



South Warwickshire Community bed report

Past patient survey findings

Prepared for South Warwickshire
Foundation Trust

healthwatch
Warwickshire

Community hospitals - patient and carer feedback

Outline of review - background information

The review of the Community Hospital bedded facilities is part of the strategic review of discharge to assess (D2A) pathways (annex 1) in Warwickshire.

The review is being led by Warwickshire County Council and South Warwickshire Foundation Trust and is supported by all system partners.

The main aim of the review is to understand the current delivery and future requirements of all D2A pathways across the county and community hospital bedded provision within South Warwickshire.

Community Hospital bedded facilities provide Pathway 2 level support with the addition of nursing care. Therefore, support is predominately for patients that require an ongoing period of care, assessment, and rehabilitation but whom also have nursing needs that are perceived as being not able to be managed in the community.

What does the review seek to do?

- Understand and right size the community bedded requirements as well as the wider community support requirements
- Present a range of options based on the involvement and insight of people that use services, their families, carers, and wider stakeholders
- Use population health intelligence to help target support to people who are most likely to require community support offers
- Maximise available opportunities to collaborate with partners and wider stakeholders on the design and delivery of future services
- Clearly define the vision for the future model of care for the next 1-4 years

Aim of the survey

Healthwatch Warwickshire (HWW) were asked by South Warwickshire Foundation Trust (SWFT) to gather the responses from patients and carers who had experience of using community beds either at Ellen Badger Hospital in Shipston on Stour or The Nicol Unit in Stratford*.

*Note: *Letters were mistakenly sent out by SWFT to patients or carers who had attended Castle Brook Care Home in Kenilworth. The responses from those individuals (7) have been separated from Q3 onwards and represented in annex 2.*

Who was asked to complete this survey?

Surveys were sent out to those individuals who had received care in a Community Hospital bedded facility in South Warwickshire within the last 3 years.

The survey could be completed by either the individual or the person who cares for them. The letter and survey were sent out by South Warwickshire Foundation Trust (for confidentiality reasons) and all responses were collected by Healthwatch Warwickshire using their freepost address. Respondents could call HWW if they were unable to complete the paper copies themselves.

The survey was designed by South Warwickshire Foundation Trust (SWFT). Healthwatch Warwickshire's (HWW's) role was to collect and analyse responses independently ensuring that our report represented the responses that we received.

The survey ran for 3 weeks, allowing additional time for responses to be posted and collected by HWW.

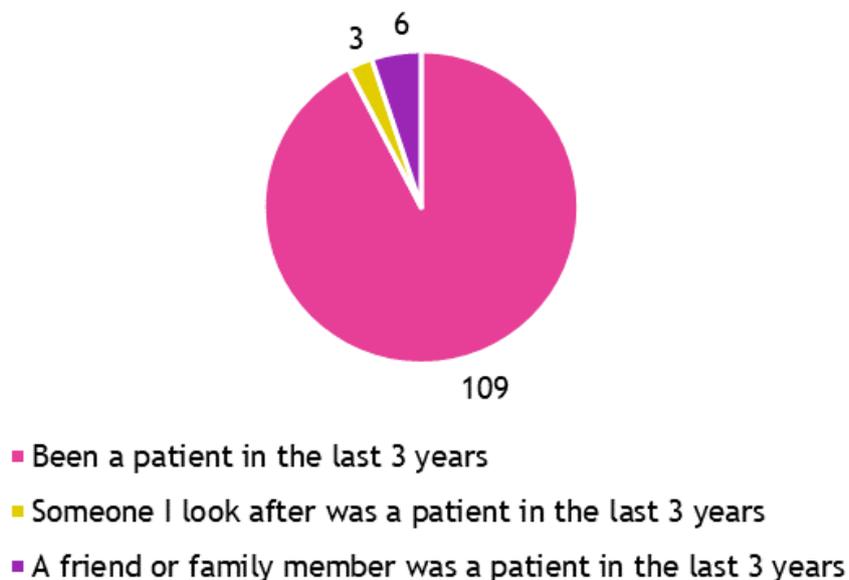
A copy of the letter and survey sent out to individuals can be found in annex 3.

Findings from survey

118 people responded to the letters and survey sent out by South Warwickshire Foundation Trust. Not all respondents answered every question. We have structured this report analysing each question in turn and where possible we have drawn conclusions. All of the data received by Healthwatch Warwickshire will remain anonymous.

Q1. What is your experience of community hospitals?

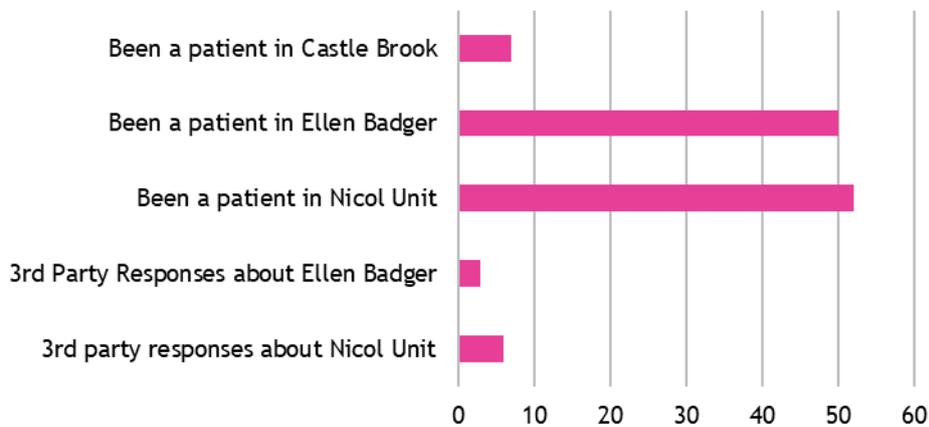
Respondents experience of Community Hospitals



Out of 118 respondents, the majority were patients in the past 3 years (109) with only a small number (9) identifying as a carer, friend, or family member.

Q2. Which community hospital(s) have you/the patient stayed in during the last 3 years?

