Torrington Community Cares: Meeting local needs
Staff and stakeholder engagement and involvement report

Appendix 4
Focused Workshop Series Report

Summer 2014

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1. Introduction

This focused workshop series formed part of the engagement work for the Torrington Community Cares project carried out by The Northern Devon Healthcare NHS Trust (NDHT) and the Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG).

Early engagement work for this project involved 16 weekly drop in session run by NDHT and the NEW Devon CCG at Torrington Hospital and the surrounding parishes. These were an opportunity for people to ask questions about the project and also voice their concerns about the new model of care. The sessions were well attended with up to 25 people at many of them.

A wealth of information was gained from these sessions, with four key themes emerging as the main areas of concern for the community. It was therefore decided to run a focused workshop series in order to develop a deeper understanding of these specific areas; these four areas were:

Home-based care

End of Life Care

Opportunities for the Hospital

Inpatient beds.

The aim of the workshops was two fold

i) To gain a deeper understanding about the concerns people had relating to these four areas

ii) To provide information about the specific areas of concerns through presentations and Q&A sessions from guest speakers.

2. Accessibility

All of the workshops took place at Torrington Community Hospital and from 12:00 – 14:40.

Workshop dates were as follows:

Tuesday 29th October 2013: Home-based care

Thursday 7th November 2013: End of life

Thursday 14th November 2013: Opportunities for the hospital

Thursday 21st November 2013: Inpatient beds

The workshops were also made available on line via the Torrington Cares website for people who were unable to attend the sessions at the following link: http://torringtoncares.co.uk/get-involved/focused-workshop-series/

Press

A press release was written announcing and publicising the workshops, and posters advertising the sessions were also circulated widely around the community and surrounding parishes. It was also sent to key partners such as the school.

3. The Workshops: Format and Structure

Workshops ran from 12:00 - 14:30 and were divided into three sections: Focused feedback, lunch, presentations and Q&A

Focused Feedback: 12:00 – 13:15
One of challenges of the drop in sessions was that conversations would often escalate to talking about the inpatient beds. While it was important to hear the concerns about the inpatient beds, it was also important to ensure there were opportunities to discuss these other important areas of the project as well. To facilitate these discussions, the focused feedback sessions were structured around three specific questions (see below) and closely facilitated to ensure conversations kept to relevant questions.

Lunch: 1:15 – 1:45
Soup and a roll were provided to all of the attendees after the focused workshop session. This was an opportunity for people to have more informal conversations and the subject areas, and also prepare any questions that they might have for the presentation session

Presentations and Q&A: 1:45 – 14:30
Presentations were given with the opportunity for questions in order to provide the community with information about services already available relating to the different subject areas – details of the guest presenters are outlined below

4. The Workshops: The Questions and Presentations

Home-based care

Questions

1. What is your understanding of home-based care?
2. What support would be useful to you if you were to receive care at home?
3. You have on going medical needs and you are physically frail. What support do you think will be useful if you were to be cared for at home?

Presentation

A presentation was given by the clinical teams about what is involved in home based care and how the teams work to care for people at home.

End of Life Care

Questions

1. What would be important to you when planning your end of life care?
2. What, if any, roles do health, social and voluntary care services have in your plans?
3. What concerns you about your End of Life plans?

Presentation

Representatives from the local hospice gave a presentation about how they support individuals and their families when they are at the end of their lives.

Opportunities for the Hospital

Questions

1. Thinking about the whole community what do you consider to be the Healthcare gaps in service provision?
2. Thinking about the whole community what do you consider to be the social and voluntary care gaps in service provision?
3. If you were redesigning Torrington Care and you were in charge of the public purse for the whole of the community what would your plan look like?

Presentation

A presentation was given about how the hospital could be used as a healthcare hub and how new services could be beneficial to the community.

Inpatient beds

Questions

1. What do you value the most about the inpatient beds in Torrington Community Hospital?
2. What, if any, concerns do you have around the closure of the inpatient beds?
3. What services do they provide that you do not believe can be offered with Home based care?

