



Northumberland
Clinical Commissioning Group

Proposed permanent relocation of the Whalton Unit, Morpeth

Engagement Feedback Report

October 2019



1 Purpose of report

To outline feedback received during a period of public engagement that sought views on the impact of the temporary relocation of the Whalton Unit, Morpeth to Wansbeck General Hospital and also identify themes for consideration by the NHS Northumberland Clinical Commissioning Group (the CCG) Governing Body.

2 Background

The Whalton Unit is located in Morpeth and provides consultant-led rehabilitation for residents predominantly in South East Northumberland in a 30 bedded unit. The unit occupies the upper floor of a private nursing home and this space is rented by Northumbria Healthcare NHS Foundation Trust (the Trust) from HC-One Beamish. The unit provides rehabilitation for frail older patients, specialist stroke rehabilitation and post-operative rehabilitation for patients after orthopaedic surgery.

In November 2018, the Trust informed the CCG of the decision to relocate the Whalton Unit from Morpeth to Wansbeck General Hospital, on a temporary basis. This decision was approved by the Trust to ensure that the issues experienced with nurse staffing did not lead to quality and safety concerns that were likely to be compounded by expected increases in activity across the winter period. This came into effect on 19 December 2018.

This decision was reviewed in April 2019 by the Trust and there was an agreement to extend the temporary location pending an updated report to enable a longer timeline for the impact analysis, with a specific focus on the experience of patients.

The Trust concluded that a permanent move of the Whalton Unit to Wansbeck General Hospital would maintain patient safety and has improved the following aspects since the temporary move took place:

- More timely and thorough investigation
- Fewer transfers back to Northumbria Specialist Emergency Care Hospital (The Northumbria)
- Fewer episodes of harm associated with incidents
- More consistent nursing care provided through an improved skill mix across the team.

The Trust also noted that patient experience scores have dipped (a decrease of 0.3 percent) although still remain high overall. In addition, nursing staff report high levels of satisfaction with the new location.

In July 2019, a full impact assessment with a focus on patient safety and quality of patient experience was presented to the Trust Board for the period from 1 January 2019 to 30 June 2019 and subsequently a recommendation was made to the CCG that the Governing Body considers taking steps to permanently move the Whalton Unit to the Wansbeck site.

At the meeting of the CCG's Governing Body on 24 July 2019, the Governing Body considered the Trust's proposal to permanently relocate the Whalton Unit and approved that it would remain temporarily at Wansbeck General Hospital until a period of further engagement had been completed.

Public engagement began on 4 September and extended over four weeks until 7 October 2019.

3 Methodology

To seek the views of the public and stakeholders on the impact of the temporary relocation of the Whalton Unit and the proposal to permanently move the unit to Wansbeck General Hospital, a variety of approaches were adopted. A table detailing all the engagement activity carried out during the four week period can be found at appendix A, but in summary the engagement methods were:

- A series of public drop in sessions hosted by representatives from the CCG and the Trust were arranged on different days of the week and at different times, to provide as much access as possible. At all the drop in sessions, respondents were asked some general demographic questions before being asked six questions to help focus their thoughts on the Whalton Unit. A copy of this discussion guide can be found at appendix B. All comments were recorded by either a Trust or CCG representative, in front of the respondent and their responses were read back to them at the end.
- Four separate community groups for older people held in Morpeth and the surrounding area were attended. Representatives of the CCG and Trust spoke with attendees on a one-to-one basis using the same discussion guide used in the drop-in sessions.
- Three separate meetings were held to gain the views of Morpeth GPs and Practice Managers, members of Patient Participation Groups (PPGs) from Morpeth practices, and members of Morpeth Town Council.
- Two meetings were held with representatives from the Whalton Unit Campaign Group during the four week engagement period. Furthermore, representatives from the campaign group attended the CCG's meeting with PPG members and were present at every drop-in session to encourage participation in the process.
- An independent market research company was commissioned to conduct face-to-face and online surveys, a follow up focus group and in-depth telephone interviews.

4 Promotion of the Engagement Activity

- Briefings on the engagement activity were sent to key local stakeholders, including a telephone briefing with the local MP, Ian Lavery, representatives of Northumberland County Council, Morpeth Town Council, parish councils, Healthwatch and the community and voluntary sector. Copies were also sent to

Trust Governors and members of My NHS (an electronic database with members of the public who have an interest in local NHS services).

- Representatives of the Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee were briefed prior to and during the engagement period.
- Posters to raise awareness of the period of engagement and to promote the drop-in events were distributed around local shops, public houses, the leisure centre and the Town Hall in Morpeth.
- Two hundred post card sized information cards were distributed at the drop-in sessions to promote the independent online survey.
- Opportunities were taken to use digital media to promote the engagement. There was a dedicated section about the engagement on the CCG's website: <https://www.northumberlandccg.nhs.uk/get-involved/consultations-and-engagement/>, this included some background information, a link to the online survey and information about the drop-in sessions. A number of tweets and Facebook posts to promote the drop in sessions and online survey were shared throughout the four week engagement period.
- The CCG also distributed two press releases during the engagement period (September 4 and September 17), initially to announce the start of the process and share information about the drop-in sessions and online survey and secondly to inform people of the additional drop in sessions and to remind people they still had time to share their views. These both featured in the Morpeth Herald in print and online.

5 Results

5.1 Drop-in sessions and community groups

A series of public drop in sessions were held so that local people could call in at any point and talk to CCG or Trust staff to share their views about the temporary relocation of the Whalton Unit to Wansbeck General Hospital. Four sessions were initially arranged on the following days:

Wednesday 11 September	Morpeth Town Hall, 10am – 2pm
Wednesday 11 September	Morpeth Town Hall, 4pm – 7pm
Thursday 12 September	Morpeth NHS Centre, 10am – 12noon
Friday 13 September	Morpeth Leisure Centre, 11am – 1pm

Following an evaluation of the progress of the engagement after the first two weeks, it was decided to arrange some additional sessions, to ensure the community had sufficient opportunities to have their say. These were held at the following times:

Tuesday 24 September	Morpeth Leisure Centre, 10am – 12noon
Thursday 26 September	Morpeth NHS Centre, 12.30pm – 2.30pm

Tuesday 1 October	Wansbeck General Hospital Main reception, 10am –11am Whalton Unit, 11am – 12noon South entrance, 12noon – 1pm
Thursday 3 October	Morpeth Town Hall, 3pm – 7pm

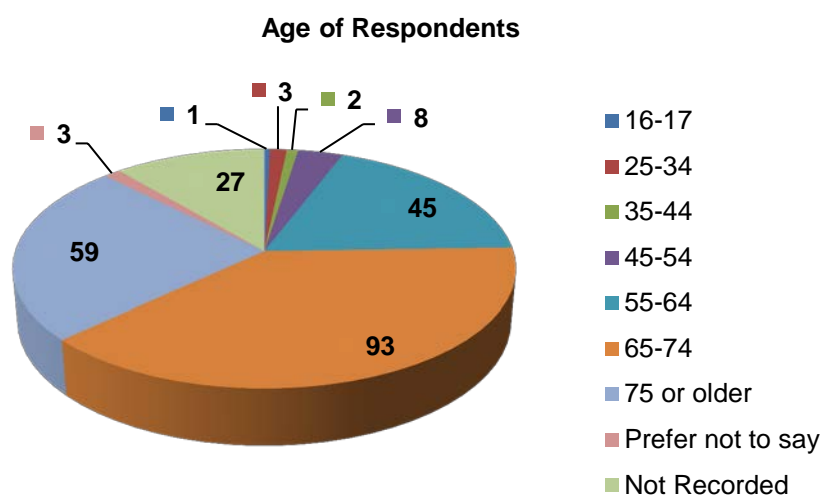
In addition to the drop-in sessions, four community groups held in Morpeth and the surrounding area were attended to ensure that the views of individuals with protected characteristics, in particular older people and those from areas with higher deprivation were reached. The purpose was to better understand their feelings about the impact of the temporary location of the Whalton Unit and to ensure they were not discriminated against. The following groups were visited:

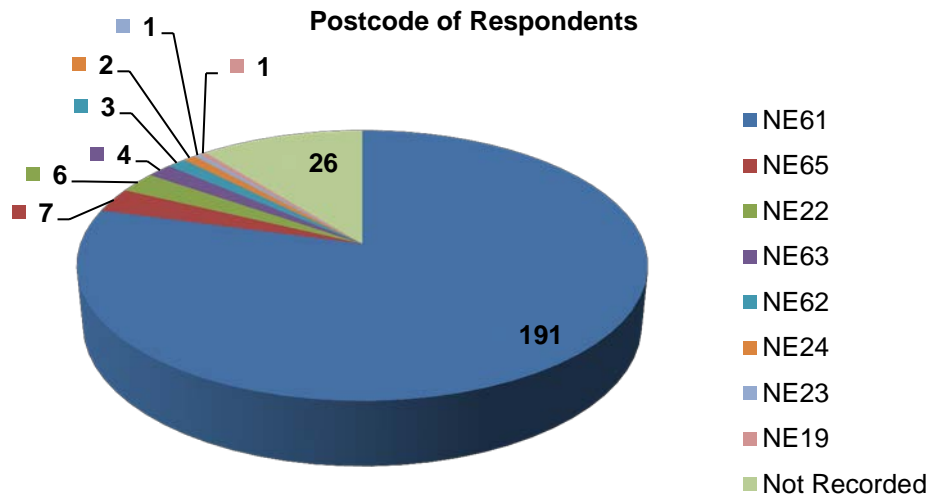
Wednesday 18 September	Knit and Natter Group, St Georges’ Church
Thursday 19 September	Memory Cafe, Morpeth Methodist Church
Monday 23 September	Elderflowers, Pegswood Community Hub
Wednesday 25 September	Carers Support Group, St Aidan’s Church, Stobhill

Representatives of the CCG and Trust spoke with attendees of these groups on a one-to-one basis using the same discussion guide used in the drop-in sessions. All views were recorded and collated with those from the drop-in sessions.

A total of 241 people were seen by either a CCG or Trust representative during the engagement period. 190 of these attended a drop-in session, 24 were seen at community group meetings and eight were patients on the Whalton Unit at Wansbeck General Hospital. The location of the discussions held with 19 respondents was unrecorded.

Over half the respondents (64%) were over 65 years of age (39% 65-74, 25% 75 or over) and the majority lived in the NE61 postcode area (79%). 64% of respondents were female, 25% were male and the gender of the remaining respondents was not recorded.

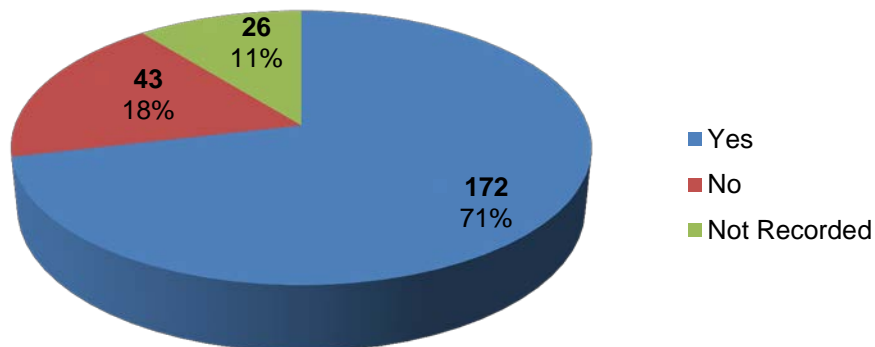




Question one of the discussion guide, asked respondents what they knew about the Whalton Unit to gain an understanding of their perceptions of the services the unit provides. Common answers included the words ‘rehabilitation’, ‘recuperation’, ‘convalescence’, ‘elderly care’, and ‘palliative care’. Many respondents also said that they had visited the unit when friends or family had been patients there or they had actually been patients themselves, while others reported to know nothing or little about it.

Question two asked respondents if they were aware of the temporary move to Wansbeck General Hospital, with the majority (71%) saying they were aware that the Whalton Unit had temporarily relocated, stating that they had either seen it covered in the media, on social media, through word of mouth, or via the campaign group.

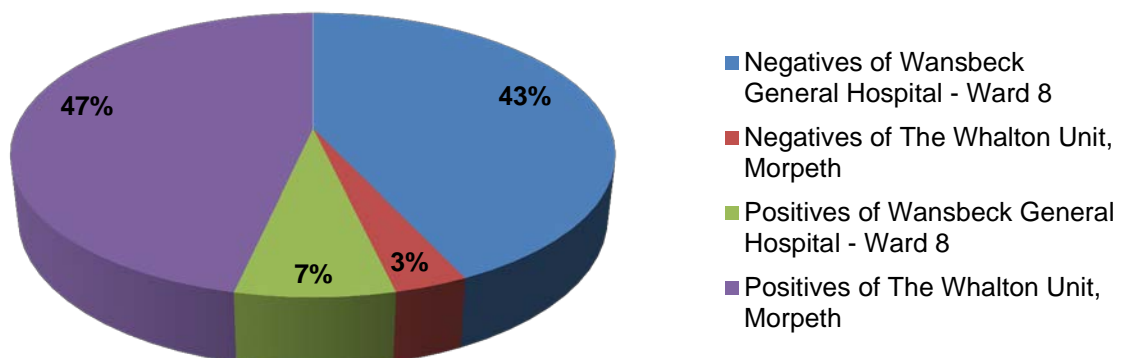
Awareness of the temporary move



Question three asked respondents for their thoughts about the move and the subsequent impact, which elicited the most comments from people by far. Common

words used to describe thoughts on the impact of the relocation included ‘shocked’, ‘disappointed’, ‘sad’, ‘not happy’, ‘it’s wrong’. The majority of comments received provided positive feedback about the Whalton Unit in Morpeth. The second highest number of comments were negative perceptions or experiences of the Whalton Unit in Wansbeck. Some people did also provide some positive feedback on Wansbeck and there were only a small number of negative comments about the Whalton Unit in Morpeth. This is illustrated in the following chart.

Thoughts about the move and subsequent impact
Positive versus Negative Feedback



From analysing the responses to this question, a number of themes began to emerge:

- Convenience** – The Whalton Unit is local and very convenient to get to, particularly for Morpeth residents and the elderly who want to visit friends or family. By contrast, Wansbeck General Hospital is inconvenient to get to, especially if people cannot drive.

“Would rather it here in Morpeth for the convenience.”

“It’s inconvenient for elderly people having to visit people in Ashington.”

- Travel** – This is related to the convenience theme in that many respondents felt the Whalton Unit in Morpeth is easy to travel to in comparison to travelling to Wansbeck which requires two buses. Furthermore, many people cited that taxis to Wansbeck are expensive making travelling difficult for visitors, especially those who are elderly and do not drive. However, a few respondents also commented that getting to Wansbeck would not be a problem for them.

“People without a car will have difficulty getting to Ashington, it’s two buses or an expensive taxi.”

“Travel to Wansbeck is difficult.”

“Much easier at Wansbeck as live closer.”

- **Parking** – Many respondents explained that they can park easily at The Whalton Unit in Morpeth, plus it is free. In comparison, parking at Wansbeck is difficult, expensive, plus the car park is a long walk away from the ward.

“It’s difficult to park at Wansbeck and need to walk further.”

“Very nice atmosphere in Morpeth, more accessible, no parking problems.”