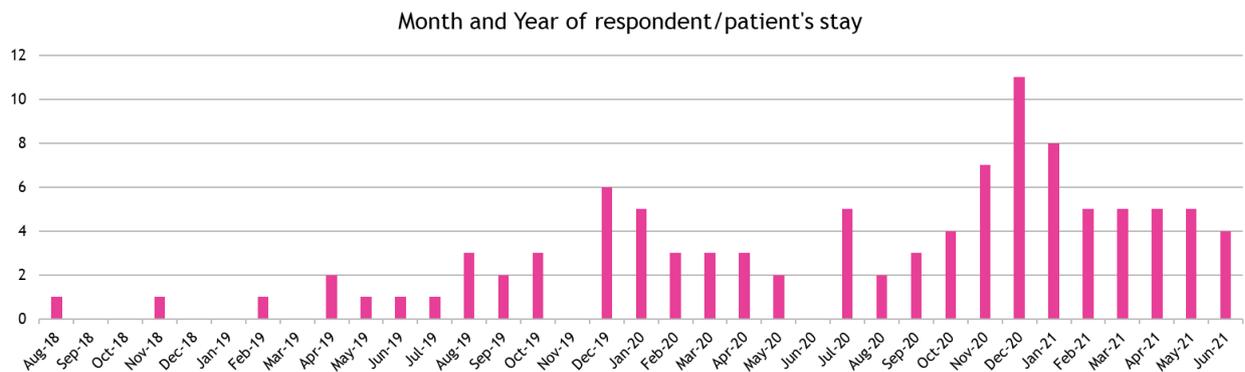
Community Hospitals stayed in by respondents/patients



All 118 people responded. We have drawn out where the person stayed and whether they had personal experience or third-party experience. Most respondents had experience of Ellen Badger or Nicol Unit (111 out of 118).

Note: As set out previously those who had experience of staying at Castle Brook were not included as part of the remit of this survey. From question 3 onwards the data for those individuals can be found in the annex.

Q3. Please state the month and year of the (most recent) stay, if known



111 people responded to this question. The graph illustrates when people told us they had used the community beds. The dates range from 2018 to 2021.

Q4. When you/the patient left hospital to be transferred to Ellen Badger Hospital or the Nicol Unit, where would you/the patient have preferred to go for ongoing treatment/rehabilitation?

Respondents were asked to rank their preference in order (1-5) but not all chose to do this. Therefore, we have represented the most preferred choices in the table below. The table illustrates that most respondents (61) told us that they would have preferred to stay in a community hospital.

Ellen Badger/Nicol Unit/Past Patient/3rd Party	Community Hospital (i.e. where I went)	Hospice	Residential or nursing home	Own home with additional nursing, therapy and or carer support
Most preferred 5	61	3	3	19
4	6	1	4	4
3	2	3	3	4
2	1	1	0	0
Least preferred 1	8	10	9	9

Q5. In your own words, please tell us what made you choose your preferred option(s)

We have selected comments from respondents who included reasons as to why they chose their preferences. 92 people left comments, some of which did not make a most preferred choice. We have represented the most popular choices below.

Community Hospital: Care and Rehab/Referred/Close to home

‘It was very beneficial for me to receive the care, rehab, physio and support before my return home. It also helped with my general health and well-being.’

‘I still needed oxygen after COVID - Pneumonia and could only walk a few steps unaided. To have support at that time was needed and very much appreciated’

‘We live in Alcester, so it was much easier for my husband to visit. I have a group of friends who also live in Alcester, had I not been in Stratford, I would not have had that support. Shipston is too far away for my family and friends to travel. It is vital we keep this facility.’

‘It was chosen for me, but I was happy that this was the case. It is also easier for my wife to visit me from Willersey.’

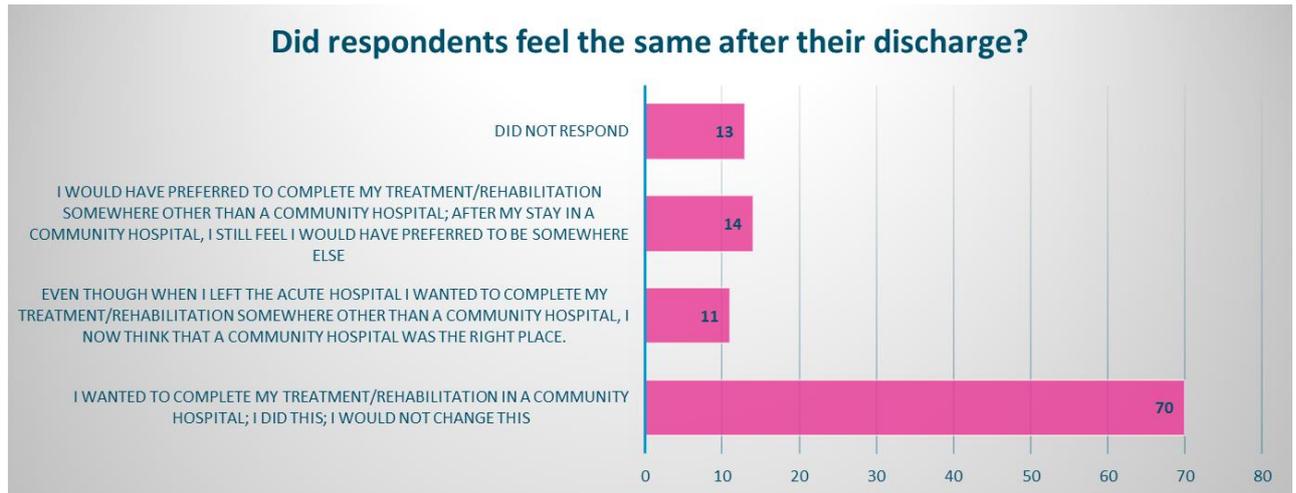
‘This option was decided for me by Warwick Hospital because I wasn't well enough to go home.’

Own home: Familiarity/Negative alternative

‘Having family and friends in my company in familiar surroundings.’

