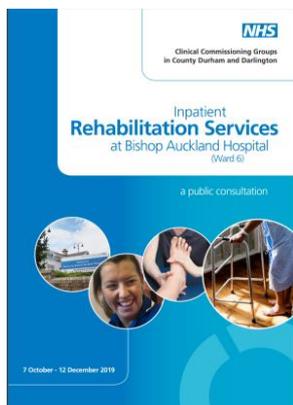


Ward 6 – Inpatient Rehabilitation Services

Summary Consultation Report

Purpose of this document



This document has been produced to provide an overview of the activity and feedback that was captured as part of the consultation regarding Inpatient Rehabilitation (Ward 6) at Bishop Auckland Hospital.

The information contained within this report relates to the activities undertaken and responses gathered from 7 October – 1 November (when the consultation was paused due to the general election), and from 14 – 31 January 2020 when the consultation was stopped.

The consultation was stopped because of on-going monitoring during the winter period regarding levels of demand for inpatient beds. The information being received showed that demand continued to exceed expectations as well as the wider pressures being faced across the local health system generally. Taking this into account, the decision was taken on 31 January 2020 to stop the consultation with immediate effect and retain the current model of care. The CCG's involved are committed to ensuring that the issues raised as part of the consultation are reviewed and addressed.

Introduction

Across County Durham and Darlington a public consultation was undertaken to review 'Inpatient Rehabilitation Services' at Bishop Auckland Hospital. This primarily related to the care provided on Ward 6 at Bishop Auckland Hospital.

The consultation centred around two options being put forward:

Option 1: Do nothing and keep as it is



- Continue to provide nurse-led care across 24 beds on Ward 6
- Patients have limited access to therapy input
- The ward currently manages people who could be better supported at home or in the community

Option 2: Re-provide as a nurse-led inpatient rehabilitation ward, with 16 beds and dedicated therapy input – on Ward 17



- The local health system's preferred option
- Patients to receive dedicated therapy support
- Help patients rehabilitate so they don't have to stay in hospital for as long
- A better way to deliver care to patients with the staff and money we have available

Consultation activities

The information available included a [full document](#) and a [summary version](#) of the consultation document. There was also a [video animation produced](#) for the consultation to help articulate the information in more accessible format.

During the time before the consultation ended, efforts were made to take information out to where local people are, rather than relying on people 'coming to us'. A series of outreach events took place at a range of public venues, in order to;

- Raise awareness of the consultation
- Let people know about the public events
- Hear the views of people on the options presented



During the 6 weeks when the consultation was live, the CCG held one public event (of the four that were planned) as part of the face to face opportunities for conversations. At this event, staff from County Durham and Darlington NHS Foundation Trust also attended to assist the CCG within the discussions and hear people's views directly.

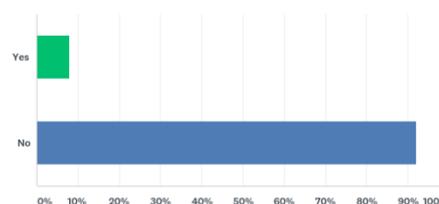
During the time the consultation was live, 16 public outreach activities were undertaken. These included attending locations such as Market days (Barnard Castle and Crook), Leisure centres (including Woodhouse Close, Shildon and Sunnydale and Newton Aycliffe) as well as group presentations and discussions at Dene Valley Partnership and numerous Area Action Partnerships across the County.

Comments were also captured through the online questionnaire (113 responses at the point the consultation was stopped) in relation to the options presented as well as wider views people had in relation to the care provided.

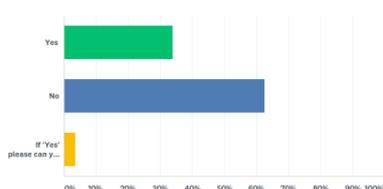
Summary of questionnaire responses

From the questionnaire responses, the vast majority of respondents have not personally been a patient on Ward 6 with only 8% (n = 9) of the responses from people who have used the ward themselves.

Q1 Have you been a patient on Ward 6 at Bishop Auckland Hospital?

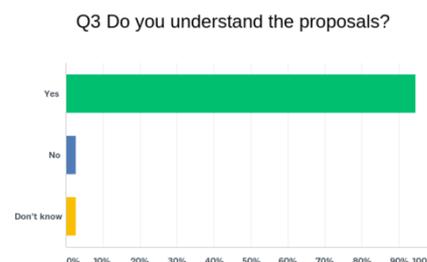


Q2 Have you had a family member experience services / stay on Ward 6 at Bishop Auckland Hospital?



A greater number of respondents (34%, n = 38) did have experience of family members receiving services from Ward 6 at Bishop Auckland Hospital though.

There was also a clear majority (95%, n = 105) of respondents stating that they have understood the proposals and the information that has been made available.



In response to question 4, participants were able to identify their preference between the two options presented in the consultation.

There was 52% (n = 58) who supported the CCG preferred 'Option 2', which involved relocating beds to Ward 17, and providing dedicated therapy support for the 16 beds there. With the remaining 48% (n = 54) of the responses stating they prefer 'Option 1' to keep the services the same as they currently are.

Question 5 asked respondents to help clarify why they had made the particular choice in terms of the two options available.