- **Environment, facilities and services** – The Whalton Unit in Morpeth received many positive comments on its environment, the facilities and services it provides, being described as a ‘home from home’ by one individual. Whereas the Whalton Unit at Wansbeck was viewed negatively as a result of being a ward in a hospital, which was perceived to not be the right environment for rehabilitation. Furthermore, comments were made about there not being a communal room at Wansbeck and patients have to pay to watch television. However, there were a handful of comments which suggested they felt it would be better to have the unit at the Wansbeck as it would be safer for patients.

“It’s not a hospital environment (in Morpeth); it’s smaller, more personal which is better for rehab.”

“Very impersonal at Wansbeck, it’s a large hospital, it’s not right for step down care. Morpeth needs more care for older people.”

“Very strongly feel it should stay at Wansbeck, there will be a cost saving, but it’s much better for patients as have medical staff around and x-ray at beds.”

- **Isolation** – A number of respondents suggested that patients would be isolated in Wansbeck because of the difficulty visitors would experience getting there. There was a perception that patients recovery would be expedited if they were in their local community and family and friends were able to visit them.

“Staying in your local area is important; it’s bad if you’re away from friends and family.”

“Better to recover locally, psychologically you’re one step closer to home.”

- **Privacy and dignity** – Many respondents commented positively on the individual beds at the Whalton Unit in Morpeth and the privacy and dignity it provided, which they felt was better for patients when recuperating or at the end of their life. In contrast, the lack of private beds at the Wansbeck site was viewed negatively in terms of patient care and for visitors.

(The Whalton Unit in Morpeth is) *“...quiet, private, well looked after, a great facility to have.”*

“Extremely upset by ward at Wansbeck, there was no dignity, no privacy, I was shocked at the open ward, especially when someone is at the end of their life – people deserve better. I’m very angry by the set up on the ward.”

- **Palliative care** – The Whalton Unit in Morpeth was highly regarded for the palliative care it provided, particularly as friends and family were able to be close to patients at the end of their life. A number of respondents commented to wanting a palliative care provision returned to the town.

“Important for palliative care patients to be local especially if people can’t drive.”

“Necessary to have end of life care locally.”

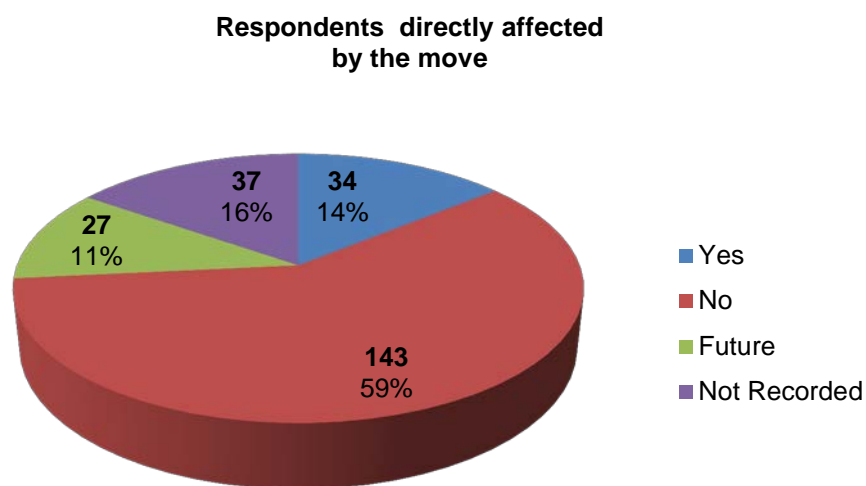
- **Staffing** – The staff on the Whalton Unit received a great deal of praise from respondents for the care they provide but the issues the Trust experienced regarding staffing the unit were mistrusted as a reason for moving.

“Very good facility (Morpeth), single room, close to family, staff are great.”

- **Finance** – a small number of respondents cited finance as their perceived reason for the relocation.

“Staffing reasons is a poor excuse, the only reason is finance.”

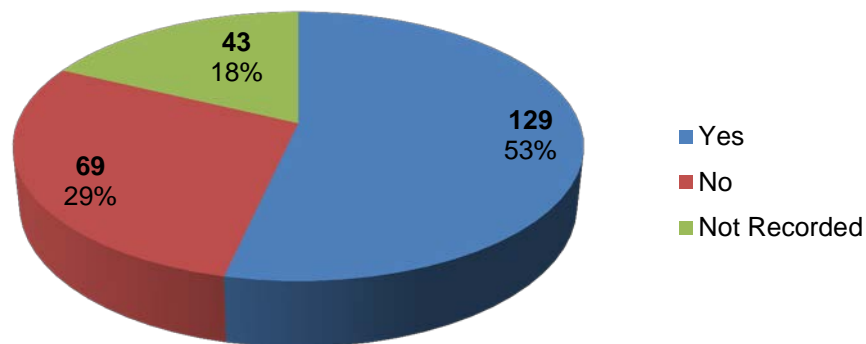
Question four of the discussion guide asked respondents if the move had directly affected them, their friends and family. Only 14% of respondents said they had personally been affected or their friends or family had been affected by the move, with over half the respondents (59%) saying they were unaffected but a further 11% acknowledging that they may be affected in the future.



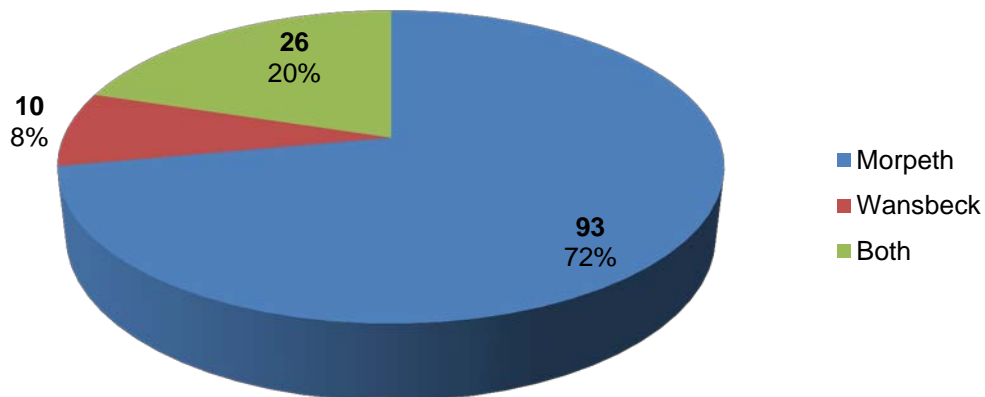
Question five asked respondents if they or their friends and family, had been a patient at the Whalton Unit. Just over half the respondents (53%) said they personally, or their friends or family had been patients at the Whalton Unit. Of these respondents, 72% had experience of the Whalton Unit in Morpeth, only 8% had

experience of the unit at Wansbeck General Hospital but 20% had experience of both sites. Those who had an experience of one or both sites were asked provide further details on their experiences. Respondents made similar comments to those in question three in relation to travel, the environment, facilities and services, their high regard for staff and the care provided, and a preference for the private rooms over a hospital ward. Comments were generally more positive towards the Whalton Unit in Morpeth.

Respondents who have been or have family/friends who have been a patient at The Whalton Unit



Stays by site



The final question in the discussion guide asked respondents for their feelings on how the move has impacted upon the standard of care offered at the Whalton Unit. The majority of respondents said that they could not comment as they did not know, or had no experience of the Whalton Unit at Wansbeck. Others recognised that the staff were the same, so the standard of care should also be the same. While some felt that the care would be negatively impacted because of the lack of private rooms and the different clinical environment.

5.2 Responses from GPs and Practice Managers

The views of GPs and practice managers from Morpeth GP practices were sought and a meeting took place on 18 September at Morpeth NHS Centre.

Representatives from the CCG and Trust met with four GPs and two practice managers. The GPs view was that travel would not be an issue for their patients as Wansbeck General Hospital is close to Morpeth and therefore it would not be a significant impact. The group recognised the importance of rehabilitation beds, but felt that these did not need to be in Morpeth. As long as the same service is provided at Wansbeck, the GPs would be happy. They had not received any negative feedback from their patients and believed patients could potentially receive better care at Wansbeck, as such it seemed sensible to them to have the Unit there. However, the group recognised the issue regarding travel for relatives to visit patients. A copy of the key points from this meeting can be found at appendix C.

5.3 Responses from Morpeth Town Council

The CCG approached Morpeth Town Council to ask if members would like to share their views on what impact the temporary move has had. Consequently representatives from the CCG met with six councillors on 26 September at Morpeth Town Hall. All councillors recognised the strength of feeling the local community has about the relocation and noted that many residents have a lot of emotional attachment to the Whalton Unit in Morpeth. They feel it is necessary to maintain the character of the unit and the care it offers. The main concerns the councillors raised were related to access for visitors, travel and parking, the hospital environment and privacy. One councillor's view was that residents would not have a problem travelling to Wansbeck as they would probably get a lift rather than get the bus but he agreed with the others that parking is an issue at Wansbeck General Hospital, compared to the unit in Morpeth, where it is possible to park outside easily and furthermore, there is no ticket machine. Another councillor also asked what provision would there be in Morpeth for palliative care if the unit shut, he recalled that Morpeth was promised a facility for palliative care and rehabilitation when the Cottage Hospital shut ten years ago. The other councillors acknowledged the benefit of having palliative care delivered at the Whalton Unit and how the individual rooms provided privacy and dignity for patients and their families. A copy of the key points from this meeting can be found at appendix D.

5.4 Response from the PPG Meeting

The views of the members of Patient Participations Groups (PPGs) from Morpeth GP practices were sought and a meeting took place on 26 September at Morpeth NHS Centre. Representatives from the CCG attended the meeting alongside two members the Whalton Unit Campaign Group. Many attendees sought clarification on the type of care provided in the unit, the type of patients that are treated there and if it is specifically for Morpeth residents. Other attendees also asked for confirmation that the move was temporary and for the Trust's rationale for doing so, some suggesting it was a financial issue. The group wanted to discuss the staffing issue faced by the Trust and one PPG member felt that this issue is not insurmountable. The main concerns raised were related to travel, privacy and the loss of local NHS services. One person described the difficulties she experienced of travelling to

Wansbeck General Hospital as 'hellish'. The privacy and dignity offered at the Whalton Unit in Morpeth was considered a particularly positive factor and was voiced by many. A copy of the key points from this meeting can be found at appendix E.

5.5 Whalton Unit Campaign Group

Prior to the period of engagement starting, the CCG were presented with a petition on the 3 September, at the meeting of the Northumberland County Council Health and Wellbeing Overview and Scrutiny Committee. The petition was launched by the Whalton Unit Campaign Group and had been signed by over 1,500 people which stated:

Consult with the people of Morpeth regarding the implications of the removal of the Whalton Unit to Wansbeck Hospital in Ashington, and especially upon the impact upon elderly and vulnerable patients, and future community provision to meet the needs of an ageing population.

Why is this important?

The people of Morpeth were promised that we would continue to have a rehab unit based in Morpeth, following on from the closure of Morpeth Cottage Hospital in 2009. This amenity has now been removed without any consultation with the greater public, most of whom up until this week have had no knowledge whatsoever that the Whalton Unit is leaving Morpeth in 2 weeks' time. Consideration needs to be given to the fact that many elderly and vulnerable people will have to travel to Wansbeck Hospital via public transport, which means that they will have to catch 2 buses, including a walk and a wait, especially during the winter months. Consideration needs to be given to whether a ward in a general hospital can meet the rehabilitation and end of life needs of elderly and vulnerable patients and their families in the same way as a small unit within the community. Removing a valued amenity without either public consultation or adequate notice, causes anxiety, fear and lack of confidence at a time when we should be seeking to build confidence and resilience within a community, especially amongst its most vulnerable members.

Once the formal engagement period had started, the CCG invited the campaign group to meet with representatives from the CCG, including the CCG's Chief Operating Officer. A meeting took place on 12 September with Barbara Ross, the coordinator of the campaign group, who offered her experiences of the care her mother received while a patient of the Whalton Unit in Morpeth. Barbara shared her views about the potential loss of palliative care locally and the significant transport issues Morpeth residents would experience if the unit were to move permanently. Barbara also raised concerns about the staffing issues faced by the Trust, including their recruitment and retention difficulties, and her suspicions surrounding the unit closing temporarily; particularly as she is aware the lease on the property is coming to an end. At the end of the meeting, Barbara was invited to attend a further meeting with CCG and Trust representatives towards the end of the engagement process and to the engagement meeting with PPG members.

Representatives from the CCG and the Trust met with Barbara and her colleague, Chris Hall from the campaign group again on 23 September to discuss the engagement process so far. At the meeting, the campaign group raised some criticisms of the engagement process, which included the following concerns:

- Confusion on which NHS organisation is carrying out the engagement and the role of the independent market research company
- Uncertainty regarding the collation of the data and which organisation is overseeing the whole process
- An inconsistent approach taken by members of the interview team when speaking with respondents
- An inconsistent number of engagement staff in attendance at drop-in sessions
- Insufficient opportunities for full time working people to be involved in the drop-in sessions
- Reports from some members of the public that their opinions were challenged and little or no attempt was given to make respondents comfortable.

The Whalton Unit Campaign Group were briefed prior to and throughout the engagement process. Their views were sought and their involvement welcomed, particularly their support to promote the drop-in sessions, the independent online survey and their attendance outside every drop-in session. Undoubtedly, this has helped the CCG achieve a high response rate to this piece of engagement. However, it should be noted that a number of the responses from the drop-in sessions indicated that they knew nothing or little about the unit and were unaware that it had relocated until they had spoken to the campaign group. For example, a number of responses to question two on the awareness of the temporary relocation cited 'Barbara Ross' or 'Campaign Group'. This would seem to suggest these respondents' participation, and quite likely their responses, may have been influenced by the campaign group.

5.6 Independent market research

A market research company was commissioned to undertake some independent research as part of the engagement process.

The aims of the research were to:

- assess awareness and understanding of Whalton Unit amongst local residents
- explore the patient experience at Whalton Unit and the rehabilitation services at Wansbeck General Hospital
- understand initial hopes and concerns for the move and perceptions of the actual impact of the move on quality of care and the patient experience.

A multi-methodology approach was adopted which included face-to-face interviews, an online survey, a follow on focus group and in-depth interviews. A full report from the company can be found at appendix F.

The online survey opened on 3 September and it was promoted widely by the CCG before closing on 7 October. The survey was open to all residents of

Northumberland who did not work for the CCG or the NHS locally and received 191 responses in total.

Face-to-face interviewing was carried out on the streets of Morpeth on both weekdays and weekends between 4 and 21 September and a total of 309 interviews took place during this period.

A focus group was conducted on 1 October in Morpeth with five respondents attending, who all had experience of the services offered by the Whalton Unit at Morpeth.

Seven in-depths interviews were completed with respondents over the phone, five respondents had experience of the Whalton Unit at Morpeth, two respondents had no direct experience of the unit but wished to comment on the temporary move as Morpeth residents.

The face-to-face group included a good cross-section of the local population demographically and in terms of awareness and experience of the Whalton Unit. Just over half of those responding to the face-to-face survey were aware of the Whalton Unit, including 34% who were aware of the unit but had no experience of it. 18% had experience of it either personally or through friends and family.

By contrast, respondents to the online survey skewed heavily in favour of females and those aged over 45. Almost two thirds had experience of the Whalton Unit in Morpeth and a further 31% were aware of it. In this respect, they are atypical of the local population and the survey comments suggest that participation may have been motivated by their strength of feeling regarding the temporary move. This was also reflected in volunteers for the qualitative stage of research. Although these responses cannot be judged to be representative of the population as a whole, they are nevertheless highly valuable for the insight they offer into the perceptions of previous service users and those who feel a particular connection to the issue.