‘More relaxed plus able to sleep at home due to elderly frightened patients calling out. Only 2 nights free from disturbed loud calling.’

Q6. After you/they were discharged from Ellen Badger / Nicol, did you still feel the same about your preferred place for treatment / rehabilitation?



95 people responded to the question. 70 people told us that they would have still preferred treatment and rehabilitation in a community hospital. 11 people said that even though they wanted to complete their treatment elsewhere now thought that a community hospital was the right place. 14 respondents said that they still felt like they would have preferred to be somewhere else. 13 did not respond.

Q7. How did you feel about your/their time in Ellen Badger / Nicol? Please select the word(s) which most apply

Respondents were given a choice of words to express how they felt about their time in Ellen Badger or Nicol Unit:

Annoyed, Anxious, Confused, Happy, Ignored, Indifferent, Reassured, Supported, Upbeat.

The words are represented in a word cloud based on numbers of times chosen.



When we looked at word choice versus the experience of the individual it showed that the top choice in each was ‘Supported’. Past patients also frequently chose ‘Happy’ and ‘Reassured’ only a small number of those with 3rd party experience chose words like ‘Anxious’, ‘Confused’ and ‘Ignored’.

Q8. Please tell us why you chose these words

The most common reason for choosing the ‘positive words’ (170-word choices out of 225) illustrated above was because of their overall positivity towards their experience and the quality-of-care patients received.

‘The care and support I received was excellent. I was well looked after, and it gave me the opportunity to heal physically but also boosted my mental wellbeing.’

‘The wonderful staff on all levels gave me a very secure, well cared for feeling. I will never forget the kindness and care I received there. Truly amazing when they were all working so hard to help us all.’

‘The staff were always patient with her, helped her mental state.’

Those respondents with 3rd party experience who chose Anxious/Confused/Ignored (total of 6 choices out of 225 choices made) gave reasons including: patient’s distance from home, issues with patient’s dementia and lack of communication around Do Not Resuscitate (DNR) being placed on patients.

‘Mixed time at Nicol ward - reassured that was finally having some OT in particular (but at last minute could not be discharged on day as no opportunity to practice stairs - resolved by me moving bed downstairs) Ignored and annoyed that my mother was put on a DNR with no discussion with me. I had to ask and by the time the GP answered (?) back my mother was home.’

Q9. Please rate how important the following things were to you or your relative in your/their recovery and rehabilitation (1 is not at all important, 5 is very important)

Respondents were asked to rank their preference in order (1-5) but not all chose to do this. Therefore, we have represented the most preferred chosen, in the table below. The table illustrates that all items were ranked as ‘5 very important’.

	Access to therapy	Access to nursing care	Being close to home	Support available 24 hours a day	Safe environment for rehabilitation	Being at home	Being able to see family
Total responses	73	85	77	81	73	60	60
Very important 5	61	63	44	61	60	36	46
4	9	12	11	12	9	4	4
3	1	7	13	5	3	5	5
2	0	1	4	1	0	5	1
Not at all important 1	2	2	5	2	1	10	4
Most preferred choice =							

Q10. What do you feel were the main benefits of your/their time in Ellen Badger Hospital or the Nicol Unit?

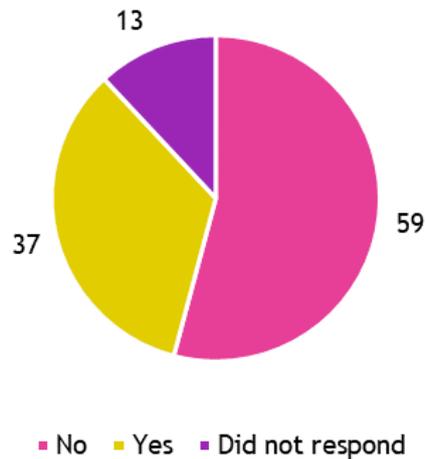
109 people answered this question. The top 3 most common benefits people described were:

1. Quality of Care
2. Rehabilitation
3. Transition from hospital to home

Note: respondents with 3rd party experience favoured being local as their 3rd most common choice

Q11. Is there anything that you think could have improved your rehabilitation?

Did respondents think anything could have improved their rehabilitation?

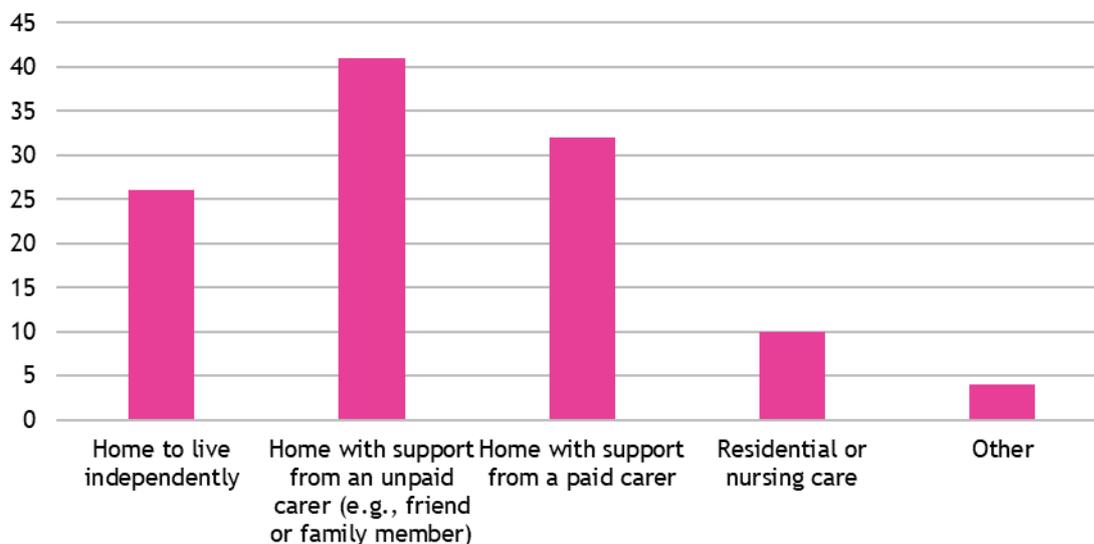


Q12. If yes, please tell us more about your answer

37 people said 'Yes'. 22 of these mentioned issues around resources, particularly Physiotherapy and staff numbers. 4 people mentioned not being able to see family members as often as they would have liked. The COVID-19 pandemic restrictions and communication were also mentioned in the feedback.