4. Workshop Key Findings: Home-based Care

Key feedback is outlined as follows:

Q1. What is your understanding of home-based care?
The group felt that this was outlined in the engagement document – the group discussed page 8, section 3.1 of the document.

It was felt that the '12 nurses' statement was not clear and that work of the complex care team should be better communicated to help clarify what 12 nurse's means.

Q2. What support would be useful to you if you were to receive care at home?

- Access to visitors is important and needs to be part of the care plan.
- Patients need to feel better and improve through the care and support they receive
- Not to feel that you were being a burden to family
- Being treated with dignity – not having personal care carried out by family members

Q3. You have on going medical needs and you are physically frail. What support do you think will be useful if you were to be cared for at home?

- Basic needs such and shopping and transport
- Trust in the doctors to look after you
- Trust that the system is there to offer the best care for patients and not driven by targets
- Reliability – people arriving when they say they will
- A positive relationship between the care provider and the patient and the opportunity to see someone different if there is a lack of compatibility
- One key member of the care team who will over-see the care plan to ensure the needs of the patient are being met
- Being able to have access to a case review

5. Workshop Key Findings: End of Life Care

Key feedback is outlined as follows:

Q1. What would be important to you when you are thinking about your end of life care?

- Being close to family
- Being involved in the care of a relative.
- To protect relatives from tasks we perceive they don't want to be involved with
- To have as natural death as possible
- Reassurance that there are services available to help
- For the services to recognise that not everyone has a family to care for them and knowledge that there are services in place for these people
- Confidence in the people who are providing care.
- Confidence is:
    - Emotional intelligence
    - Working as a team to provide care
    - Recognising changes and responding accordingly
    - Knowing someone is close and will be there quickly if necessary
    - Feeling safe
    - Knowing that nothing more could have been done
    - Being heard and involved
    - Keeping the person at the centre
    - Anticipating what someone's needs might be
    - Continuity of care
    - Family having confidence in care
    - Pain management

Q2. What concerns you about end of life care plans?

- Final stages of death and what support is available if we were to die at home away from hospital.
- Finance - how do we afford the care we need.
- Capabilities and competencies of carers who are not registered nurses and don't work for the NHS.
- Lack of education and knowledge for family, informal carers and voluntary sector about end of life.
- Care and support of elderly relatives
- Transport issues if patient is receiving treatment
- Feeling vulnerable about being discharged directly from the acute hospital to home without proper planning.
- Loss of personal touch

Q3. What role do health services have in your plans?

- To provide a safe haven
- To discuss what is going to happen next.
- Ease suffering and to be kept comfortable so we can be ourselves.
- Harm free care
- Provide equipment that you need to make caring more comfortable.
- To provide emotional health and time to listen
- To have carers that arrive on time or keeps in contact with you at times when they are going to be a little late.
- To ensure we have the right carer with the right skills with the right knowledge that you trust.

6. Workshop Key Findings: Opportunities for the Hospital

Key feedback is outlined as follows:

Q1. Thinking about the whole of your community what would you consider to be the gaps in services provided by the health service?

There was a consensus that the community would like an options appraisal so they consider all of the option. Key gaps included:

- Accident and emergency

- X-ray services
- Family planning
- Ophthalmology - particularly around macular degeneration.
- Physiotherapy
- Audiology
- Dietetics
- Mental health
- Diabetes
- Dialysis
- Day Centre
- Leg clinic
- Maternity services
- Pre-op appointments
- Peer Support sessions for carers – condition specific
- McMillan Nurses
- Marie Curie Nurses
- Ultra sound
- Blood transfusions

Q2. Thinking about the whole of your community what would you consider to be the gaps in services provided by the Social Services?

- Citizen advice – there is much confusion about what people could be entitled to.
- Help to fill in forms
- Resource to help explain the services
- Increase social activity to eliminate social isolation
- Voluntary advice
- Food bank provision
- Advice on how to improve your life - wellbeing
- Young mums sessions
- Minority group sessions (eg little fishes that currently happens at the church)

Q3. If you were in charge of the public purse for the whole community of Torrington and you were redesigning the care what would your plan look like?

