

Improving Healthcare Together

Interviews with Carers

1) Introduction

Healthwatch Surrey engaged with the following Carers:

- One depth interview in Leatherhead [57 yr old female White British, carer of Mother-in-Law]. The interview took place on Tuesday 18th September 2018 in Leatherhead.
- One group of 8 people in Banstead [7 female, 1 male, aged 52 - 90, all White British - and 2 with long-term conditions / disabilities. Carers for their spouse or children]. The group was held on Thursday 27th September 2018 in Banstead.

2) Priorities / Main Criteria for 'Good Healthcare'

Participants highlighted 'Joined-Up' care delivery as a priority:

- between staff on a ward
- between different wards
- different shifts (especially between weekdays and weekends)
- different hospitals and;
- between the health and care sectors

Furthermore, being listened to and seeing action taken within an individual service or in relation to a specific condition (e.g. Dementia) is crucial. Similarly, easy transport access for carers / family / visitors was important. Barriers to such access are (for drivers) traffic jams and car park fees and (for non-drivers) the presence /convenience of buses. The distance to hospital is crucial in discussing the site for acute services.

"It would be nice if there was one person who knew his case - so they could give me a proper update. You end up repeating things over and over again when he moves ward"

"My daughter has three big files, and the notes don't keep up with her if she's moved"

"The logistics of trying to take someone with advanced Alzheimer's on a long car journey to hospital are just unbelievable. So I'm grateful it's Epsom"

3) What Needs Improving Most?

Co-ordination between social care and everyday care. Individual staff are generally very well-regarded (and trying their best in difficult circumstances) but the system is not considered to be working well. Staffing levels of nurses is a concern. In general, A&E is well-regarded but "the system falls apart" when patients are admitted.

*"[My husband] had cancer and was in B5 Ward in St Helier. He needed the toilet but they said 's*** the bed' as they didn't have anyone to accompany him"*

“They transferred me from Epsom to St Helier. I was nil by mouth all over the weekend, and on Monday the consultant said ‘I’m sorry - we thought you were discharged on Friday’”

“He had a UTI and was taken to St Helier. I can’t fault A&E; excellent nurses and doctors telling you what was happening. But the further up the hospital you go the worse the care gets”

4) The Principle of Integrated and Site-Focussed Acute Services (prefaced by overview of safety / modernity / funding issue)

Many of the carers’ concerns - the need for integration, co-ordination, continuity and effective communication of patient information - might, in theory, support a move to single-site acute services.

“With a financial background I appreciate the need to not over-duplicate and to have efficient and fit-for-purpose services. But there is a balance to be struck with serving local communities”

The ‘Case for Change’ - sufficient staffing at all levels, modern buildings and financial sustainability - is broadly accepted, but as noted some asked why not improve the existing multi-site arrangement. Buildings’ physical condition is less cited than the need for *cleanliness* - and the idea that staff shortages will be tackled by concentrating services was not wholly accepted: ‘[individual staff members] *already work at both sites*’.

The ‘Clinical Vision’ was deemed about right - but crucially the need for ‘integration’ was taken by carers as improving co-ordination *between existing sites*, not closing down or moving them. The ‘fairness’ of any solution was difficult to judge - or just not felt possible if some have to travel further.

“I could probably afford a cab [if I didn’t drive], but a lot of people couldn’t”

“As carers, we just want to be able to get to the nearest place”

“We all have different expectations - and some drive, some don’t - so you’ll never please all”

5) Potential Solutions - Acute Services only at Epsom, St Helier or Sutton Hospitals

Carers could not agree on what *actual* change might be best. The appeal of better co-ordinated / integrated services could not trump the view that moving any acute services would mean greater journey times (for ambulances and visitors), risk and inconvenience. St Helier has a generally solid reputation, but is seen as slightly ‘cold’ and difficult to access by car. Epsom is if anything better-regarded, due to its location and less austere feel. Uncertainty surrounds the Sutton Hospital site.

“[Sutton Hospital] has been basically closed. Blood tests are done there, and land was sold off.”