Q13. At the end of your stay at Ellen Badger Hospital or the Nicol Unit where did you go?

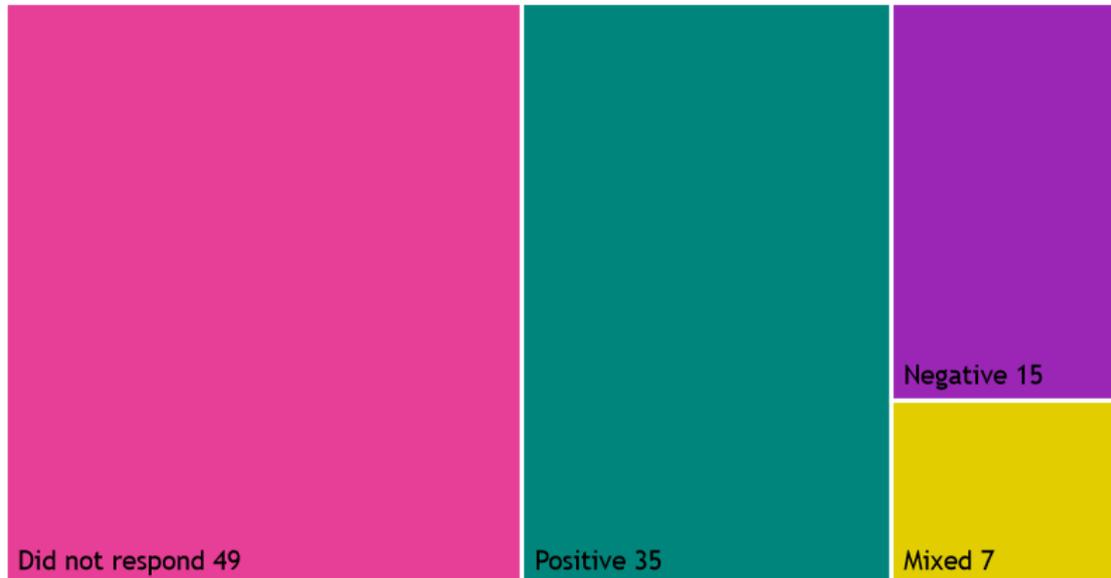
Where respondents went after their stay



The graph above illustrates where the respondent moved on to after their stay in a community bed. It shows that in most cases the individual went back to their own home either to live independently or with the support of an unpaid or paid carer.

Q14. Is there anything else you would like to tell us about your views on having inpatient beds in community hospitals?

Sentiment of further responses



We have illustrated the feedback received proportional to the sentiment of the comments made.

Positive (7)

‘Community beds are imperative to the community. This local facility is so important for the communities, families rely on this facility, and it is reassurance for both patient and family/friends. I think these facilities are completely understated.’

‘Much better environment to get back to normality.’

‘I think they are great idea. I think the individual care from nursing staff actually saved my life.’

‘It’s a pity we cannot have more beds in community hospitals and perhaps help relieve the pressure of many elderly people in the main hospitals occupying beds.’

‘I feel they are very important. A better assessment could be made by staff as to how I was doing. I was a Warden for 27 years and lots of my residents went into a community hospital which was excellent. This was the first time I had been a patient.’

‘I didn’t know until I experienced it what a VITAL service the community hospital offers.’

‘Having inpatient beds there creates a happy atmosphere which helps towards recovery - and feels more familiar and cosier.’

Negative (3)

‘During Covid the communication for relatives was extremely poor. My mother couldn't manage a mobile phone and there was one phone on the ward to communicate with. I made a complaint (heard nothing) as sometimes waiting more than an hour to get through. The GPs who provided service must communicate to families (I had Power of Attorney for legal and financial not health) when deciding on the DNR's.

‘It was very different to Heathcote Rehab as I had no clothes and couldn't see my family. I would have liked to walk more as I was struggling with this. Still not great at walking now.’

‘I feel that I should have had more physio that I was sent there for even though I have had a complex knee replacement in Nov 2020 I am still having another operation as wire from the first operation has moved and needs some of it to be removed.’

Mixed (1)

‘It would have been nice to be supported with a complaint. I complained when a nurse would not take me to the bathroom. Because I reacted it became an incident. I did have a word but felt it was dismissed. Everything else was fine, food good, nurses lovely, I just think if someone needs to complain they should be able to.’

Conclusion

Respondents illustrate in the findings that they valued the service that was provided to them through community bedded facilities available in South Warwickshire.

Thank you

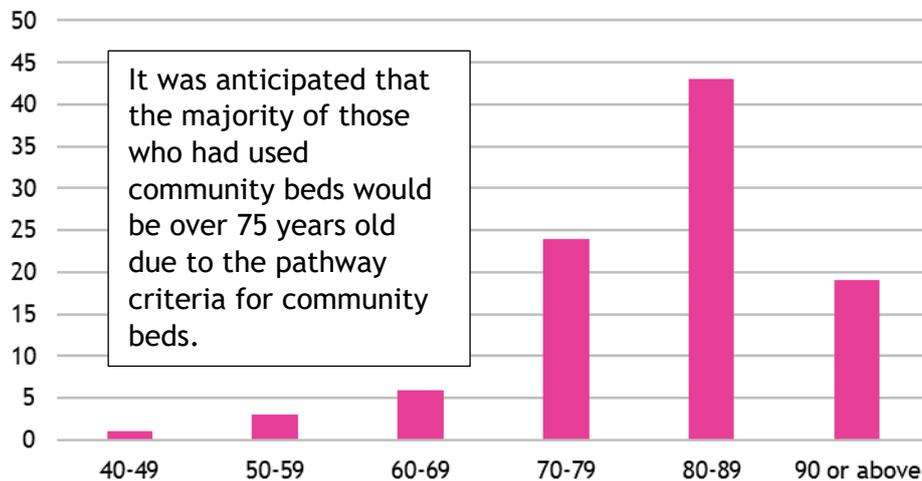
Healthwatch Warwickshire would like to thank participants for taking part in this survey. Your feedback will be passed on to South Warwickshire Foundation Trust.

