be given, as recommended by Healthwatch Birmingham, to carrying out an equality impact assessment to identify and address any potential inequalities by those groups that would be affected by the proposals. It is also recommended that there is further engagement with BME groups.

2. Support people who rely on public transport with key information about the best transport available and provide timetables.

3. Provide reassurance to patients about the continuity of care and the sharing of their medical records.

4. Plan and deliver a programme of continuous communication to keep patients informed with the latest updates about the changes including patient letters and face-to-face help and information.