Awareness and experience was considerably higher amongst online respondents with 94% aware including 31% who were aware of the unit but had no experience of it. 63% of the online respondents had experience of it either personally or through friends and family.

There was a very high degree of satisfaction with the Whalton Unit at Morpeth amongst those who had experienced its services either personally or through friends or family. The medical care at Wansbeck General Hospital was also felt to be of a high standard but concerns were raised, primarily over staffing levels, the ward environment and the practicalities of travel to Wansbeck.

Awareness of the temporary relocation of the unit was low amongst the general public at only 34% but rose to 79% of those who responded online.

The majority of respondents, both face-to-face and online, who had previously heard of the move, reported that their first reaction was negative. Concerns focused primarily on the perceived impact on elderly, local residents, the challenges of public transport to Wansbeck and more broadly the centralisation of services. For many of

those with prior experience of the unit there was a feeling of personal loss. It was widely believed that the decision had been taken for financial reasons.

Overall, 8% of all face-to-face respondents and 28% of all online respondents reported that the move had impacted directly on themselves, their friends or family. The impact was perceived to be negative.

Few respondents had experience of the Whalton Unit since its temporary move to Wansbeck General Hospital. However, those that did raised concerns about the suitability of the ward environment for elderly patients undergoing rehabilitation or palliative care and the barriers to visitation. They would favour its return to a detached, specialist unit.

Only 16% of face-to-face respondents and 41% of online respondents felt that they could give an opinion of the impact of the temporary move on the standards of care at the Whalton Unit. 61% of these face-to-face respondents and 79% of these online respondents felt that the impact had been negative. This equates to 8% of the full face-to-face sample and 32% of the full online sample.

Amongst the general public, as represented by the face-to-face sample, there was limited awareness of the temporary move and few felt able to express an opinion on its impact on care. However, those who did feel able to do so were five times more likely to feel that it had been negative than positive.

Many online and qualitative respondents felt passionately that the temporary move had had a negative impact and were very concerned about the future of the unit. The responses from these stages of the research allowed us to understand more fully the high value placed upon the Whalton Unit at Morpeth by some local residents and the experiences and perceptions of Wansbeck General Hospital that have driven concern over the temporary move. These concerns are not easily addressed as they focus, not on quality of medical treatment but, primarily on key differences within the physical environment and location. Concern was greatest for patients suffering from conditions such as dementia or receiving end of life care and the feeling that these patients were losing dignity and were distressed generated a strong emotional response.

Respondents typically attributed the temporary move to cost cutting and were reluctant to accept staff shortages as the primary reason. Responses suggest that they may be more open to arguments focused on superior access to medical professionals, facilities and medicines.

6 Themes

6.1 Convenience

There were a lot of comments expressed about the convenience of the location of the Whalton Unit in Morpeth. The majority of respondents were Morpeth residents, who pointed out the unit is local to them and therefore very convenient to get to, particularly the elderly who want to visit friends or family. By contrast, Wansbeck General Hospital is inconvenient, especially if people cannot drive.

6.2 Travel

Linked to the comments regarding the convenience of the unit in Morpeth, there were many comments that the Whalton Unit in Morpeth is easy to travel to in comparison to travelling to Wansbeck which requires two buses and the cost of taxis is high, this would be especially problematic for the elderly and those who do not drive. These issues for visitors travelling to the Wansbeck site would result in an adverse impact on patients and families alike. However, a small number of respondents commented that getting to Wansbeck would not be a problem for them.

6.3 Parking

There were several comments that parking at the Wansbeck site is difficult, expensive, and is a long walk away from the ward, which contrasted the comments received about the ease of parking at the Whalton Unit in Morpeth, which is free.

6.4 Environment, facilities and services

The Whalton Unit in Morpeth received many positive comments on its environment, the facilities and services it provides. There was a high degree of satisfaction amongst respondents and the unit was particularly valued for the quality of care, the professionalism and caring nature of staff, and for its homely and comforting atmosphere that was seen as conducive to recovery and mental wellbeing.

Whereas, the Whalton Unit at Wansbeck was viewed negatively as a result of the hospital environment, which was perceived as a barrier to recovery owing to limited visiting hours and excessive noise levels. Furthermore, there were many comments about the lack of a communal room at the Wansbeck and patients having to pay to watch television.

The majority of respondents who had experience of both facilities were satisfied with the quality of clinical care at each, some comments suggested they felt it would be better to have the unit at the Wansbeck as it would be safer for patients. However respondents overwhelmingly favoured the Whalton Unit at Morpeth, feeling that the patient and visitor experience was superior.

6.5 Isolation

There were some comments that patients would feel isolated in Wansbeck because they would receive fewer visitors, as a result of the perceived difficulty traveling to the site. There was a perception this would impact patients' recovery if family and friends were not able to visit them.

6.6 Privacy and dignity

There were many comments on the privacy and dignity afforded by the private bedrooms at the Whalton Unit in Morpeth which was considered conducive for patients' recovery and particularly those at the end of their life. In contrast, it was

suggested the lack of private rooms at the Wansbeck site would have an adverse impact on patients and visitors.

6.7 Palliative care

There were consistent comments that the temporary relocation had taken away choice over place of death locally. There were comments raised about the suitability of the ward environment at Wansbeck for patients receiving palliative care. Concern was greatest for patients receiving end of life care and there were many comments that suggested these patients were losing dignity causing them and their families' distress. The Whalton Unit in Morpeth was highly regarded for the palliative care it provided, particularly as friends and family were able to be close to patients at the end of their life. A number of respondents commented to wanting a palliative care provision returned to the town.

6.8 Staffing

The staff on the Whalton Unit received a great deal of praise from respondents for the quality of the care they provide but the issues the Trust experienced regarding staffing the unit were mistrusted as a reason for moving.

6.9 Finance

There were a small number of comments that cited finance as the reason for the relocation.

6.10 Criticism of the engagement process

Some comments raised by the campaign group were critical of the engagement process and asked for clarity regarding which organisation was carrying out the engagement. Their comments included criticisms that insufficient opportunities were given for full time workers to be involved, the interviewing team used inconsistent approaches and finally some respondents reported that their opinions had been challenged.

7 Conclusion

A comprehensive process of public engagement was carried out from 3 September to 7 October 2019, which provided numerous opportunities for people to comment on the impact of the temporary relocation of the Whalton Unit in Morpeth to Wansbeck General Hospital. A variety of methods were adopted including a series of drop in sessions, attendance at community groups, meetings with GPs, practice managers, PPGs and town councillors, and independent market research which consisted of face to face and online surveys, a focus group and in-depth interviews.

The CCG made concerted efforts to ensure that local people were aware of the engagement and were able to share their views, including through press releases, local distribution of posters and information cards, and through social media.

A total of 241 people were seen during the engagement period, 190 of these attended a drop-in session, 24 were seen at community group meetings and eight were patients on the Whalton Unit at Wansbeck General Hospital. This was complemented by a further 500 responses from the independent research.

Awareness of the temporary relocation was high and the overall reaction to this negative. The Whalton Unit at Morpeth is highly regarded by some local residents and their experiences and perceptions of Wansbeck General Hospital have caused concern about the temporary move and the future of the unit.

These concerns focus not on the standard of care provided at Wansbeck but primarily on the physical environment of the hospital ward and its location in Ashington. The difficulty of reaching the hospital by public transport, parking and the high cost of television were frequently raised issues. Concern was greatest for patients receiving palliative care and the feeling that these patients were losing dignity and were distressed generated a strong emotional response. Furthermore, a number of respondents commented to wanting a palliative care provision returned to Morpeth.

Throughout the engagement process consistent concerns were raised about the inconvenience of the unit at the Wansbeck site and the difficulties travelling there. Respondents typically attributed the temporary move to financial reasons and were reluctant to accept staffing issues as the primary reason. There is clearly a high degree of satisfaction with the unit at Morpeth, amongst those who had experienced its services either personally or through friends or family. In particular, the quality of care and homely environment, and the privacy and dignity afforded by the individual rooms are highly regarded. Nevertheless, the medical care at Wansbeck General Hospital was felt to be of a high standard but concerns were raised, primarily over the ward environment and the practicalities of travelling to Wansbeck.

Appendices

Appendix A – Table of Engagement Activity

Appendix B – Discussion Guide

Appendix C – Key Points from GP and Practice Manager meeting

Appendix D – Key Points from Morpeth Town Council meeting

Appendix E – Key Points from PPG meeting

Appendix F – Report from Independent Research Company

Appendix G – Written Feedback

Appendix A: Whalton Unit Engagement Activity and Timeline

Month	What
August	Agree engagement activity Plan drop-in sessions Develop questionnaire – on street / online / focus groups Poster to promote engagement Prepare OSC brief
September 3 rd	OSC meeting/engagement plan Finalise questionnaire
4 th	Online survey launches. Issue press release to promote engagement / independent research <ul style="list-style-type: none"> • Morpeth Herald • Governors • CCG / stakeholders • Town Council • Ian Lavery – requested a meeting • GP Members • Trust stakeholders including parish councils • Campaign group • Healthwatch Northumberland • My NHS members Staff awareness – September’s business briefing Ongoing social media Add page to CCG re Whalton Design web banner Distribute poster – electronically and physically Poster emailed to: <ul style="list-style-type: none"> • Morpeth Tourist Information (Town Hall) • Morpeth NHS centre • Blyth Community Hospital • St Aidan’s, St James and St Mary’s Parish Churches • St Georges United Reform Church • Morpeth Methodist church • Northumberland County Blind Association • Mitford village hall/parish council (incorporating Meldon and Whalton parish councils) • Hepscott Village Hall • Pegswood Community Hub • Northumberland market manager • Age UK Northumberland • HVS shops (Blyth and WGH) • Parish councils – plus briefing

	<ul style="list-style-type: none"> • Distributed around Morpeth area – key public venues <p>On street research starts</p>
W/C 9 September	
11 th	<p>Drop in session – Morpeth Town Hall</p> <p>10-2pm</p> <p>4-7pm</p>
12 th	<p>Drop in session – NHS Morpeth Centre 10-12</p> <p>Meeting with campaign group</p>
13 th	<p>Drop in session - Morpeth Leisure Centre 11-1</p>
17 th	<p>Promote additional sessions:</p> <ul style="list-style-type: none"> • Press release • Social media • Poster designed to be distributed 18th • Member / governor / stakeholder / parish council update • Campaign group • Golden Age Forum, Ashington • Northumberland CVA
18 th	<p>Meeting with Morpeth GPs Morpeth NHS Centre – lunchtime</p> <p>Knit and Natter group – 11-12noon St Georges Church</p> <p>Distributed poster around Morpeth area – key public venues and shops</p>
19 th	<p>Memory café, Methodist Church – 10.30 – 12.30</p>
20 th	<p>Social Friday, The Round House, Age UK Northumberland, Ashington – 1 – 3pm</p>
23 rd	<p>Elderflowers, Pegswood Community Hub – 11 – 11.30</p> <p>Meeting with campaign group</p>
24 th	<p>Drop in session - Morpeth Leisure Centre 10am – 12noon</p>
25 th	<p>Carers support group – 2-3pm St Aidan's Church, Stobhill</p>

25 th	Town Council meeting 5.15pm
26 th	Morpeth Health Centre – GP waiting rooms 10am – 12.00 Drop in session – Morpeth NHS Centre 12.30pm – 2.30pm (main reception) Local PPG meeting 4.30pm, Morpeth NHS centre
1 October	Drop in session – Wansbeck hospital/Whalton unit 10am – 1pm
3 October	Drop in session – Morpeth Town Hall, 3pm – 7pm
7 October	Online survey closes

Appendix B: Drop in session Discussion Guide

Northumberland CCG - Whalton Unit questionnaire

Background

In November 2018, a decision was made to temporarily relocate the Whalton Unit from Morpeth to Wansbeck General Hospital.

(This was a Trust decision to ensure that the issues experienced with nurse staffing did not lead to quality and safety concerns that were likely to be compounded by expected increases in activity across the winter period. The Whalton Unit has 30 beds and provides rehabilitation for frail, older patients or those who have had a stroke or orthopaedic surgery.)

Prior to making any long term recommendation Northumberland Clinical Commissioning Group, along with Northumbria Healthcare, are undertaking public engagement and independent research to understand people's views about the temporary move and the subsequent impact this has had.

Questionnaire to be completed by CCG / Trust representatives

About the respondent

Do they work in any of the following? circle the one that applies

- NHS services in the North East
- Northumberland CCG
- None of the above

Do they live in Northumberland? circle the one that applies

- Yes
- No
- What is the first half of postcode?

How old are they? circle the one that applies

- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older
- Prefer not to say

Gender? circle the one that applies

- Male
- Female
- Other
- Prefer not to say

1. What do you know about the Whalton Unit?

2. Were you aware of the temporary move to Wansbeck General Hospital?

3. What are your thoughts about the move and subsequent impact?

4. Did this move directly affect you, or your friends and family? If so, how?

5. Have you, or your friends and family, been a patient at the Whalton Unit? Specify when if they have and if Morpeth or Wansbeck what was experience – how did it compare if they have experienced both

6. Overall, how do you feel the move has impacted upon the standard of care offered at the Whalton Unit and why?

Thank you for your views

Appendix C: Key Points from GP and Practice Manager meeting

Whalton Unit Engagement – Meeting with GPs and Practice Managers 18 September 2019 – Morpeth NHS Centre

Attendees

Dr Jacinta Manship	Wellway Medical Group
Freda Smallwood	Wellway Medical Group
Dr Jane Elphick	Greystoke Surgery
Jenni Dollman	Greystoke Surgery
Dr Gemma Lunn	Gas House Lane Surgery
Jen Coe	Northumbria Healthcare NHS Foundation Trust
Barbara Scott	Northumbria Healthcare NHS Foundation Trust (NHCFT)
Dr Alistair Blair	NHCFT / Wellway Medical Group
Rachel Mitcheson	NHS Northumberland CCG
Emma Robertson	NHS Northumberland CCG

Key Points

- Rachel Mitcheson provided a briefing on the current position, explaining that NHCFT decided to temporarily relocate the Whalton Unit from Morpeth to Wansbeck General Hospital and is now seeking to make this move permanent. Prior to any final decision, the CCG is carrying out a period of engagement and would like to seek the views of the GPs and Practice Managers in the Morpeth area on what impact the temporary move has had.
- Dr Elphick offered her view and said as they're close to Ashington she didn't think the impact would affect her patients significantly. She was uncertain how good the rehabilitation would be on a ward and thought that a patient would get better rehabilitation in the community. Community based rehabilitation is a key issue that we need to talk to patients and the public about.
- Dr Lunn said that rehabilitation beds are important but she didn't feel that they need to be in Morpeth necessarily. Travel is not an issue. The only issue for her was ensuring that there are the same number of beds and she assumed that it would be financially better to be in Wansbeck General Hospital (WGH). Rachel Mitcheson explained there are the same amount of beds and the cost is the same to the CCG in either location. Dr Lunn added that she is happy as long as it is the same service being provided. She had not heard any negative feedback from her patients or GPs and felt that if patients are getting better care at WGH it seems sensible to be there.
- Barbara Scott explained that patient experience had dipped in February 2019.
- Dr Manship said she felt the crux of the issue relates to how easy it is for relatives to get there to see patients.
- Dr Blair raised an issue shared by one of his GP colleagues regarding pharmacy discharge, which needs to be streamlined as much as possible when in the community.