Table 1: Highlights some of the typical explanations given by individuals regarding why they supported Option 1 or Option 2:

Those who supported 'Option 1'	Those who supported 'Option 2'
<i>The trust is struggling as it is for bed capacity it cannot afford to reduce to 16 beds and lose 8 beds across the trust</i>	<i>Bishop is a fantastic asset and the new planned procedure option is the way to go. Home care is always a better option for all concerned.</i>
<i>I work on ward 6 why would anyone want to close a fabulous public service</i>	<i>Make sense to me is patients are able to get the best care and support</i>
<i>The trust should not reduce the bed capacity on ward 6. The ward should have therapist provision, even part time would benefit.</i>	<i>With the larger picture of what can be provided at Bishop in the future this makes sense.</i>
<i>BAH need this service. They do an excellent job. There is not enough care in the community</i>	<i>Can see why patients/ people would be able to benefit from having the therapists to help them get home</i>

Question 6 allowed individuals to provide any comments they had in relation to **any benefits** they saw regarding the local health economy's preferred option of relocating to Ward 17, with 16 beds and dedicated therapy support. These centred around themes such as;

- *More flexibility, more turn over of beds, more funding in the hospital and the community support.*
- *For me, patients want to get home. If this change can help them do that it is a good thing.*
- *Having the staff to provide care so they can get patients better as quickly as possible.*
- *Having the therapy staff available to care for patients would be best.*

Alongside these there were a number of individuals who felt that the preferred option did not provide any benefits, stating;

- *There's no benefit in reductions of beds when they are highly sort after and are needed.*
- *Adding therapy and getting the right teams involved for more timely discharges but this should be put in on ward 6 without the loss of beds.*
- *Whilst there may be advantages I think the disadvantages outweigh these.*

Question 7 focussed on what **potential barriers** individuals saw as part of the local health economy's preferred option (relocating to Ward 17, with 16 and dedicated therapy support). From the responses obtained, the main reasons put forward focussed on,

- Reduction of beds and wider reduction of services at Bishop Auckland Hospital,
 - *Reduction in beds could be as issue when there is demand.*
 - *Less beds, loss of ward 6 which has a fantastic reputation. Also again less utilisation of Bishop Auckland Hospital which is already hardly used.*
- The need to increase the offer on the existing ward
 - *It is a shame to lose beds, I personally feel that you could stay on ward 6 and increase the budget to include therapies.*
 - *It's nurse led but should be MDT led. Therapists are more beneficial to these patients than nurses.*
- And the wider system infrastructure and its ability to cope with increasing demands
 - *The reduction of services. Increased pressure on already overstretched community services.*
 - *Community support is not well co-ordinated patients may be sent home too early.*

The final qualitative question, encouraged respondents to identify anything else that they wanted to suggest for consideration. The responses to this question were largely commenting on the desire to see services retained and developed at Bishop Auckland Hospital and pressures on acute sites:

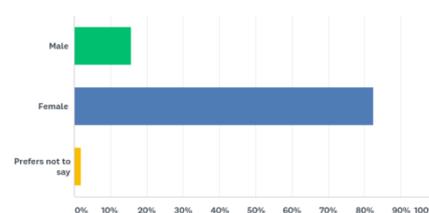
- *As long as there is going to be services still provided at Bishop in the future. Don't want to see any more services moving out of Bishop*
- *Can you publish wider and longer term plans for the hospital, because it is rapidly turning into an admin building, a PFI admin building!*
- *At certain points in the year the demand for beds becomes more intense so what happens when there are less beds available at BAH*
- *As above, this would ease the pressure on beds on the acute sites.... Some patients need to have a longer stay in a hospital environment where they feel safer and better supported*

Appendix 1:

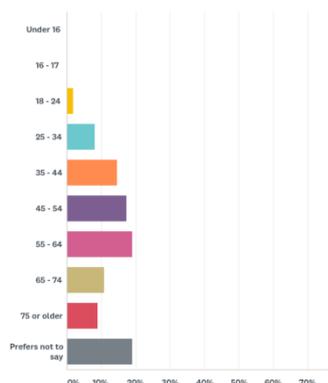
About the respondents

From the responses gathered through the online questionnaire, the vast majority were from women – 82% (n = 89).

Q10 Do you identify as:



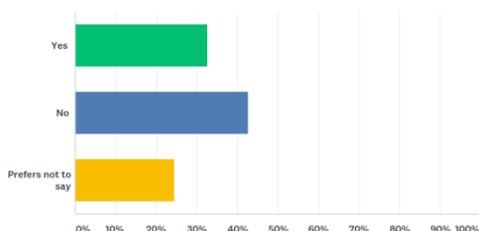
Q11 What is your age?



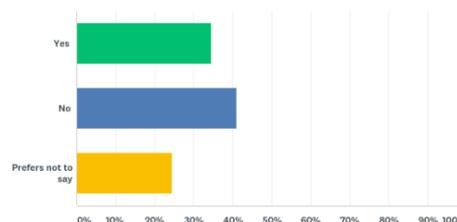
There has been a reasonable spread of responses from people of different ages (shown left). The greatest identified age range with 19% of the online responses was those aged 55 – 64 (n = 21), followed by 45 – 54 with 17% (n = 19). Although an equally high proportion, 19% (n = 21) of respondents preferred not to provide their age.

Respondents have also informed us that 33% (n = 36) of respondents do have a long term disability or health condition, see question 14 below. Although we again found that 25% (n = 27), preferred not to share this information.

Q14 Do you have a disability, long-term illness or health condition?



Q15 Do you have any caring responsibilities - for a friend or family member?



This was also reflected in the response from participants to question 15 regarding whether or not they had any caring responsibilities. From the responses, 35% (n = 38) stated they did have caring responsibilities. While we also saw a further 25% (n = 27) decline to provide this information.

Overwhelmingly, the respondents identified as being White English (96% or n = 101). In relation to individuals identified Sexual orientation, heterosexual accounted for 72% of the responses (n = 76), with Gay man, Bi-sexual and Other' each being identified with by 1% of respondents (n = 1). As with other questions, a significant proportion of 25% (n = 27) preferred not to provide this information.