

# South Warwickshire Community beds report

Feedback from public survey



#### Community hospitals - patient and potential patient 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 and 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 collate the responses of past and potential patients about their experience or hypothetical needs in relation to community bed provision in South Warwickshire.

#### Who was asked to complete this survey?

The survey was available to complete online via Healthwatch Warwickshire website (paper copies were available upon request).

The survey could be completed by an individual who had used community beds, a carer/family/friend who had experience of community bed provision or someone who wanted to tell us about their wishes if they had to use community beds in the future.

Healthwatch Warwickshire were asked by South Warwickshire Foundation Trust to seek the views of people over the age of 75 as well as looking to share the survey with communities and groups in South Warwickshire.

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

The online survey ran for 3 weeks. A copy of the survey questions and who we sent it to can be found in annex 2.

#### Findings from survey

Given the nature of the survey we decided to analyse the responses looking at those who had experience of using community beds (either direct or third party) and those who did not but wished to share their views.

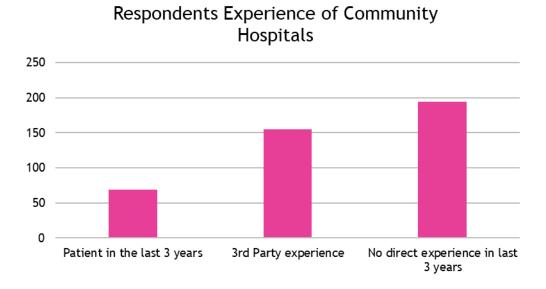
427 people responded to the survey. Not all respondents answered every question.

We have structured a response to every question based on what people told us. Where there was no clear evidence to make conclusions, we will illustrate the reasons as to why in the report. All of the data received by Healthwatch Warwickshire will remain anonymous and findings will be passed on to South Warwickshire Foundation Trust for consideration.

#### Thank you

Thank you to all the people who took the time to complete the survey. Your feedback will be passed on to South Warwickshire Foundation Trust.

Q1. Have you had any direct experience of community hospitals?



419 people responded 447 times to this question. 20 respondents answered in more than one category. For example, they might have been a patient and also have known someone who was a patient.

224 people said that they had either been a patient in the last 3 years or had 3<sup>rd</sup> party experience of someone using community beds which could be someone they

look after, or a friend or family member, who has been a patient in the last 3 years.

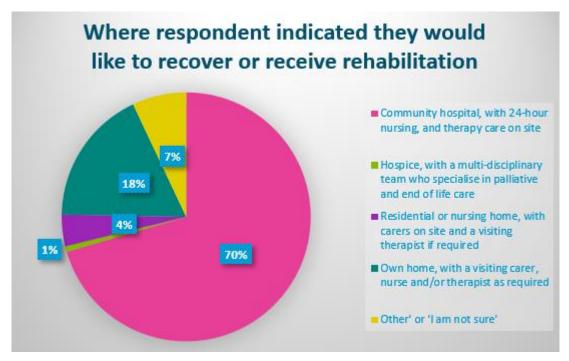
194 people said they had no direct experience of community beds but wanted to feedback on their views.

8 chose not to respond.

Q2. If you or a close relative were in an acute hospital and were well enough to leave but your assessment indicated that further recovery or rehabilitation was needed, where would you prefer for this to happen?

The total number of people who responded to this question was 413. 29 people chose the options 'other' and 'I am not sure' with the remaining 384 choosing from the other four options.

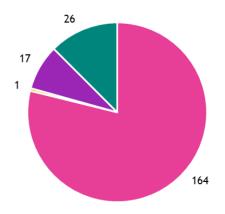
The pie chart below illustrate that 291 respondents (70%) were in favour of receiving ongoing care and support through a community hospital setting after a stay in an acute hospital.

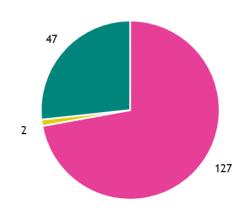


When we split out the data (pie charts below) to those who had experience and those without it showed that people with experience favoured residential or nursing home but question 3 illustrates the reasoning behind this.