- Rachel Mitcheson explained that the issue of palliative care has been raised significantly in the public engagement drop-in sessions.
- Dr Lunn added that she has not received any concerns from her relatives of her patients about palliative care, especially if they are getting good palliative care in another setting.
- Dr Blair felt a benefit of the Unit being at WGH is the proximity to the mortuary and the Chapel of Rest, which will improve delays with death or cremation certificates.
- Dr Lunn was aware there is concern about the relocation out in the community but not with her patients.
- Jenni Dollman queried if it is cheaper at WGH would there not be a saving. Rachel Mitcheson explained that it is saving to the healthcare system
- Barbara Scott asked the group what other services they could benefit from as a result of the saving.
- Dr Lunn suggested that a community based ECG based in the Morpeth NHS Centre would be good because at the moment patients have to travel to Wansbeck of North Tyneside to receive one.
- Dr Lunn asked what would happen if the Unit does move and would this impact on care homes in the area, in other words, would she and her fellow GPs have more care home beds to attend to. She queried the provision of the Short Term Support Service and how well staffed it is, as well as domiciliary physiotherapy.

Appendix D: Key Points from Morpeth Town Council meeting

Whalton Unit Engagement – Meeting with Morpeth Town Council 25 September 2019 – Morpeth Town Hall

Attendees

Cllr Alison Byard	Morpeth Town Council
Cllr Richard Wearmouth	Morpeth Town Council
Cllr David Bawn	Morpeth Town Council
Cllr Nic Best	Morpeth Town Council
Cllr Andrew Tebbutt	Morpeth Town Council
Cllr Richard Thompson	Morpeth Town Council
Rachel Mitcheson	NHS Northumberland CCG
Emma Robertson	NHS Northumberland CCG

Key Points

- Rachel Mitcheson provided a briefing on the current position, explaining that Northumbria Healthcare NHS Foundation Trust decided to temporarily relocate the Whalton Unit from Morpeth to Wansbeck General Hospital and is now seeking to make this move permanent. Prior to any final decision, the CCG is carrying out a period of engagement and would like to seek the views of the Town Council on what impact the temporary move has had.
- Cllr Andrew Tebbutt asked what provision would there be in Morpeth if it moves? He added, that ten years ago when the Cottage Hospital shut, Morpeth was promised a facility for palliative care and rehabilitation. If the Whalton Unit moves, this would breach this promise. He explained he has three concerns:

Access – he is concerned about Morpeth residents accessing the unit, there is a bus stop outside or residents can walk there, family and friends can visit easily. Whereas two buses are required to get to Wansbeck or if you drive, it's difficult to get to Ward 8 from the car park.

Privacy – No matter how good the medical care is at Wansbeck, there is far less privacy. He knew of a lady who died with curtains around her.

Rehabilitation – The environment for rehabilitation is very important. He asked would rehabilitation be provided in the community.

- Cllr David Bawn said that many people have a lot of emotional attachment to the Unit and their emotional feelings are clouding their views. Cllr Bawn agreed with the issues Cllr Tebbutt raised and added that they would need to be addressed going forward. He added that whatever is decided, thought needs to be given to access by public transport and the hospital environment. The character of the unit and the care it offers needs to be preserved.
- Cllr Richard Wearmouth shared his experiences of when his grandparents, great aunt and uncle were using the health and social care system. He found that access for people visiting is an important issue as well as care and dignity for patients, particularly for those in the last part of their lives. Privacy needs to be

considered on the new unit. He asked if the care has been better at Wansbeck, what the patient experience was and what the views of the medical staff are. He didn't think that residents would have a problem travelling to Wansbeck as they would probably get a lift rather than get the bus or walk. He added that parking at Wansbeck is an issue, there is no ticket machine at the Whalton Unit in Morpeth.

- Cllr Nic Best shared his experiences of when a friend was in and out of NSECH, Wansbeck and the Whalton Unit in 2017. The Unit was by far easiest to get to. His friend's wife would drive and was able to park outside the Unit. He felt that the staff at Wansbeck were under pressure. The private rooms on the Unit are good for family distress and he felt that people at Wansbeck are not well rehabilitated.
- Cllr Richard Thompson said that if someone has a relative in the Whalton Unit in Morpeth it is far easier to visit them after work.
- Cllr Tebbutt added he would be more reassured if home care services were strong and could deliver what people need, but he believes the service is stretched. The future of the Unit is inextricably linked to home care and if people can go home.
- Cllr Alison Byard shared her experiences of visiting residents in the Whalton Unit in Morpeth and at Wansbeck. She found accessing the Unit in Morpeth and getting parked easy, but not at Wansbeck. She feels it is important for patients' morale to have visitors. The current taxi service for visitors is unlikely to last and a bus service should be put in place. If the Unit moves permanently it will be an undeniable loss for Morpeth and she feels very emotional about it and the need to express her concern for the people of Morpeth. Whatever happens it needs to be for the right reasons. She asked why is winter staffing an issue now, when it hasn't been before.
- Cllr Tebbutt added that there should be provision for palliative care in Morpeth so that patients can be close to come.
- Cllr Bawn added that the Trust must be making a saving on rent and heating now the Unit is at the Wansbeck and with the savings, can the Trust not make a Whalton shaped space.
- Rachel extended an open invitation to all the Councillors to attend the CCG's Engagement Group. Details of the meeting would be sent once a date has been confirmed.



Executive summary

The Whalton Unit provides consultant-led (Care of the Elderly) rehabilitation for residents in South East Northumberland, predominantly for frail older patients, specialist stroke rehabilitation and post-operative rehabilitation for patients after orthopaedic surgery.

On 19th December 2018 a decision was taken to temporarily relocate the unit from Morpeth to Wansbeck General Hospital. This decision was driven by concern that issues experienced with nurse staffing should not lead to quality and safety concerns that were likely to be compounded by the anticipated increase in activity across the winter period. This decision was reviewed in April 2019 and the temporary relocation period extended to enable a longer timeline for impact analysis, with a specific focus on the experience of patients.

NHS Northumberland Clinical Commissioning Group are currently undertaking this review and Explain was commissioned to conduct independent research into the opinions and experiences of local residents. A multi-methodology approach was employed including 500 face-to-face and online survey responses and a follow on focus group and in-depth interviews. The online survey link was distributed widely by NHS Northumberland CCG and was open to all residents of Northumberland who did not work for the CCG or the NHS locally. Respondents were invited to participate on-street and nationally representative quotas were applied, consequently responses from the face-to-face survey may be most indicative of the opinions of the local population as a whole.

Key findings

Just over half of those responding to the face-to-face survey were aware of the Whalton Unit, including 34% who were aware of the unit but had no experience of it. 18% had experience of it either personally or through friends and family. Awareness and experience was considerably higher amongst online respondents.

There was a very high degree of satisfaction with the Whalton Unit at Morpeth amongst those who had experienced its services either personally or through friends or family. The medical care at Wansbeck General Hospital was also felt to be of a high standard but concerns were raised, primarily over staffing levels, the ward environment and the practicalities of travel to Wansbeck.

Awareness of the temporary relocation of the unit was low amongst the general public at only 34% but rose to 79% of those who responded online.

The majority of respondents, both face-to-face and online, who had previously heard of the move, reported that their first reaction was negative. Concerns focused primarily on the perceived impact on elderly, local residents, the challenges of public transport to Wansbeck and more broadly the centralisation of services. For many of those with prior experience of the unit there was a feeling of personal loss. It was widely believed that the decision had been taken for financial reasons.

Overall, 8% of all face-to-face respondents and 28% of all online respondents reported that the move had impacted directly on themselves, their friends or family. The impact was perceived to be negative.

Few respondents had experience of the Whalton Unit since its temporary move to Wansbeck General Hospital. However, those that did raised concerns about the suitability of the ward environment for elderly patients undergoing rehabilitation or palliative care and the barriers to visitation. They would favour its return to a detached, specialist unit.

Only 16% of face-to-face respondents and 41% of online respondents felt that they could give an opinion of the impact of the temporary move on the standards of care at the Whalton Unit. 61% of these face-to-face respondents and 79% of these online respondents felt that the impact had been negative. This equates to 8% of the full face-to-face sample and 32% of the full online sample.

Conclusions

Amongst the general public, as represented by the face-to-face sample, there was limited awareness of the temporary move and few felt able to express an opinion on its impact on care. However, those who did feel able to do so were five times more likely to feel that it had been negative than positive.

Many online and qualitative respondents felt passionately that the temporary move had had a negative impact and were very concerned about the future of the unit. The responses from these stages of the research allowed us to understand more fully the high value placed upon the Whalton Unit at Morpeth by some local residents and the experiences and perceptions of Wansbeck General Hospital that have driven concern over the temporary move. These concerns are not easily addressed as they focus, not on quality of medical treatment but, primarily on key differences within the physical environment and location. Concern was greatest for patients suffering from conditions such as dementia or receiving end-of-life care and the feeling that these patients were losing dignity and were distressed generated a strong emotional response.

Respondents typically attributed the temporary move to cost cutting and were reluctant to accept staff shortages as the primary reason. Responses suggest that they may be more open to arguments focused on superior access to medical professionals, facilities and medicines.

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1.0 Introduction



Background

The Whalton Unit provides consultant-led (Care of the Elderly) rehabilitation for residents in South East Northumberland, predominantly for frail older patients, specialist stroke rehabilitation and post-operative rehabilitation for patients after orthopaedic surgery.

On 19th December 2018 a decision was taken to temporarily relocate the unit from Morpeth to Wansbeck General Hospital. This decision was driven by concern that issues experienced with nurse staffing should not lead to quality and safety concerns that were likely to be compounded by the anticipated increase in activity across the winter period. This decision was reviewed in April 2019 and the temporary relocation period extended to enable a longer timeline for impact analysis, with a specific focus on the experience of patients.

Explain was commissioned by NHS Northumberland Clinical Commissioning Group (CCG) to carry out independent market research to assess the impact of the temporary move on local residents.

The primary objectives of the research were to:

- assess awareness and understanding of Whalton Unit amongst local residents
- explore the patient experience at Whalton Unit and the rehabilitation services at Wansbeck General Hospital
- understand initial hopes and concerns for the move and perceptions of the actual impact of the move on quality of care and the patient experience

This findings of this research will be assessed in conjunction with feedback from the public engagement sessions run by NHS Northumberland CCG.

Methodology

A multi-methodology approach was recommended to maximise public engagement.

During the first stage of the research, members of the public were invited to participate in a face-to-face or online survey.

This mixed sampling technique was chosen to secure a statistically robust sample size and allow all who wished to participate to do so whilst ensuring that responses were obtained from a diverse and representative range of respondents, including those who may not be found online.

Face-to-face interviews were conducted by experienced, MRS trained interviewers with participants recruited on street. The online survey was widely promoted by NHS Northumberland CCG.

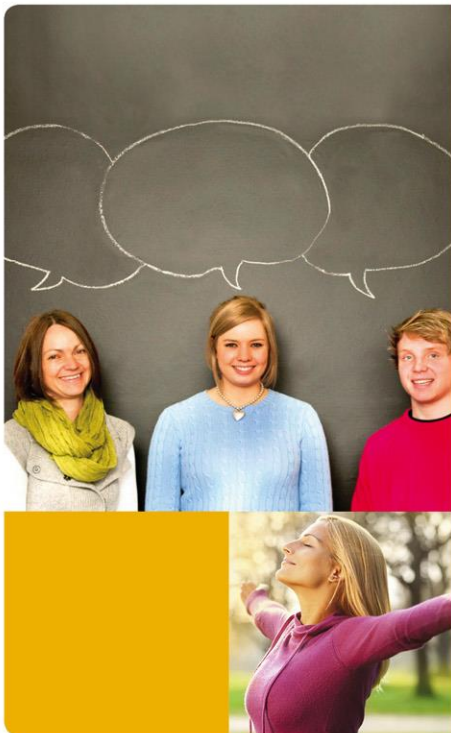
Screening questions in the survey ensured that all respondents were resident in Northumberland. Those working in NHS services in the North East or for NHS Northumberland CCG were not eligible to participate.

At this stage, participants with experience of the Whalton Unit or related rehabilitation services at Wansbeck General Hospital were offered the opportunity to opt in to the second stage of the research.

This stage was qualitative, comprising one focus group and seven telephone depth interviews. This stage allowed us to explore perceptions in greater depth, to get to the heart of the needs and concerns of local residents.

All sessions were run by experienced qualitative researchers and were audio-recorded to ensure reporting accuracy.

2.0 Respondent profile

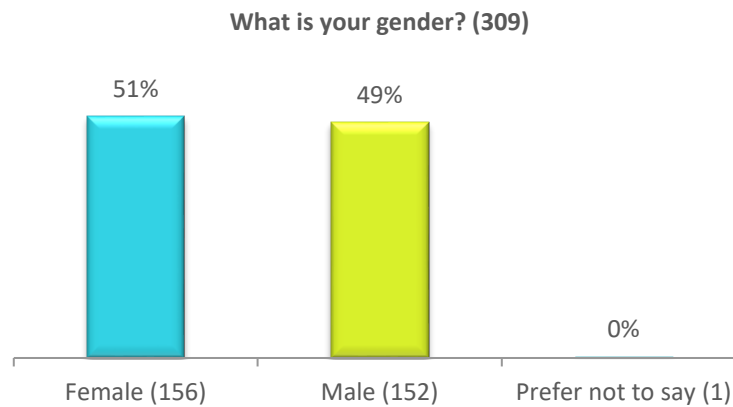


Quantitative Surveying

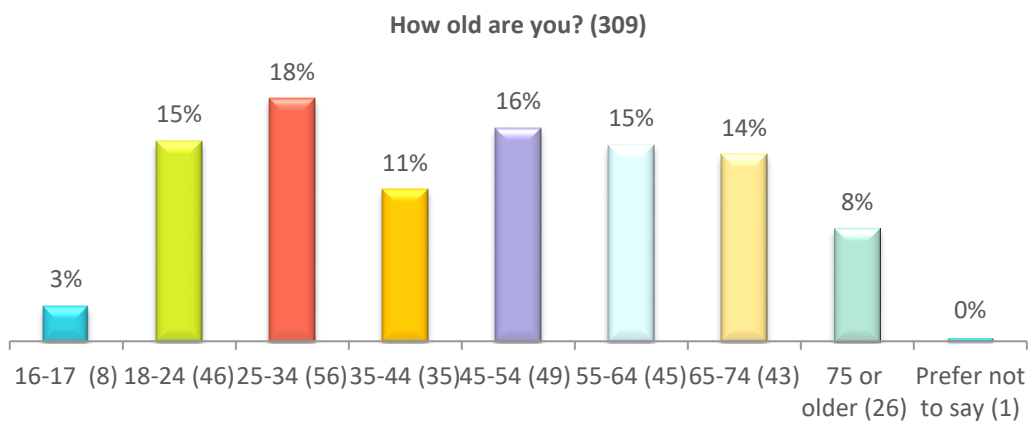
Face-to-Face Interviews

Face-to-face interviewing was carried out on the streets of Morpeth on both weekdays and weekends between 4th and 21st September. Quotas were set to ensure that these respondents represented a cross-section of the local population. 309 face-to-face interviews were carried out with the following demographic splits:

