Improving Healthcare Together

Interviews with Older People

1) Introduction

Healthwatch Surrey engaged with the following Older People:

- A group of 16 participants aged between 68 – 86yrs with an average age of 78yrs. Four participants were male and twelve females, with fifteen White British and one mixed ethnic background. Four had long term disabilities. The group was held on Thursday 27th September 2018 in Esher.

2) Priorities / Main Criteria for 'Good Healthcare'

Overwhelmingly, participants stressed the importance of joined-up healthcare – GPs 'on the ground' in touch with social care providers and hospital staff.

It is important to walk in somewhere and feel it was clean and organised – somewhere you would feel 'safe in' – medically and generally. Staff were generally perceived as very caring – and 'doing their best in difficult circumstances'.

Ease of access was vital for these participants – whilst not necessarily a core component of healthcare as such, it was raised as an important aspect of the overall experience for this group. Ease of access encompassed affordability (use of bus passes and avoiding parking charges), frequency of the service and importantly how direct the service was. Many chose to use Kingston hospital as it was so easily accessible via public transport – even though it was not necessarily the nearest:

"We're spoilt here as we can get a bus direct to Kingston Hospital every 15 minutes – and use our bus passes. Buses don't go directly to the other hospitals around here and parking costs a fortune so most of us choose to go to Kingston – it's the easiest to use. That's a great advantage"

Reputation counts too – some of the participants would reluctantly use St Helier hospital as it had had historical MRSA problems. Word of mouth was the main source of these reports.

"St Helier has a rather dicey reputation as it was one of the first hospitals where MRSA was out of control. The protective wards were full so infected patients were put on open wards making the situation worse"

3) What Needs Improving Most?

The issue they thought most important was the need for a joined-up service. There was frustration that there was no central record of a patient's medical requirements ensuring the 'left arm could see what the right arm was doing'. The links that exist with social care are now perceived to be much weaker putting further pressure on the system. There was a

recognition that this is now being prioritised – though needs more money and focus. It was generally felt that the system was creaking – or not really working as it should be. The staff did their best (as stated earlier) but there were frequent mentions, too, of perceived inefficiencies.

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

Participants largely understood the case for change – it wasn't a case of just 'throwing more money at the problems'. Financial responsibility was deemed a necessity for a sustainable service, although how the funding works in practice is found to be rather confusing. What happens if a Trust does overspend/Do they need to recoup that money in the following years/Who pays for an overspend were some of the more commonly asked questions.

They appreciated that some of the infrastructure is old and unsuitable and needs updating, and staff could perhaps be better used in fewer locations to create 'centres of excellence'.

It was thought that the clinical vision was about right with the improved integration of care the most pressing issue to them.

5) **Potential Solutions – Acute Services focussed at Epsom, St Helier or Sutton Hospitals**

Despite understanding the case for change – and agreeing with the clinical vision – participants couldn't agree on the need for *actual* change. They all felt that moving any acute services would mean longer journey times in case of emergency and therefore greater danger. Revisiting thoughts on inefficiencies, they thought that if the system was run better – and there was less 'bed blocking' – then these changes wouldn't be necessary.

"The thought of closing down [some acute services] specifically at any hospital absolutely horrifies me. If you need A&E for anything you need to get there fast and don't want to have to go 12-15 miles, possibly through traffic. It could be too late by the time you get there."

"If you go to A&E on a Friday night, it's already too busy – standing room only. How would it help closing any down? Closing down maternity units too would cause issues"

"Not closing (or running down) the cottage hospitals would help – these could alleviate pressures on the bigger hospitals"

A huge amount of reassurance would be needed to convince participants that these changes would not result in greater journey times in the event of an emergency and if they did, then safety would not be compromised. Even though many did not presently use their nearest hospital, they still felt reassured knowing the acute services were close by if needed. Saying that, one of the vital considerations in any change would be accessibility – how easy the hospital would be to actually get to.