#### Respondents WITH experience

#### Respondents WITHOUT experience





- Community hospital, with 24-hour nursing, and therapy care on site
- Hospice, with a multi-disciplinary team who specialise in palliative and end of life care
- Residential or nursing home, with carers on site and a visiting therapist if required
- Own home, with a visiting carer, nurse and/or therapist as required

Note: Numbers shown in the pie charts represent the number of people who chose each category.

#### Q3. In your own words, please tell us what made you choose this option

Respondents both with and without experience told us that their most common reasons for choosing Community Hospital (291) were: having local support from friends and relatives, and the availability of 24-hour medical care. Many wanted to have a balance between these two. Respondents with experience also told us about the transition between acute hospital care and being well enough to return to their own homes was a reason for preferring rehabilitation care in a Community Hospital.

Those who chose their Own Home (73) commonly told us that this was their personal preference. Those without experience also told us that they would like to balance this with ongoing care.

The seventeen respondents who chose a Residential or Nursing Home (17), were all people with experience, the most common reason being that this was recommended to them.

When choosing Hospice (3), respondents told us this was for the specialised care they would receive.

17 respondents told us they were unsure what their choice would be, many stating it would depend on the individual circumstances.

Q4. Please rate how important the following things are to you or your relative in recovering after a hospital stay (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
Number of responses	389	398	401	396	399	363	402
Very important 5	332	347	317	328	344	143	324
4	40	33	58	48	40	57	51
3	14	13	18	13	9	104	21
2	0	1	4	3	4	46	3
Not at all important 1	3	4	4	4	2	13	3
Most preferred choice =							

For most factors, the overwhelming majority of respondents said that each factor was very important. However, for 'Being at Home' there appears there was more uncertainty as to whether this was very important or not (demonstrated by over a quarter rating this a '3').

Q5. Is there anything else you would like to tell us about your views on having inpatient beds in community hospitals?

The top 3 themes from both respondent types (with experience and those without) were:

- 1. Community having local facilities in the community
- 2. Having friends and family local to where you are staying/receiving treatment
- 3. Transition it being an appropriate way to transition between an acute stay in hospital and returning home

When we looked at both the respondents that had experience and those who did not it showed slight differences in choices. Shown below:



For all respondents the most common themes were around locality, community and friends and family being close by while rehabilitating. Examples of feedback are provided below:

#### Community (inc. Shipston)

This theme includes any comments that mention how a community benefits from the inclusion of a Community Hospital. It also includes the comments making specific reference to Shipston as a Community

As a number of family members have benefitted from our local hospital in Shipston on Stour in the past I fully understand the benefit of a local community hospital. Not to have the worry of travel, parking, whether or not your family and friends can visit you, that care is on hand at the moment of need in a local setting is immensely comforting. As the population of Shipston has increased it seems such a backward step to take away such a treasure as our community hospital.

#### Friends and family local

Included in this theme are any comments that mention friends or family with specific reference to them being close by for visiting.

The quality of life for the patient knowing they are close to home while they fully recover health and confidence, and the proximity of loved ones who can visit often in that period make for an important facility it would be very sad to lose.

#### Positive experience

This theme references all positive experiences that respondents mentioned that were not linked to any further reason.

Received help for personal care following a broken wrist. Very caring and helpful at all times.

#### **Transition**

Included in this theme are any comments referencing Community Hospitals as a transition between acute hospitals and home (or an alternative)

There needs to be flexibility and monitoring so that transition to home or a different facility can be managed effectively and sympathetically.

#### **Vital**

This theme includes comments that were made about respondents' views on the necessity of Community Hospitals.



Crucial and why I moved to South Warwickshire.

#### Hope (inc. better care)

Included in this theme are any responses that give an opinion about hopes for future or better care for patients.



I would wish for individual bedded units with ensuite facilities, a full range of therapies, full diagnostics, and high-quality staff.

#### Travel

This theme includes comments about travelling longer distances or using public transport.

Please do not get rid of them. When you live rurally main hospitals can be many miles away and not easy to get there without a car. Plus, the parking problems and time and stress involved in getting there. Not least of which once there you can't find where you are supposed to go because the main hospitals are like mini towns!

#### Concern numbers

Any comments included in this theme reference concerns about staffing levels, numbers of beds available etc.