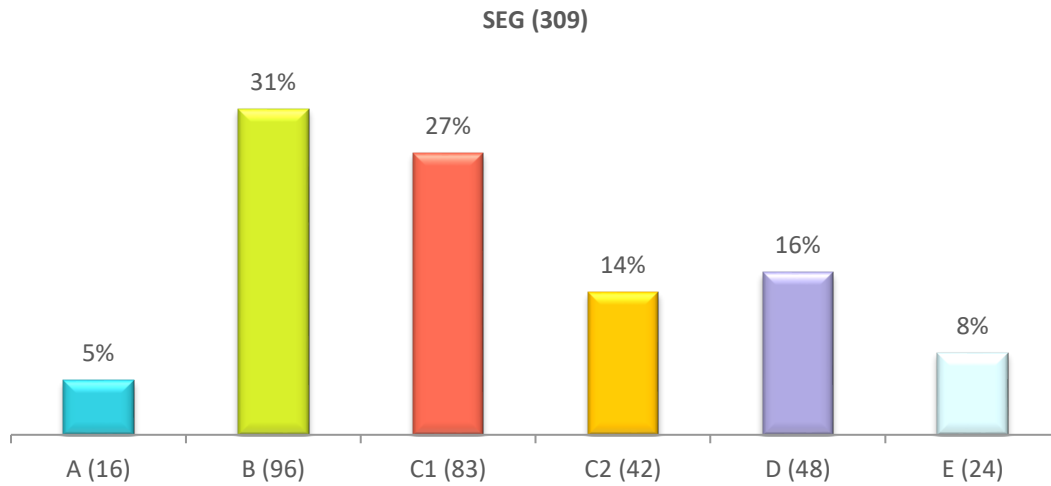
Gender



Age



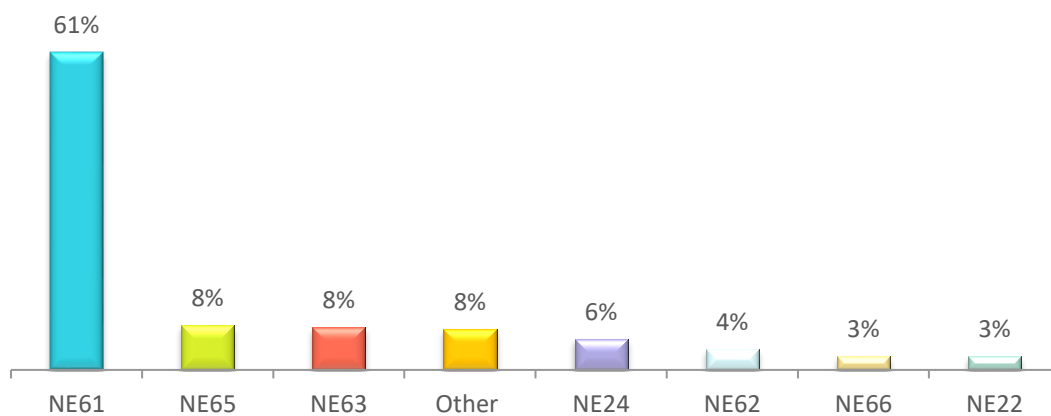
Socio-economic group



Place of residence

All respondents lived in Northumberland and 96% lived within the Whalton Unit catchment area.

What is the first half of your postcode? (308)



Connection

Almost a third of respondents had experience of rehabilitation for frail, older patients, either personally or through their friends and family. 26% had experience of rehabilitation after orthopaedic surgery and 19% experience of rehabilitation after a stroke. These experiences could be at any location.

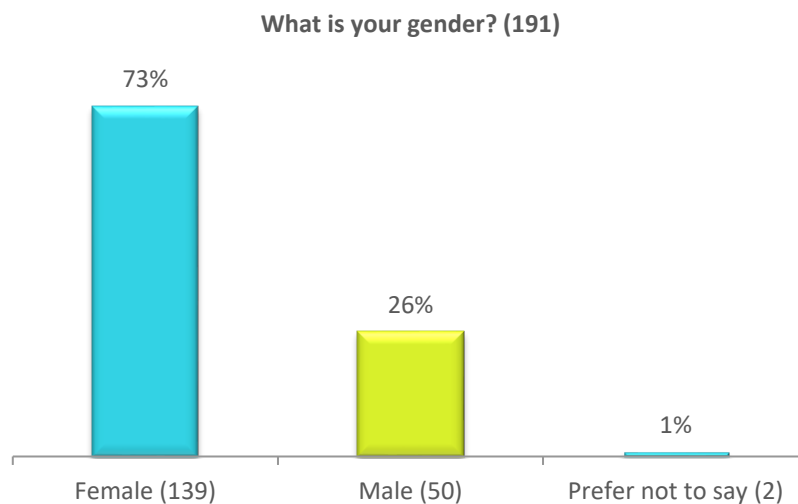
	Personal experience	Friends or family have used this service	No experience
Rehabilitation for frail, older patients	1%	31%	69%
Rehabilitation after a stroke	1%	18%	81%
Rehabilitation after orthopaedic surgery	5%	21%	74%

Online Interviews

Responses were invited online between 4th September and 3rd October. No quotas were imposed upon this sample. 191 responses were received with the following demographic splits.

The online survey had a high percentage of female respondents (73%).

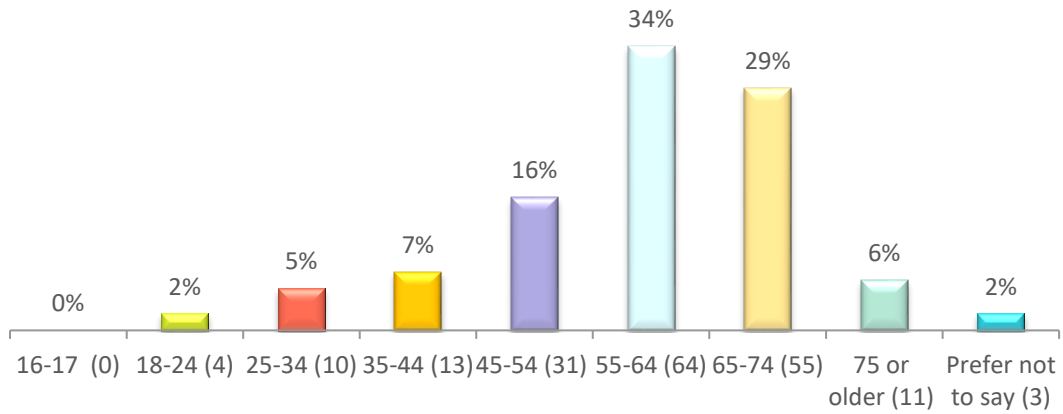
Gender



Age

Respondents over the age of 45 made up 85% of the sample, with 35% aged 55-64. These gender and age splits represented a significant variation in composition from the face-to-face sample and cannot be considered fully representative of the local population.

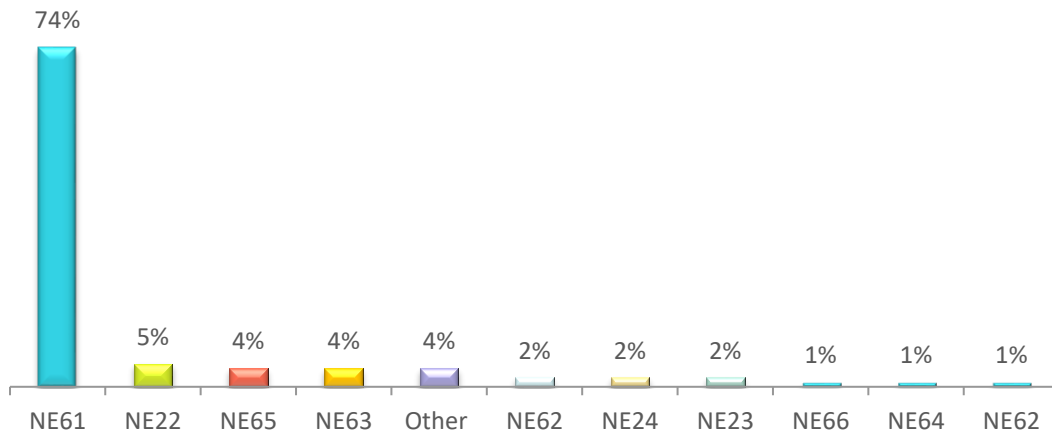
How old are you? (191)



Place of residence

All respondents lived in Northumberland and 96% lived within the Whalton Unit catchment area.

What is the first half of your postcode? (191)



Connection

74% of respondents had experience of rehabilitation for frail, older patients, either personally or through their friends and family. 38% had experience of rehabilitation after orthopaedic surgery and 34% experience of rehabilitation after a stroke. These experiences could be at any location.

	Personal experience	Friends or family have used this service	No experience
Rehabilitation for frail, older patients	2%	74%	24%
Rehabilitation after a stroke	3%	34%	63%
Rehabilitation after orthopaedic surgery	7%	38%	55%

Qualitative Feedback

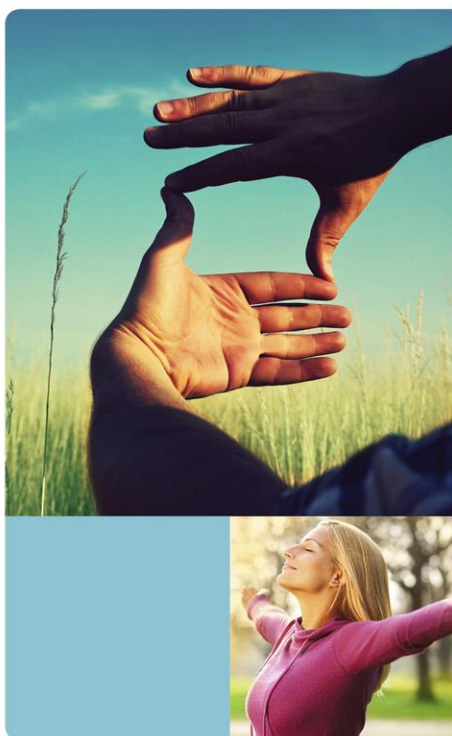
Focus Group

A focus group was conducted on 1st October in Morpeth with five respondents attending who all had experience of the services offered by the Whalton Unit at Morpeth.

In-depth interviews

Seven in-depths interviews were completed with respondents over the phone, five respondents had experience of the Whalton Unit at Morpeth, two respondents had no direct experience of the unit but wished to comment on the temporary move as Morpeth residents.

3.0 Results



Reporting

Those who completed the survey face-to-face were invited to do so by the interviewers. They were selected to be representative of the general public to offer insight into the views of the local population as a whole. The online survey was open to all those who met the basic screening criteria of residency in Northumberland and who did not work for the NHS or CCG locally.

These different sampling techniques resulted into two distinct respondent groups significantly different both demographically and in terms of closeness to the Whalton Unit.

The face-to-face group included a good cross-section of the local population demographically and in terms of awareness and experience of the Whalton Unit. For the purposes of reporting, we have therefore led with the responses of these respondents as most likely to reflect those of the wider population.

By contrast, respondents to the online survey skewed heavily in favour of females and those aged over 45. Almost two thirds had experience of the Whalton Unit in Morpeth and a further 31% were aware of it. In this respect, they are atypical of the local population and survey responses suggest that participation may have been motivated by their strength of feeling regarding the temporary move. This was also reflected in volunteers for the qualitative stage of research. While these responses cannot be judged to be representative of the population as a whole, they are highly valuable for the insight they offer into the perceptions of previous service users and those who feel a particular connection to the issue.

Awareness and Understanding



The Whalton Unit offers a specialist rehabilitation service primarily for frail, elderly patients and those recovering from a stroke or orthopaedic surgery. As may be expected of a specialist service, awareness amongst the general public was comparatively low.

Face-to-face

18% of face-to-face respondents had experience of the Whalton Unit, either as a patient themselves (1%) or through friends or family (17%). Just under half (48%) were unaware of the service.

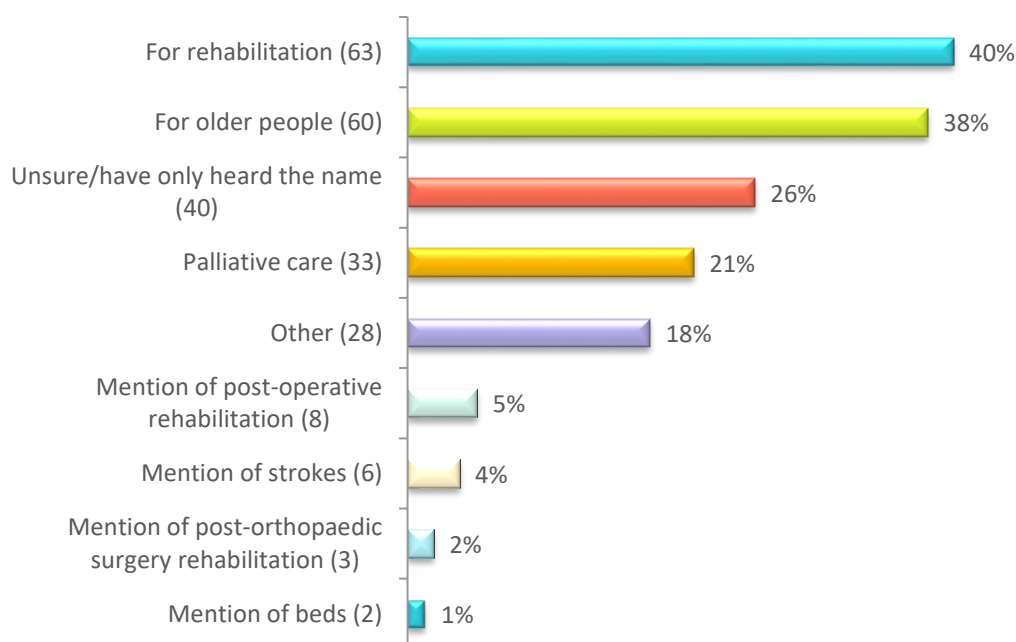
Face to Face	I am aware of this service but have no experience of it	I have used this service personally	A friend or family member has used this service	I am unaware of this service
The Whalton unit	34%	1%	17%	48%
Northumbria Specialist Emergency Care Hospital	17%	29%	38%	16%
Wansbeck General Hospital	5%	48%	46%	1%
Morpeth NHS Centre	16%	40%	33%	11%
Alnwick Infirmary	47%	15%	17%	22%
Blyth Community hospital	37%	8%	11%	45%

Statistically significant differences were observed between age groups. Only 9% of respondents aged under 45 had experience of the Whalton Unit and 63% were unaware of it. In comparison 25% of

respondents aged 45 or over had personal experience or knew someone who had been treated there and only 36% were unaware of it.

Of those who were aware of the unit, it was most frequently associated with rehabilitation and care for older people. There was little spontaneous mention of specialist post-stroke or post-orthopaedic surgery rehabilitation.

What do you know about the Whalton Unit? (157) Face to Face



Online

Of the online respondents, over half had had experience of The Whalton Unit either personally or through friends and family and understanding of the specialisms was high. Only 6% were unaware of the unit prior to their participation in this survey. Consequently it may be anticipated that responses from online respondents may reflect a stronger sense of personal connection to the Whalton Unit at Morpeth than those of the face-to-face respondents.