The group found this question hard to answer, so discussions took place about what would need to be considered. Key points were as follows:

- Ensuring financial sustainability and continuation of services
- Emphasis on creating a healthy community, cookery classes, help with isolation etc
- The need to consider the whole community needs from baby to old age
- Through discussion of opportunities and use of space there was an understanding of the impact of having extra space.

7. **Workshop Key Findings: Inpatient beds**

Key feedback is outlined as follows:

Q1. What do you value the most about inpatient beds in Torrington Community Hospital?

- There is always someone there when you need them
- 24/7 care that you cannot get at home
- It is easier to visit people when they are in hospital, partly because the bus service that covers the parishes also goes to the hospital
- Holsworthy and Bideford are very difficult to get to on public transport.
- People have companionship when they are in the hospital that helps them to get better quicker
- Having 1-1 care in the hospital

Q2. What, if any, concerns do you have around the closure of beds at TCH?

- The lack of opportunity for recuperation if you have been an in-patient at NDDH
- Bed blocking at NDDH
- Bed shortages at NDDH in the winter
- It is a struggle for families to look after people at home when they are very unwell. Families will bear the brunt if people are kept at home
- 1 or 2 visits per day is not sufficient if someone is very unwell
- People may be sent home when they are not well enough
- How will the car park cope with the increased people coming to use the car park if there are more clinics and services
- People are not aware of what Home Based care means
- Small cottages in Torrington will not fit a hospital bed in them

Q3. What services do they inpatient beds provide that you do not believe can be offered with Home based care?

- 24 hour care
- End of life support – a choice if people do not want to die at home (this comment came from someone who had not attended any of the previous workshops)
- Rest bite care for families and carers
- Nursing staff in the hospital are more skilled than community nurses
- Easy for the doctor to visit people in the hospital

8. Conclusions

The focused workshop series was an invaluable part of the engagement process. It resulted in a deeper understanding of the concerns held by the community around the proposed changes and highlighted work that still needed to be done to support the community to understand the new model of care. The highly structured format of the sessions allowed in depth discussions to take place with the community that did not solely focus on the in-patient beds, and had not previously taken place at the drop in sessions.

The key findings of the workshop series can be concluded as follows:

- **There is a significant lack of understanding about the model of enhanced home-based care resulting in high levels of anxiety around the lack of in-patient beds**

- **End of life care plans are different for everyone – people do not want to be a burden to their loved ones. Whether they want to die at home or in a Community Hospital bed, everyone wanted to feel confident in the care they would receive**

- **There were multiple potential services people thought could run out of the hospital that would be useful and beneficial to the community**

It was unfortunate that attendance at the workshops was not extensive. The workshops were, in part, run in response to feedback from the drop in sessions and therefore arranged at short notice; it was thought that this could be one of the reasons for the lack of attendance. While it would have been beneficial to have a broader range of people attend the sessions in order to gain a wider variety of views, the small numbers meant that very meaningful discussions could take place that may not have been possible in bigger groups.

It was noted by the facilitators that people who attended the workshop series were not the same as those who had attended previous engagement and involvement activities.

Over all, the focused workshop series were deemed a very useful engagement tool for the reasons outlined above. Should this test of change result in a formal consultation, it would be very beneficial for another workshop series to take place with a similar format, but more advanced planning to facilitate wider attendance.

9. **Next Steps**

The findings from this report will feed into the over-all six month evaluation for this test of change project.

In the meantime, while the test of change continues and in response to these findings the following steps can be taken:

- Work to increase the understanding about home-based care
    - Carry out patient interviews and publish these as examples of the type of care people have at home
    - Develop a home-based care leaflet to describe better what the service covers
- Continue to work closely with the community to ensure that there is a good provision of end of life services that will meet the varying needs that people have in this area
- Where possible, implement services at the hospital based on those suggested during the opportunities workshop. These will be limited to services that do not require long term investment or structural changes as it is possible that they will only be temporary should the inpatient beds reinstated.
- Engage with local voluntary sector organisations to identify what services already exist and explore how NDHT and the NEW Devon CCG could work in partnership on these