LA very valuable step-down facility for those not able to recover at home but taking pressure off acute beds.

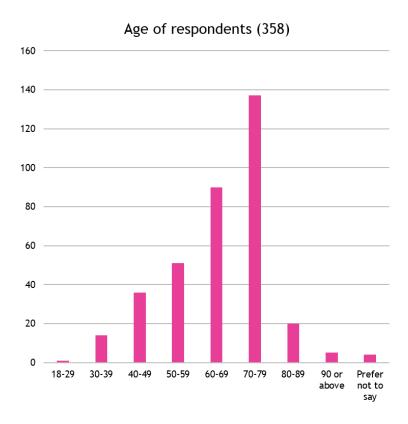
#### Conclusion

The report and its findings illustrate that respondents are in favour of the community hospital bedded facilities that are available in South Warwickshire.

#### **Demographic information**

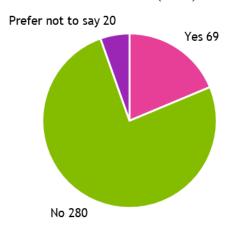
The criteria for demographic information gathered was set by South Warwickshire Foundation Trust and we have looked at the data collectively, irrespective of whether or not the individual had experience of community beds.

Age



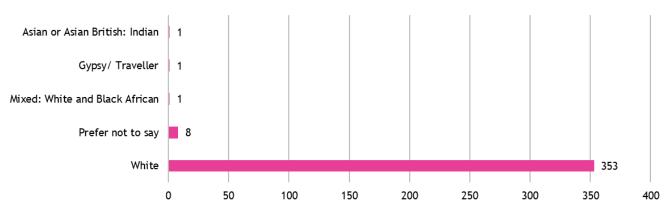
### Long term health condition

# Do respondents have a Long Term Health Condition? (369)



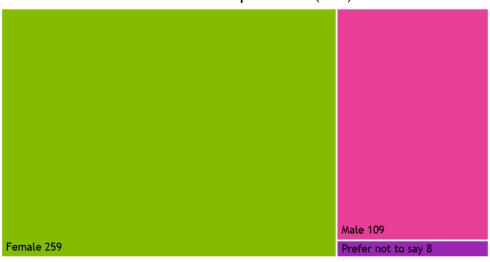
# **Ethnicity**



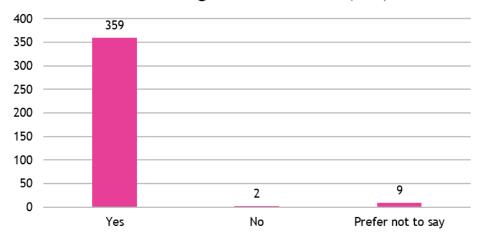


#### Gender

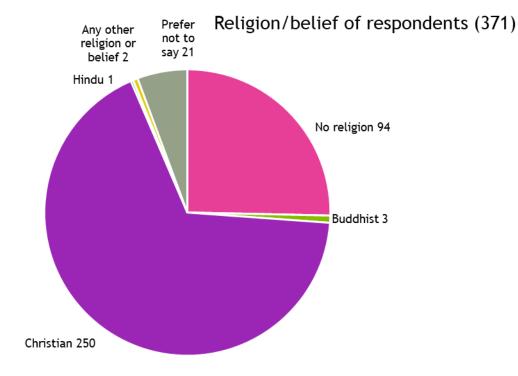
Gender of respondents (376)



Does gender identity of respondents match their sex registered at birth? (370)

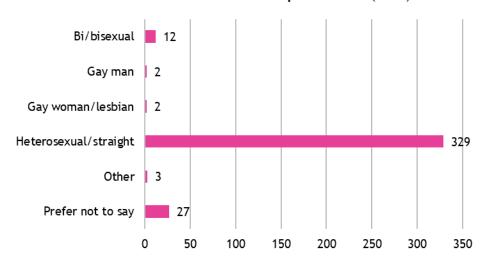


# Religion or belief



#### **Sexual orientation**

# Sexual orientation of respondents (375)



## 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	<ul> <li>Discharge home to usual place of residence with:</li> <li>no support from health or social care once at home or,</li> <li>the same level of care as that provided prior to admission (even if with different provider)</li> </ul>
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: survey questions and design