Online	I am aware of this service but have no experience of it	I have used this service personally	A friend or family member has used this service	I am unaware of this service
The Whalton unit	31%	3%	59%	6%
Northumbria Specialist Emergency Care Hospital	16%	24%	58%	3%

Wansbeck General Hospital	3%	53%	42%	2%
Morpeth NHS Centre	10%	54%	33%	4%
Alnwick Infirmary	52%	13%	22%	13%
Blyth Community hospital	55%	4%	20%	22%

Qualitative discussions

All of the respondents from the focus group and five out of the seven respondents from the in-depth interviews had previous knowledge of the Whalton Unit, one respondent from the in-depth interview first heard about the Whalton Unit when completing the survey.

Experience of services



As previously noted, there was significant differences between the two respondent groups in terms of their experience of relevant services. This experience could have been at any location and was used to determine closeness to the issue.

Experience of rehabilitation...	For frail, older people	After a stroke	After orthopaedic surgery
Face-to-face respondents	32%	19%	26%
Online	76%	37%	45%

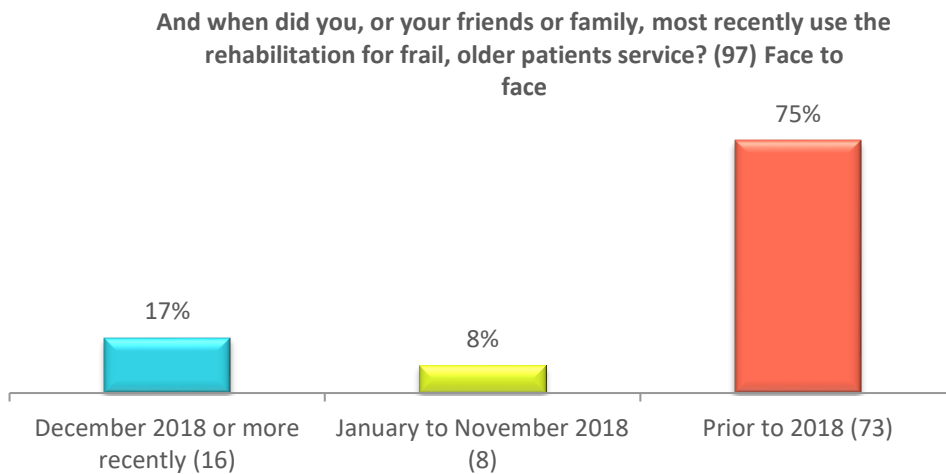
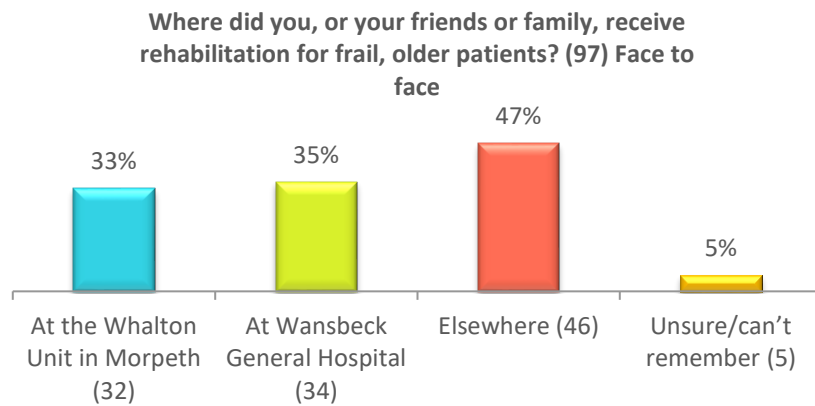
In total 12% of the face-to-face respondents and 55% of the online respondents had experience of the Whalton Unit at Morpeth and 18% of the face-to-face respondents and 75% of the online respondents had experience of the rehabilitation services at Wansbeck General Hospital.

Experience of rehabilitation services...	At Whalton Unit (Morpeth)	At Wansbeck General Hospital
Face-to-face respondents	12%	18%
Online	55%	75%

Face-to-face: rehabilitation for frail, older patients

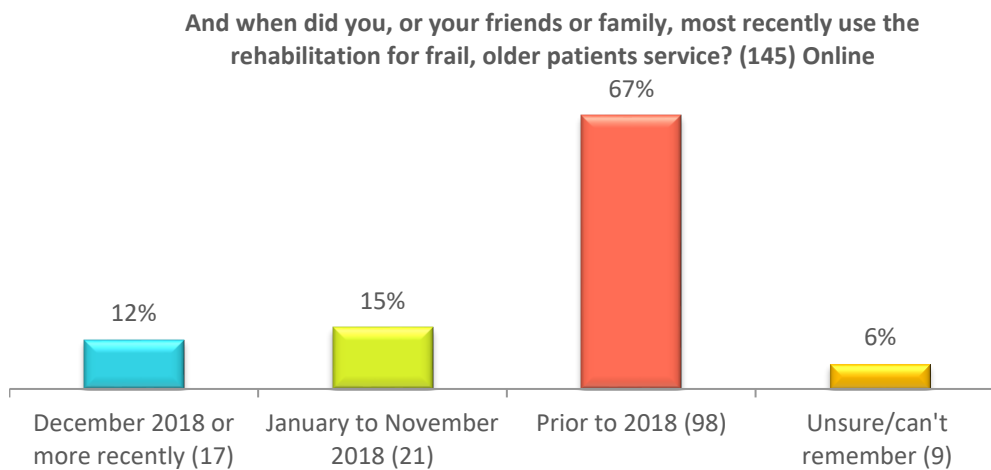
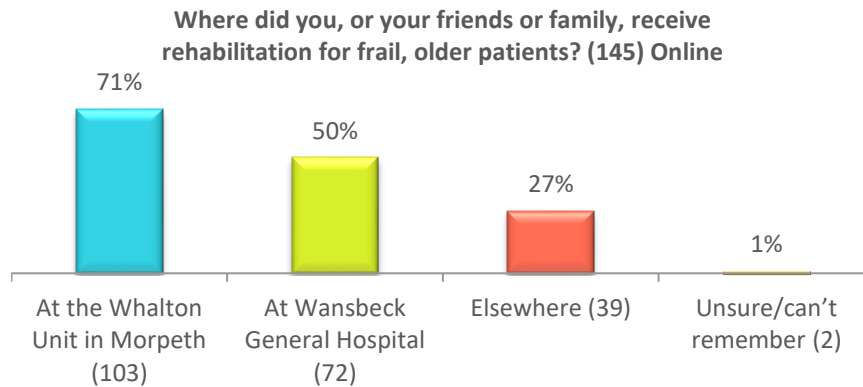
97 face to face respondents had experience of rehabilitation services for frail, older patients. Two had used a service personally, 94 had friends or family who had, and one had both personal experience and through friends and family.

32 respondents had experience of the services at Whalton Unit in Morpeth and 34 at Wansbeck General Hospital. Nine recalled this experience as being at the Whalton Unit or Wansbeck General Hospital since December 2018 when the unit was temporarily relocated.



Online: rehabilitation for frail, older patients

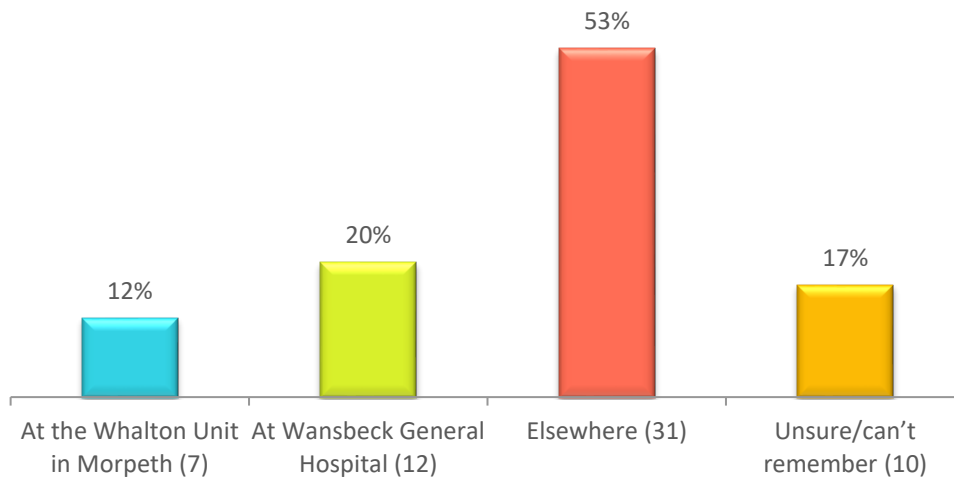
145 of the online respondents had experience of rehabilitation services for frail, older patients. For 103 this experience was at the Whalton Unit in Morpeth and for 72 it was at Wansbeck General Hospital. 15 recalled this experience as being at the Whalton Unit or Wansbeck General Hospital since December 2018 when the unit was temporarily relocated.



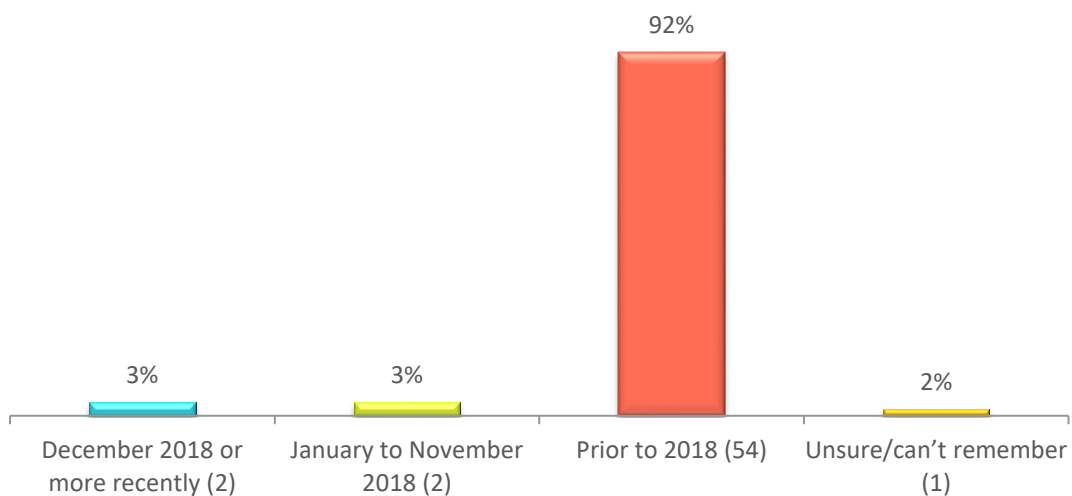
Face-to-face: post-stroke rehabilitation

59 face-to-face respondents had experience of post-stroke rehabilitation, either directly (four) or through friends and family requiring this care (55). Seven respondents had experience of the services at Whalton Unit and 12 at Wansbeck General Hospital. Only one recalled this experience as being at the Whalton Unit or Wansbeck General Hospital since December 2018 when the unit was temporarily relocated.

Where did you, or your friends or family, receive rehabilitation after a stroke? (59) Face to face



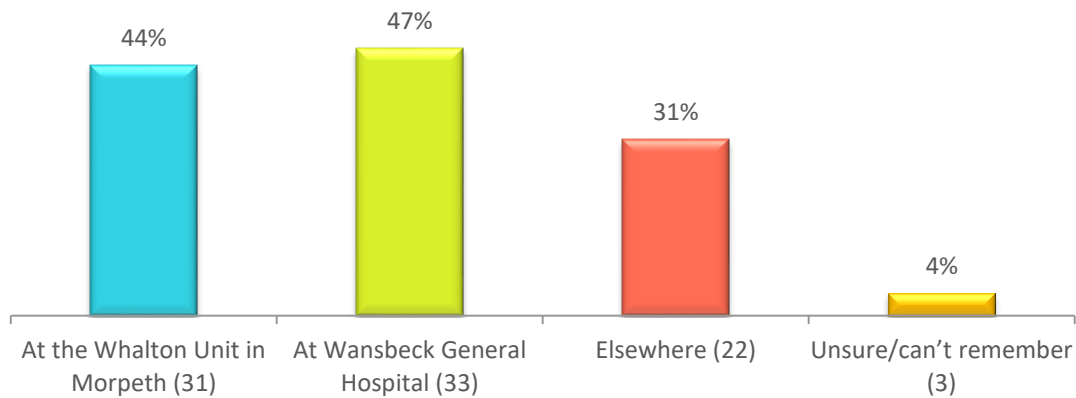
And when did you, or your friends or family, most recently use the rehabilitation after a stroke service? (59) Face to face



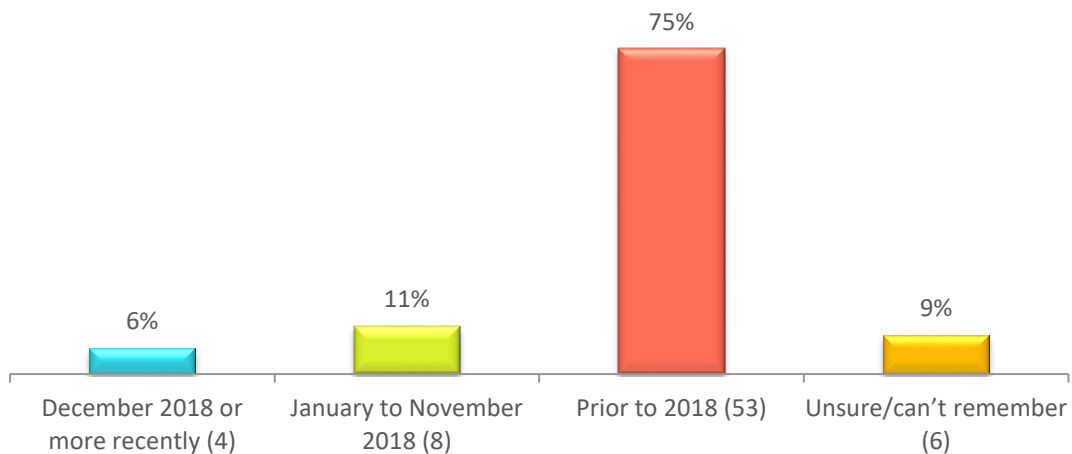
Online: post-stroke rehabilitation

71 online respondents had experience of post-stroke rehabilitation. For 31 this was at The Whalton Unit in Morpeth and for 33 at Wansbeck General Hospital. Three recalled this experience as being at the Whalton Unit or Wansbeck General Hospital since December 2018 when the unit was temporarily relocated.