Demographic information

The criteria for demographic information to be collected was designed by South Warwickshire Foundation Trust and can be seen below. Not all respondents chose to complete this information.

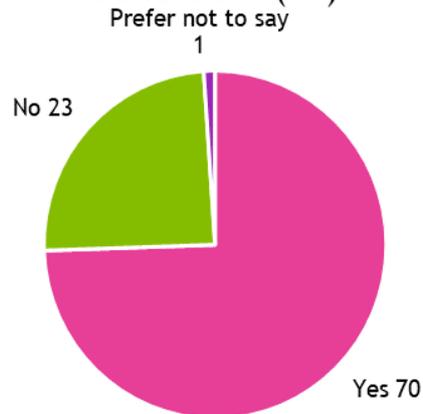
Age

Age of respondents (96)



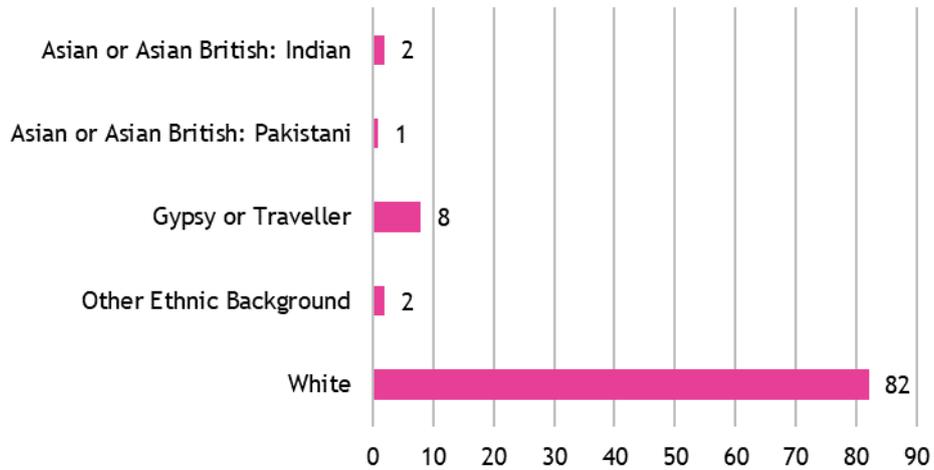
Long Term Health Condition

Do respondents have a Long Term Health Condition? (94)



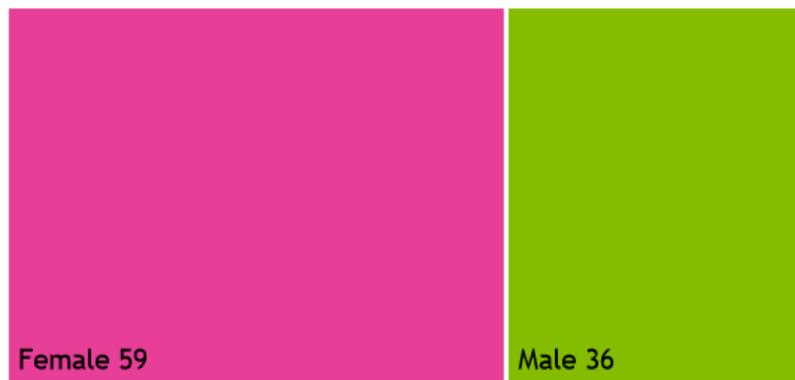
Ethnicity

Ethnicity of respondents (95)

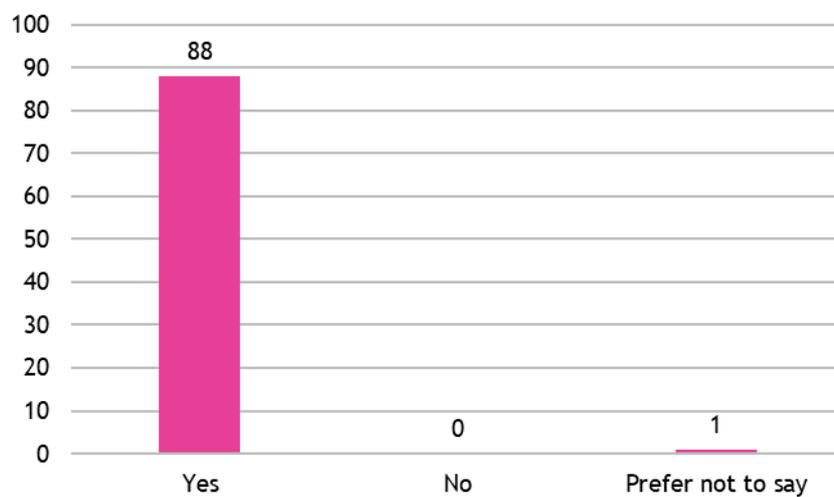


Gender

Gender of respondents (95)

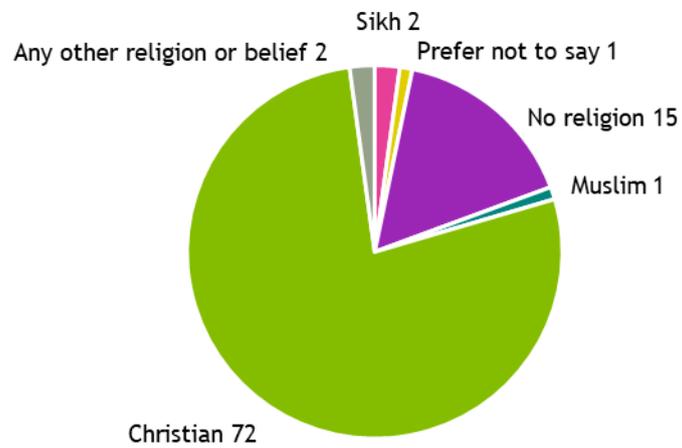


Does gender identity of respondents match their sex registered at birth? (89)