Community hospitals – pot	ential pa	tient fee	dback		out of	hospital warwickshire
ommunity Hospitals are small local ho ot need to be in an acute hospital. In ospital in Shipston and the Nicol Unit	south Warwi	ickshire ther				
Have you had any direct experi	ience of com	munity hos	oitals?			
Yes, I have been a patient in the last 3 years						
Yes, someone I look af			the last 3 ve	arc		
Yes, a friend or family						
☐ No, I do not have any o	direct experie	ence of com	munity hosp	itals in the la	st 3 years	
<ol><li>If you or a close relative were indicated that further recovery happen?</li></ol>						
Community hospital, v	vith 24-hour	nursing, and	therapy car	re on site		
Hospice, with a multi-c					nd of life ca	re
Residential or nursing						
Own home, with a visit				-	required	
			ilici apist as	requireu		
U Other – please state _						
☐ I'm not sure						
3. In your own words, please tell	us what mad	le vou choos	e this option	n		
4. Please rate how important the				elative in rec	overing afte	er a
hospital stay (1 is not at all imp		, ,	nt)			
	Not impor	tant		Ver	y important	
	1	2	3	4	5	I'm not sure
ccess to therapy						
ccess to nursing care						
eing close to home						
upport available 24 hours a day						
afe environment for rehabilitation						
eing at home eing able to see family		-	-	1		

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

#### Glossary of terms

HWW - Healthwatch Warwickshire

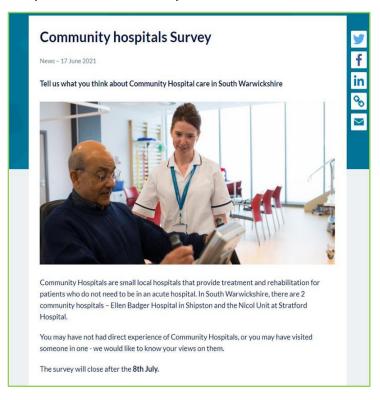
SWFT - South Warwickshire Foundation Trust

D2A - Discharge to assess

Acute hospital - where a person might access treatment for an acute illness or surgery (planned or emergency)

#### Annex 3: Promotion of the survey

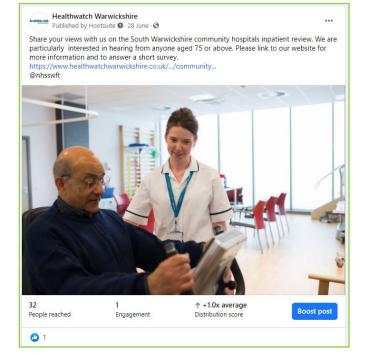
We promoted the survey on our website and social media



There were 80 page views on our 'Community hospitals survey' web page between June 17th and July 9<sup>th</sup>, 2021.

(This page is no longer accessible to the public.)





We shared 7 posts in three weeks, on both our Twitter and Facebook sites, to encourage people to complete the survey. The above screenshots are a sample of those we shared.

# Full list of organisations contacted as part of our engagement with local communities in South Warwickshire:

- Age UK
- Alcester Health and Wellbeing Board
- Citizens Advice Over 65's support
- Commissioned Care Providers
- Equality and Inclusion Partnership
- League of Friends of Ellen Badger Hospital
- League of Friends of Stratford Hospital
- South Warwickshire Social Prescribers
- Stour Health and Wellbeing Partnership Members (including Work Streams)
- Stratford District Council Older People Policy Officer
- SYDNI Centre older people activities
- The Gap Community Centre older people activities
- Voluntary Action Stratford on Avon
- Warwickshire Association of Local Councils Parish Councils
- Warwickshire Community and Voluntary Action E-Grapevine Newsletter
- Warwickshire Community and Voluntary Action -Stratford District
- Warwickshire Community and Voluntary Action Warwick District
- Warwickshire County Council Communities Teams
- Warwickshire County Council Development Officers
- Warwickshire County Council Gypsy and Travellers Team
- Warwick District Dementia Group
- Warwick District Faith Forum

**Thank you** to all the organisations that shared the survey and allowed us to reach individuals and groups within our local communities.



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.

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