Where did you, or your friends or family, receive rehabilitation after a stroke? (71) Online



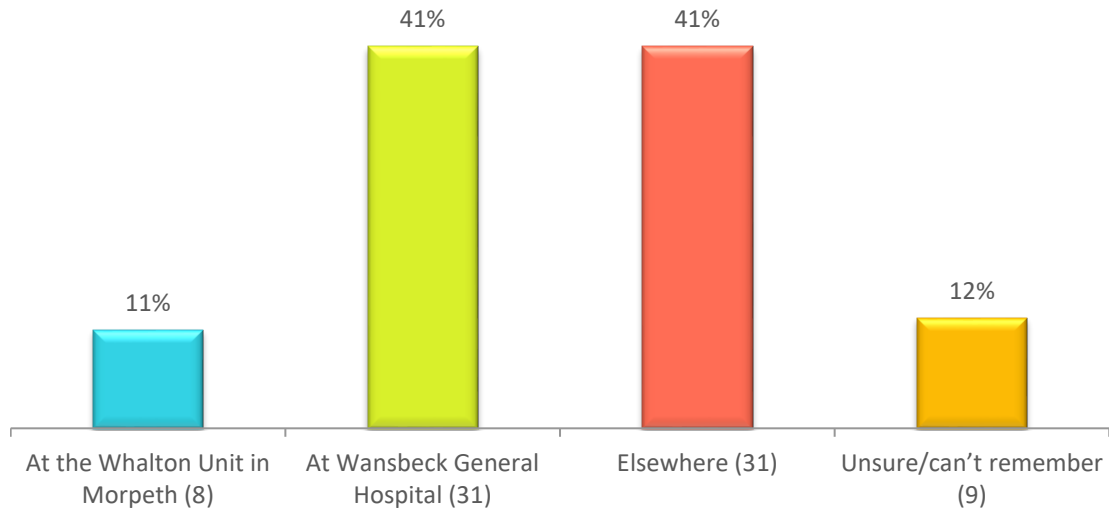
And when did you, or your friends or family, most recently use the rehabilitation after a stroke service? (71) Online



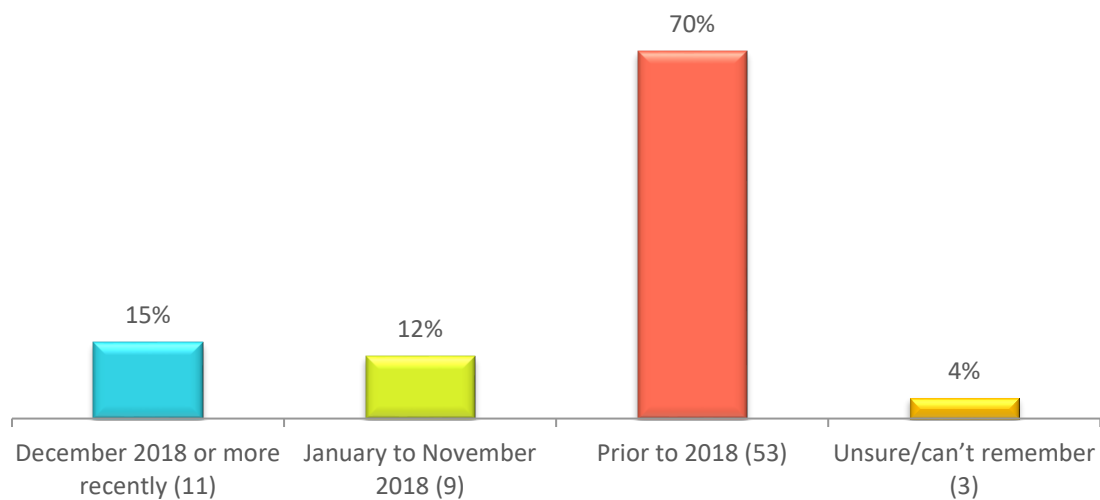
Face-to-face: post orthopaedic surgery rehabilitation

76 face-to-face respondents had experience of post-orthopaedic surgery rehabilitation, either directly (10) or through friends and family requiring this care (61) or both (five). 8 respondents had experience of the services at Whalton Unit and 31 at Wansbeck General Hospital. Six recalled this experience as being at the Whalton Unit or Wansbeck General Hospital since December 2018 when the unit was temporarily relocated.

Where did you, or your friends or family, receive rehabilitation after orthopaedic surgery? (76) Face to face



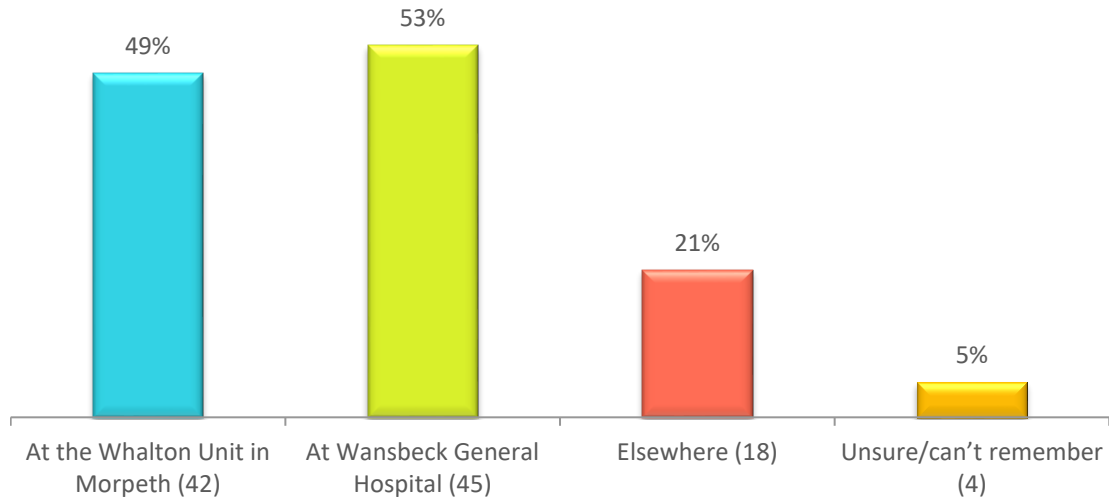
And when did you, or your friends or family, most recently use the rehabilitation after orthopaedic surgery service? (76) Face to face



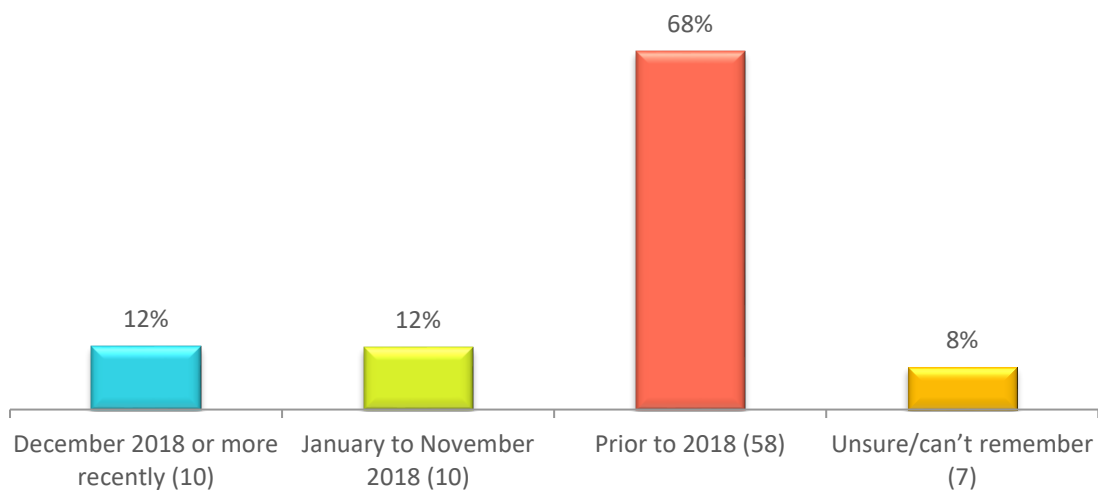
Online: post orthopaedic surgery rehabilitation

85 online respondents had experience of post-orthopaedic surgery rehabilitation. 42 of the online respondents had also experienced this at The Whalton Unit. Eight recalled this experience as being at the Whalton Unit or Wansbeck General Hospital since December 2018 when the unit was temporarily relocated.

Where did you, or your friends or family, receive rehabilitation after orthopaedic surgery? (85) online



And when did you, or your friends or family, most recently use the rehabilitation after orthopaedic surgery service? (85) Online

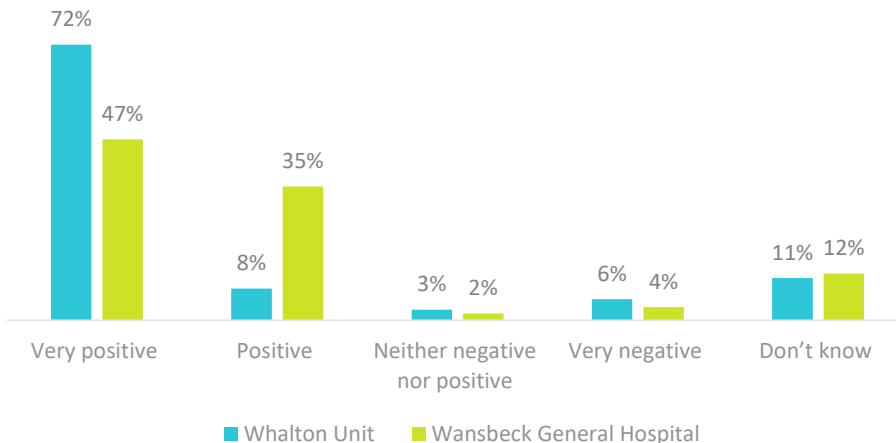


Service feedback

Both face-to-face and online respondents expressed a high degree of satisfaction with the services provided by the Whalton Unit at Morpeth.

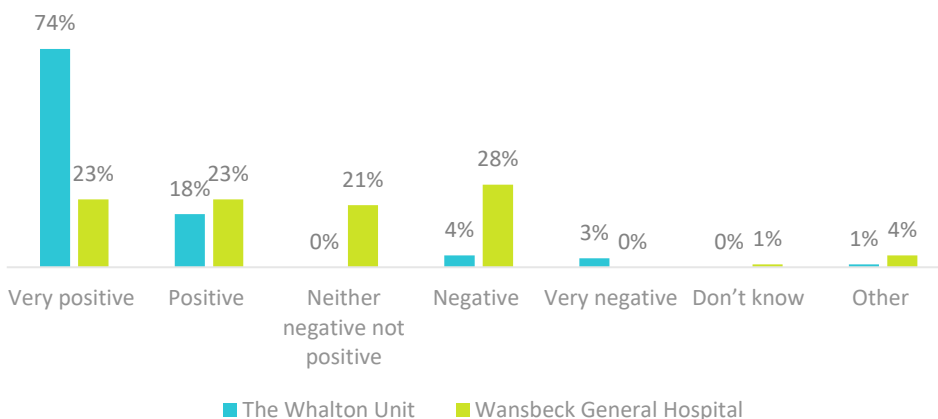
72% of face-to-face respondents and 74% of online respondents who had experience of the Whalton Unit rated it as very positive. The comparative figure for Wansbeck General Hospital was 47% face-to-face and only 23% online.

How would you rate your own experience or that of your friends or family on a scale of very positive to very negative? Face to face



Base size: Whalton Unit at Morpeth (36), rehabilitation services at Wansbeck General Hospital (57)

How would you rate your own experience or that of your friends or family on a scale of very positive to very negative? Online



Base size: Whalton Unit at Morpeth (105), rehabilitation services at Wansbeck General Hospital (92)

For those who had experienced **the Whalton Unit at Morpeth**, the professionalism and caring nature of the staff and the quality of care stood out.

“Excellent, clean, cared for, she felt safe, medical treatment was second to none.”

“Made you feel at home, staff were great, nothing was a problem... close to home, could spend more time with loved ones, better for all the family, less stressful for all the family.”

“Staff were very empathetic to patients and families.”

“Staff know patients on a personal level and what their needs are.”

“I felt so comforted up there. The staff and doctors were wonderful, I wanted for nothing.”

The homely, familiar atmosphere and small size of the unit were felt to be a source of comfort and reassurance to elderly patients. This was particularly pertinent to those with conditions, such as dementia, that could lead to them becoming more easily confused or agitated by a busier hospital environment.

“In the Freeman [hospital] he didn’t understand what was going on and he was in a ward so he found that really distressing so when he came to the Whalton Unit it was a chance for him to feel more secure...they could really look after his needs and it was possible for him to be assessed properly in a situation where he was comfortable so it was more realistic.”

“It did not feel institutional.”

“She loved it, she felt like she was at home because it was close to home.”

The layout was highly praised as individual bedrooms and bathrooms were seen to offer both patients and families quiet, dignity and privacy at what was often a difficult time of their lives.

“It allows you to say things that you need to say.”

“All single rooms meant my relative had total privacy and their own toilet. Small things like that make a big difference.”

“You had quietness whilst you were trying to recuperate.”

Respondents also appreciated the location, feeling that it facilitated regular visits from friends and family which could aid recovery. This was particularly important when spouses, family members or friends were also elderly or frail and struggled with driving or public transport. Regular visits were encouraged by a relaxed approach to visiting hours which was highly appreciated.

“I think the convenience of being in Morpeth was very important to her as she could be visited by her neighbours.”

“I think people recover better at the Whalton Unit as they are happy and know that their families are close.”

“We could call in whenever we wanted which gave her a lot of security and more confidence because she was very frightened when she was in hospital at Cramlington.”

Overall the majority felt that the consideration given at the Whalton Unit to **both** medical care and mental wellbeing maximised a patient’s chances of rehabilitation. Where recovery was not possible, it also offered a soothing environment for palliative or end-of-life care.

Criticism of the Whalton Unit at Morpeth was minimal.

Respondents with experience of the **rehabilitation services at Wansbeck General Hospital** were in the main similarly impressed by the professionalism of the staff and quality of care.

“Mum was frail after her fall and staff were very helpful in explaining the operation and care to her.”

“Care was very good because it was efficient and effective.”

“Responsive, good care, regular checks.”

“Lovely, local hospital where we have always got first class care.”

“My loved one was on palliative care before she died and I would much rather she was there with staff experienced in pain management.”

Amongst face-to-face respondents there was little negative feedback on the rehabilitation services at Wansbeck General Hospital. However, 28% of online respondents reported a negative experience there and others were mixed in their feedback.

While the attitude of the staff was praised, there were concerns over staffing levels. This was felt to impact on the level of care that could be shown to each patient, particularly at meal times and in communication with both patients and visitors. A few felt it impacted upon cleanliness.

“Super busy! Crammed wards, stressed staff.”

“Not enough staff to run wards efficiently although staff did try their best. Food was just left for patients or family members were asked to feed relatives at visiting times.”

“The staff seemed to be overloaded with paperwork and rarely went near the patients. More junior care staff were also thin on the ground... medical care was of course very good and the physios were also excellent.”

“The staff were too busy to be patient with him, he lost his dignity early on when he wanted to use the commode and was told just to go on the pad in the bed.”

“My father was not cared for well. He contracted Norovirus and C.Diff. My mother suffered a heart attack due to lack of attention and care.”

Concerns were also raised over limited visiting hours and excessive noise levels feeling that these could impede recovery and increase patient distress and confusion.

“In the ward at Wansbeck people had dementia...so they were always shouting and if five people can't get to sleep because one is creating [noise] it has a negative impact on the others because they haven't had their sleep.”

“The limited hours for visiting caused distress to my mother, a dementia sufferer, who was shouting for her elderly, visiting husband, who became upset leaving her in this state. My mother's continued upset also had a negative impact on the others on the ward.”

Wansbeck General Hospital also came in for criticism for the high cost of television and parking and the difficulty of reaching it by public transport.

As the online sample was self-selecting it should be considered that those with negative experiences at Wansbeck General Hospital may be particularly concerned over the temporary move and so especially motivated to participate in the research, however, this cannot be confirmed.

Service comparisons

Amongst those who had experience of both services, prior to the move, there was a noticeable difference in tone when discussing each. Respondents describing Wansbeck General Hospital more frequently focused on the efficiency and efficacy of treatment, while those describing the Whalton Unit at Morpeth emphasised a friendly, caring environment and the dignity this afforded to patients and loved ones. From some there was an appreciation that the strength of a service may come to the fore in a particular situation.