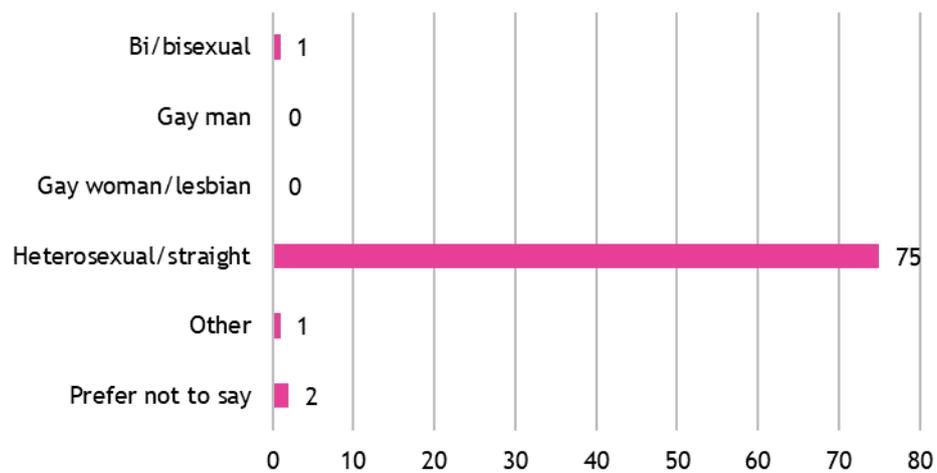
Religion and beliefs

Religion/belief of respondents (93)



Sexual orientation

Sexual orientation of respondents (79)



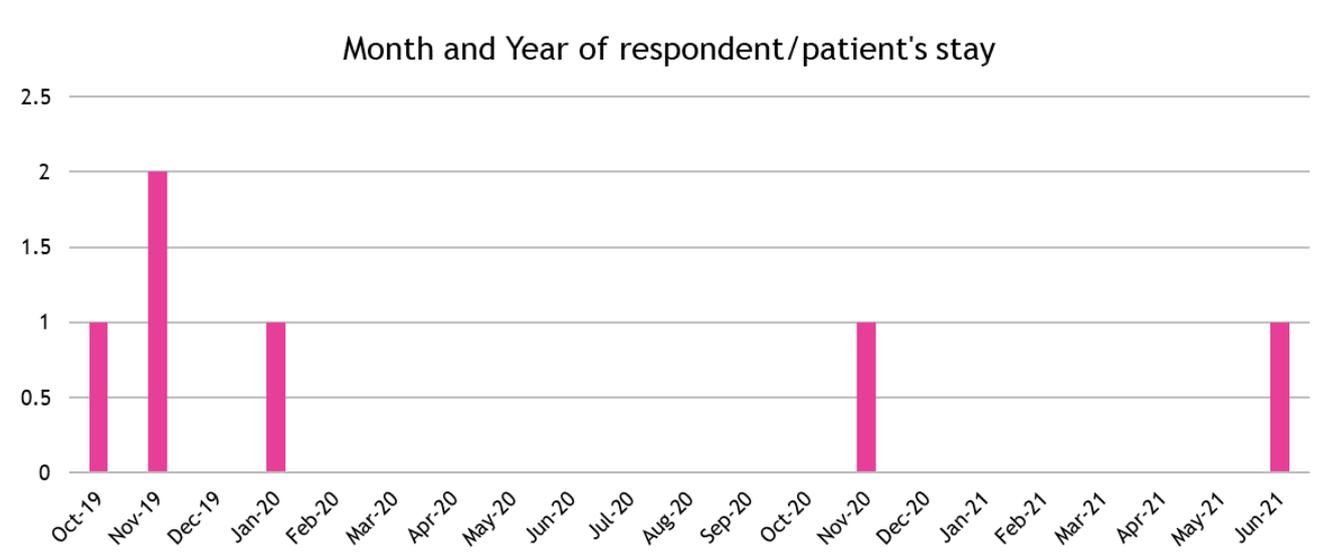
Annex 1 - discharge pathways in Coventry and Warwickshire

Coventry and Warwickshire Discharge to Assess Pathway definitions based on new Hospital Discharge Guidance:

Pathway	Ambition	Think	Definition
Pathway 0	50% of people	As Is	Discharge home to usual place of residence with: <ul style="list-style-type: none"> • <u>no</u> support from health or social care once at home or, • the same level of care as that provided prior to admission (even if with different provider)
Pathway 1	45% of people	Own Bed	Discharge home <u>with new or an increased level of care</u> compared to that provided prior to admission
Pathway 2	4% of people	Interim Bed	Discharge to an interim / temporary step-down bed
Pathway 3	1% of people	Permanent Bed	Discharge to a 24-hour care setting that is likely to be a permanent placement

Annex 2: Castle Brook Data

Q3. Please state the month and year of the (most recent) stay, if known



Q4. When you/the patient left hospital to be transferred (to Castle Brook) where would you/the patient have preferred to go for ongoing treatment /rehabilitation?

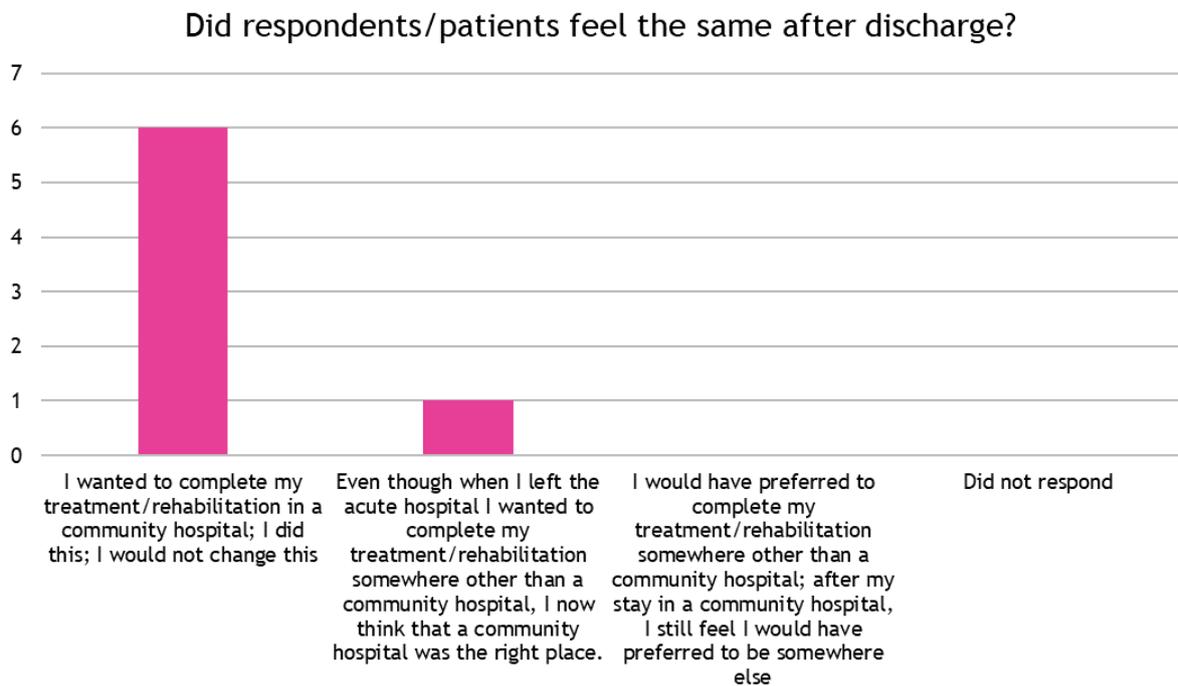
	Community Hospital (i.e. where I went)	Hospice	Residential or nursing home	Own home with additional nursing, therapy and or carer support
Number of selections	4	1	1	2
Most preferred 5	4	0	0	1
4	0	0	0	0
3	0	0	1	0
2	0	0	0	0
Least preferred 1	0	1	0	1

Q5. In your own words, please tell us what made you choose your preferred option(s)

‘Because I live on my own.’ Respondent chose Community Hospital

After stay

Q6. After you/they were discharged (from Castle Brook) did you still feel the same about your preferred place for treatment / rehabilitation?



Q7. How did you feel about your/their time (in Castle Brook)

Please select the word(s) which most apply

Choice of words: Annoyed, Anxious, Confused, Happy, Ignored, Indifferent, Reassured, Supported, Upbeat.

Top 3 most frequently selected words: Supported (5) Happy (4) Reassured (3)

Q8. Please tell us why you chose these words

Quality of care was the most frequent theme for respondent's choice of words.

‘Because that is how I felt they were a marvellous team; all of them, everybody there was wonderful.’

Q9. Please rate how important the following things were to you or your relative in your/their recovery and rehabilitation (1 is not at all important, 5 is very important)

	Access to therapy	Access to nursing care	Being close to home	Support available 24 hours a day	Safe environment for rehabilitation	Being at home	Being able to see family
Total responses	7	6	5	6	6	6	6
Very important 5	7	5	4	5	6	3	5
4	0	0	1	0	0	0	0
3	0	1	0	1	0	0	1
2	0	0	0	0	0	1	0
Not at all important 1	0	0	0	0	0	2	0

For past patients, all items were most frequently ranked as '5 Very important'

Q10. What do you feel were the main benefits of your/their time (in Castle Brook)?

Respondents commented on rehabilitation, the quality of the care they received, their improved independence and transitioning from hospital to home.

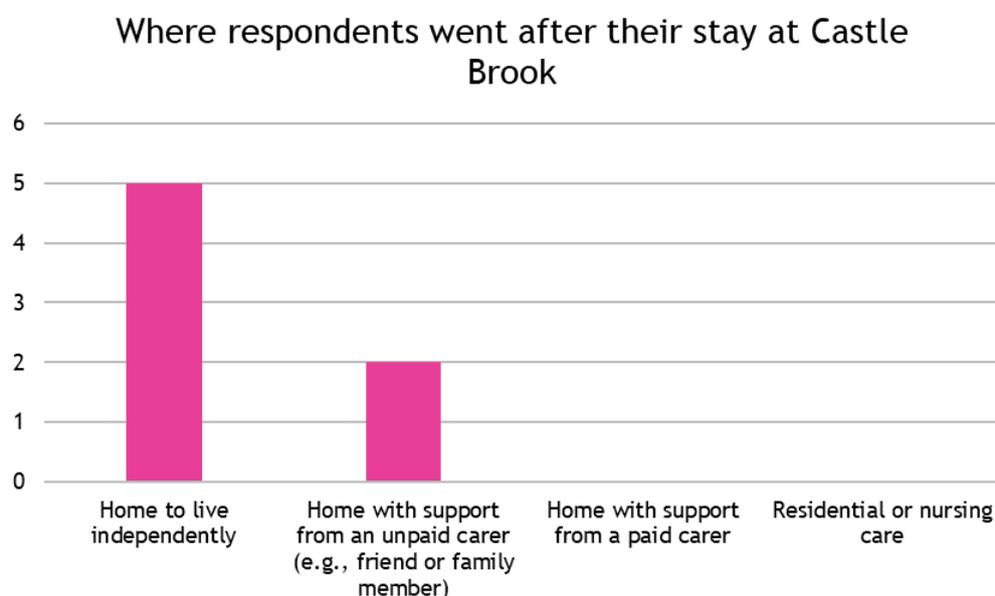
Q11. Is there anything that you think could have improved your rehabilitation?

4 respondents said 'no' and 3 respondents said 'yes' when asked if there was anything that could improve their rehabilitation.

Q12. If yes, please tell us more about your answer

3 people said 'Yes'. They commented on requiring greater personalisation of diet, needing more encouragement to become mobile, and further information about their medication.

Q13. At the end of your stay (at Castle Brook) where did you go?



Q14. Is there anything else you would like to tell us about your views on having inpatient beds in community hospitals?

4 people left further comments all of which were positive. 3 did not leave any response. The comment below represents the sentiment.

‘It was certainly what I needed I could not have coped at home, so it is very important that these places are there for people when they need them.’

Annex 3: letter and survey sent to individuals who had used community beds in the past 3 years

<p>Address</p> <p>Our ref:</p> <p>Date</p> <p>Dear</p> <p>I'm writing to you because you have been a patient in a community hospital run by South Warwickshire NHS Foundation Trust within the past two years, and I would like to ask for your feedback to help us evaluate the services we provide and make sure they continue to meet the needs of our patients.</p> <p>The Trust is currently undertaking a review of the inpatient facilities at our community hospitals; Ellen Badger in Shipston-on-Stour and the Nicol Unit at Stratford Hospital. The review will help us to understand the extent to which our current model of care meets the needs of our patients and where there may be things we can do differently. It will enable us to continue supporting people to access the right care for them and to maintain their independence as far as possible.</p> <p>There are a range of options available to support patients when they are discharged from an acute hospital – such as Warwick – that can cater for a patient's <u>longer term</u> needs and offer the support they need. This includes assisting them when they get home or move into another facility for longer-term care.</p> <p>The best place for people to continue their recovery is often at home, and this is usually where patients prefer to be when discharged from an acute hospital. However, the current community hospital facilities at Ellen Badger and the Nicol Unit provide beds which, where there is no suitable alternative option, can also be used to support people as they recover from their illness.</p> <p>The review will explore previous, current and future use of our community hospital beds alongside out-of-hospital services that can offer a range of alternative options to support patients to remain well and independent. It will focus on the best way to meet the health and care needs of the population of south Warwickshire both now and in the years to come. It is important to us that this review reflects a range of perspectives, which is why I would really welcome your input by taking the time to complete the enclosed survey.</p> <hr/> <p>Chair: Russell Hardy Chief Executive: Glen Burley</p>	<div style="text-align: center;"><p>Helen Lancaster Director of Operations Management Corridor Warwick Hospital Lakin Road Warwick CV34 5BW</p><p>Email: Helen.Lancaster@swft.nhs.uk</p></div> <p>We are working with Healthwatch Warwickshire, an independent organisation that helps to involve health and social care users in the design of local services. They will receive the completed surveys and analyse the results for us. To return your survey, please use the enclosed envelope with the Freepost address.</p> <p>If you have any questions about the survey, or would prefer to complete it by telephone, you can do so by contacting Healthwatch on: XXX Thank you very much for your feedback and for taking the time to help make sure your local NHS can continue to provide the right treatment and care for all our patients.</p> <p>Yours sincerely</p> <p></p> <p>Helen Lancaster <u>Director of Operations</u></p> <hr/> <p>Chair: Russell Hardy Chief Executive: Glen Burley</p>
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Community hospitals – Patient and carer feedback

- What is your experience of community hospitals?
 - I have been a patient
 - Someone I look after has been a patient
 - A friend or family member has been a patient in the last 3 years
- Which community hospital(s) have you/the patient stayed in during the last 3 years?
 - Ellen Badger Hospital in Shipston on Stour
 - Nicol Unit at Stratford Hospital
 - Not sure
- Please state the month and year of the (most recent) stay, if known
 Month _____ Year _____
 Not sure

Before your stay at a community hospital

- When you/the patient left hospital to be transferred to Ellen Badger Hospital or the Nicol Unit, where would you/the patient have preferred to go for ongoing treatment / rehabilitation?

	Least preferred ----- Most preferred					I'm not sure
	1	2	3	4	5	
Community Hospital (ie where I went)						
Hospice						
Residential or nursing home						
Own home with additional nursing, therapy and or carer support						
Other						

- In your own words, please tell us what made you choose your preferred option(s)

- Is there anything that you think could have improved your rehabilitation?
 - Yes
 - No

- If yes, please tell us more about your answer

- At the end of your stay at Ellen Badger Hospital or the Nicol Unit where did you go?
 - Home to live independently
 - Home with support from an unpaid carer (e.g. friend or family member)
 - Home with support from a paid carer
 - Residential or nursing care
 - Other – please state

- Is there anything else you would like to tell us about your views on having inpatient beds in community hospitals?

Thank you for taking the time to complete this survey.

After your stay at a community hospital

- After you/they were discharged from Ellen Badger / Nicol, did you still feel the same about your preferred place for treatment / rehabilitation?
 - I wanted to complete my treatment/rehabilitation in a community hospital; I did this; I would not change this
 - I would have preferred to complete my treatment/rehabilitation somewhere other than a community hospital; after my stay in a community hospital, I still feel I would have preferred to be somewhere else
 - Even though when I left the acute hospital I wanted to complete my treatment/rehabilitation somewhere other than a community hospital, I now think that a community hospital was the right place.
- How did you feel about your/their time in Ellen Badger / Nicol?
 Please select the word(s) which most apply
 - Annoyed
 - Happy
 - Reassured
 - Anxious
 - Ignored
 - Supported
 - Confused
 - Indifferent
 - Upbeat

- Please tell us why you chose these words

- Please rate how important the following things were to you or your relative in your/their recovery and rehabilitation (1 is not at all important, 5 is very important)

	Not important ----- Very important					I'm not sure
	1	2	3	4	5	
Access to therapy						
Access to nursing care						
Being close to home						
Support available 24 hours a day						
Safe environment for rehabilitation						
Being at home						
Being able to see family						

- What do you feel were the main benefits of your/their time in Ellen Badger Hospital or the Nicol Unit?

Glossary of terms

HWW - Healthwatch Warwickshire

SWFT - South Warwickshire Foundation Trust

D2A - Discharge to assess



Contact us today if you would like to provide feedback about health and care services or if you would like this report in an alternative format.

Address: FREEPOST Healthwatch Warwickshire

Telephone: 01926 422823

Email: info@healthwatchwarwickshire.co.uk