“The Wansbeck wouldn't have been able to give my father the level of care and quiet he received in the Whalton Unit, whereas I wouldn't have received the level of care I received at Wansbeck following hip replacements at the Whalton Unit. In my opinion both units excelled at their particular specialties.”

“Whalton Unit better for peaceful and focussed rehabilitation; Wansbeck better for complex medical needs superimposed on rehabilitation.”

"I haven't got an issue with Wansbeck at all, but it is an acute ward-based hospital and as such the environment... is very different from the Whalton Unit which has got more of a homely, rehabilitation environment."

However, for many the differences in their past experiences of the two services contributed significantly to their concerns over the temporary relocation. This was reflected in depth in the qualitative discussions. Again the psychological and emotional benefits attributed to the environment of the Whalton Unit at Morpeth were raised. Key amongst these were:

- more individual attention, primarily for patients but also for their loved ones who appreciated having familiar faces to answer questions at a stressful time:

"I think the medical needs were considered in both, but the psychological and emotional needs were kept in the Whalton Unit and that's where they excelled."

"In the Whalton Unit he was referred to by name, in the Wansbeck he was a bed number."

- the comfort of feeling more at home, for many elderly patients a hospital ward was synonymous with illness and death and for others the activity and noise levels were disorientating and stressful:

"The Wansbeck served its purpose in that it put her on the road to recovery, but the recovery was long, and I don't think she would have made that progress if she stayed in Wansbeck."

"When my father-in-law was recovering he wasn't very well... and he really thought that his days were going to end in Wansbeck General Hospital but when we moved him to the Whalton Unit it was as though he had been given some magic medicine. He really started to get better quickly in the Whalton Unit and if he had stayed in Wansbeck Hospital, I don't think he would still be here."

"She was happy to know she was recovering as no longer needed to be at Wansbeck. [Whalton Unit signified] on the road to recovery!"

"She felt safer and more at home [at Whalton]."

- a calm, reassuring atmosphere and continuity of care, seen as particularly beneficial to the recovery of those with conditions that cause confusion

"The two weeks my mother was in the Whalton Unit were much easier to deal with than the two weeks she was in Wansbeck."

"[In Wansbeck] there were a lot of patients there who were suffering from dementia [and] they tended to feed off each other's...confusion and paranoia...having my dad in the hospital and the Whalton Unit [in Morpeth] you could see the paranoia heightened in hospital...I have no medical proof but going off the back of when my dad was in hospital and had deliriums then he went to the Whalton Unit and had his own space it seemed to really help calm him."

- private rooms, these were generally felt to offer the optimum environment for recovery while respecting the privacy and dignity of patients and their visitors.

"[At Wansbeck] it was difficult because it is a noisy place and there's a lot of things happening and I was expecting my mum to die so when I went to see her it was very emotional and you have everyone else sitting around so it is awful but eventually she was sent to the Whalton Unit... and the room of her own made such a difference... imagine if I was sitting on a ward and she died with someone in a bed next to her."

As previously noted, travel to Wansbeck General Hospital was also of significant concern and it was felt that patients in the Whalton Unit at Morpeth benefited from more frequent visits.

"I was able to go over every day which I couldn't if she was at Wansbeck, it's a horrendous bus journey and you have to change buses, I need three."

"The car parking at Wansbeck is a nightmare and it adds additional stress which is awful."

In summary, for the majority of those who had experienced rehabilitation services at both the Whalton Unit at Morpeth and at Wansbeck General Hospital prior to the move, both services delivered medically but it was felt that the Whalton Unit at Morpeth had offered a superior patient and visitor experience. One respondent summarised it as follows *"the care on both sides you can't fault...brilliant... but it's just the small things that make the difference to the patients and also the relatives."*

The temporary relocation



Respondents who were unfamiliar with Whalton Unit were given the following introduction to the unit: The Whalton Unit has 30 beds and provides rehabilitation for frail, older patients or those who have had a stroke or orthopaedic surgery.

Awareness

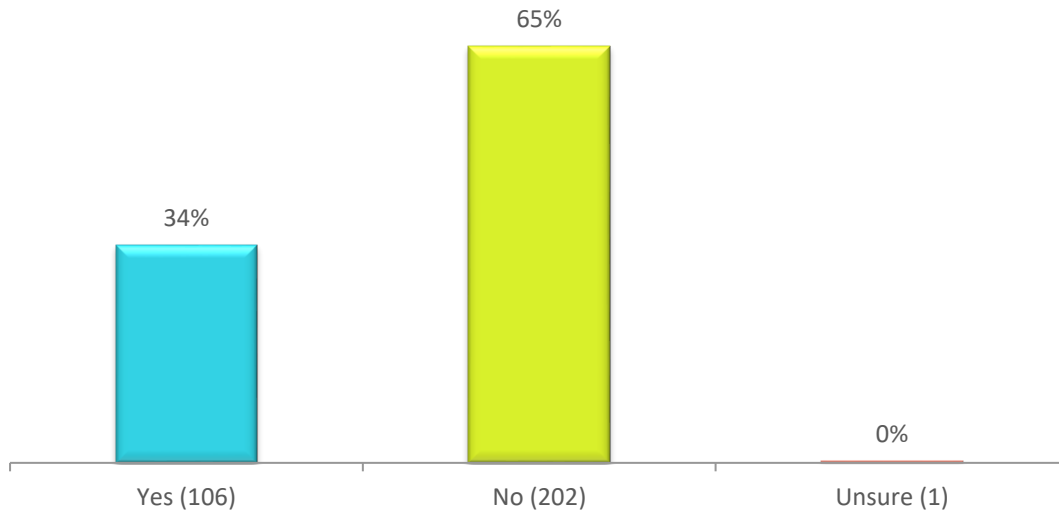
All respondents were then asked about whether they were aware of the temporary relocation of the service.

Face-to-face

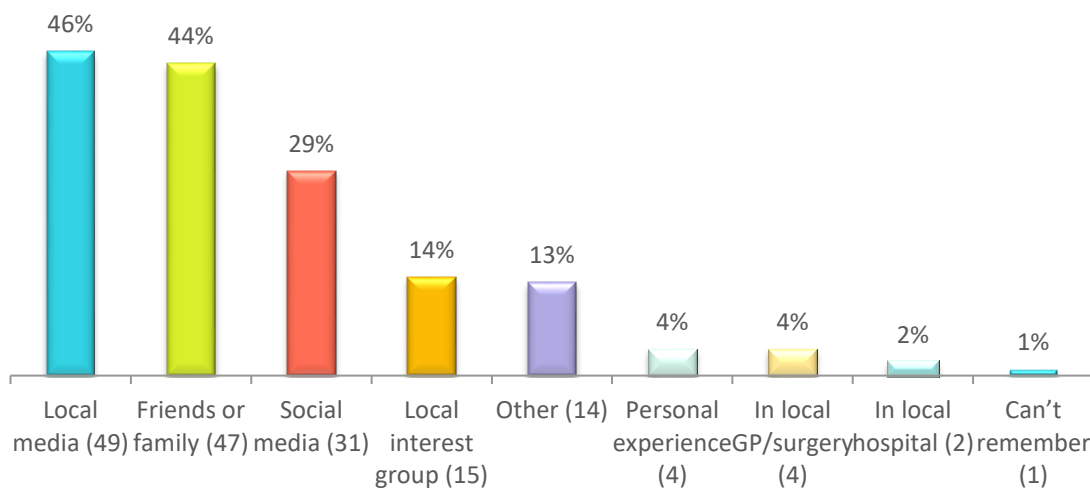
Only 1 in 3 face-to-face respondents were aware. Over 45s were significantly more likely to be aware of the move (47%) than under 45s (21%) again highlighting that the greater prominence of its services amongst older residents.

Of those aware, 46% recalled local media coverage and 44% had heard about it through friends or family. 13% were aware of local campaigning on the issue and 4% had personal experience of the move.

In November 2018, a decision was made to temporarily relocate the Whalton Unit from Morpeth to Wansbeck General Hospital. Were you aware of this move? (309) Face to face



Where did you hear about the move? (106) Face to face



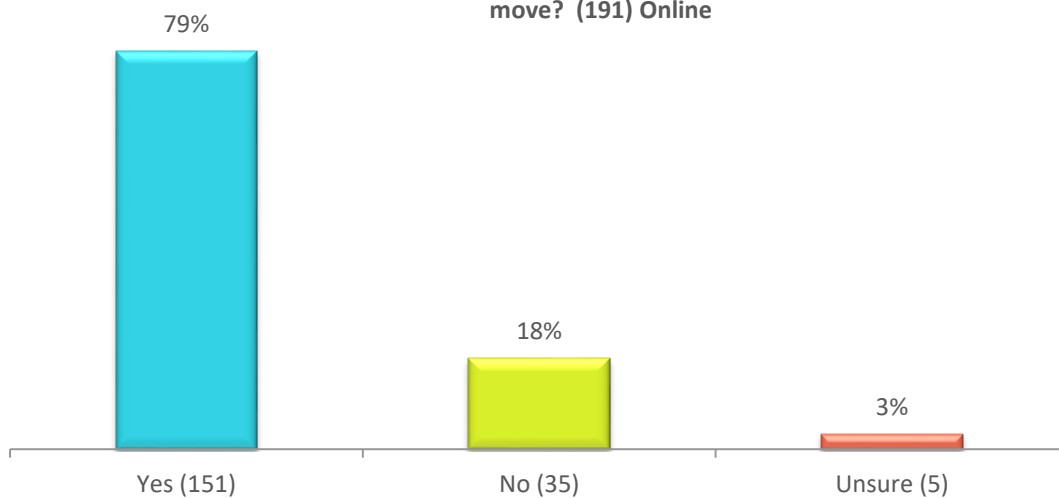
Online

By contrast, 79% of online respondents were aware of the move.

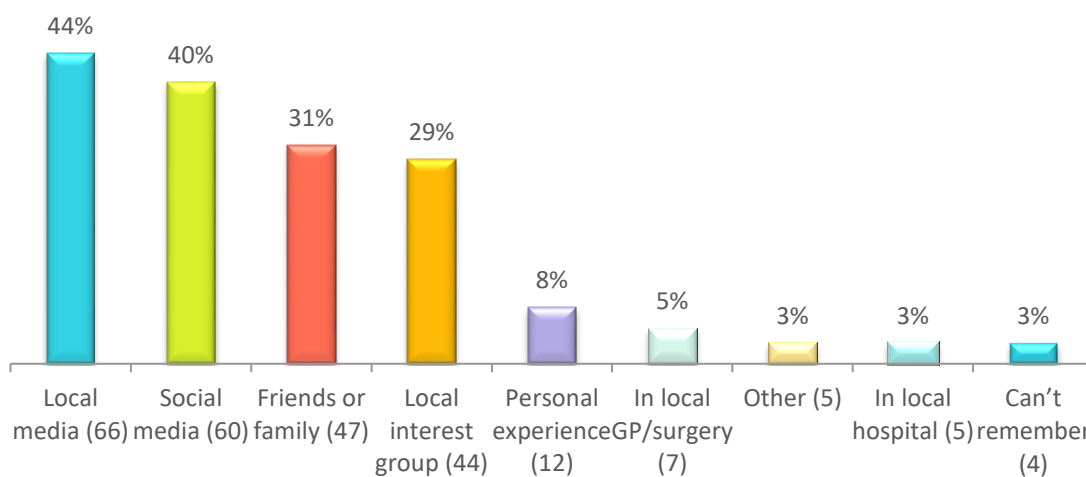
Media coverage drove awareness amongst this group with 44% of those aware recalling local media coverage and 40% social media coverage. 29% were aware of local interest group campaigning, compared to 14% of face-to-face respondents. 8% had personal experience of the move.

Compared to the face-to-face sample, this means online respondents were significantly more likely to be aware of the move. Moreover with higher recall of media and campaign coverage we may anticipate that this group has been exposed to greater discussion of the move and consequently may feel more strongly on the issue.

In November 2018, a decision was made to temporarily relocate the Whalton Unit from Morpeth to Wansbeck General Hospital. Were you aware of this move? (191) Online



Where did you hear about the move? (151) Online



Initial reactions

The majority of respondents, both face-to-face and online, who had previously heard of the move, reported that their first reaction was negative. Words commonly used included: 'disgusted', 'shocked'

and 'disappointed'. Concerns focussed primarily on the perceived impact upon local elderly residents, the challenges of public transport to Wansbeck and more broadly on the centralisation of services.

"Appalled, horrified, older people do not have the transport to attend appointments too far away, bus services are not good, needs to be relocated back to Morpeth where the old folk live."

"Thought it was disgraceful, no-one took any notice to the local people, I signed petitions, but they went ahead.... I realised me and other people would not be able to access the services at Wansbeck... it's far too far to travel when people are so ill."

"I was really disappointed because it is hard and stressful enough when you have relatives in hospital, and we felt comfortable in the Whalton Unit as it is familiar and easy to access."

"I don't think an open ward is the right place for someone who has days left to live. I think if my mum died in the Wansbeck my final moment with her would have been even more traumatic... so my biggest concern was for people in the future."

For some of those who had previous experience of the Whalton Unit in Morpeth, there was a personal sense of disappointment or even distress at the thought that they themselves would not be able to spend their final days there. This illustrates the strength of feeling some local residents have towards the service.

"I was shattered when it left because I was planning on going there for my end."

A small number of respondents were optimistic feeling that the service could be better offered at Wansbeck General Hospital where there were more staff and facilities.

"If you are in the Whalton Unit and you need an ambulance you would have to wait but in Wansbeck you are already there, so you have got more direct access to anything medical."

"[Positive move as] there is a cost advantage for the NHS as it cuts down their costs."

"It goes without saying that 24 hour 7 days a week medical cover from competent staff and access to x-ray and other investigative facilities and treatments at the Wansbeck hospital is far better. Frail elderly patients can require just as much medical care and attention as others if not more."

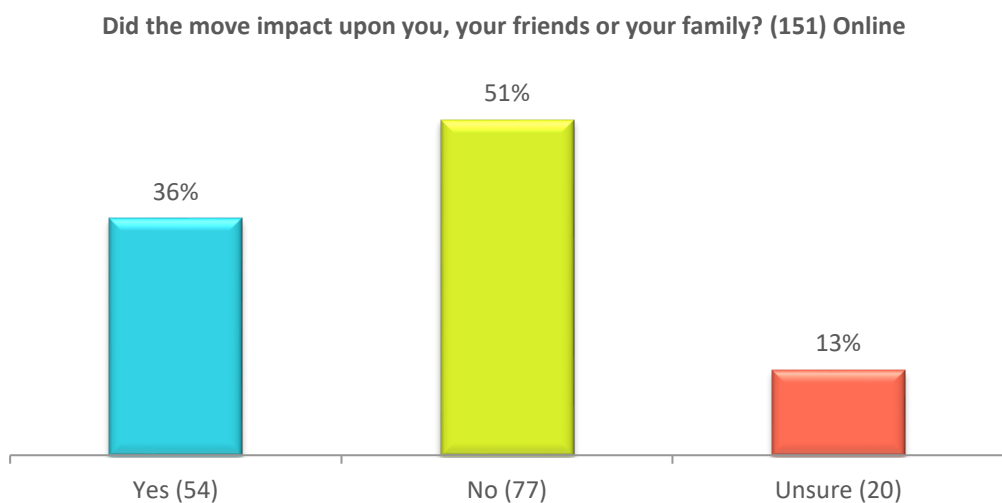
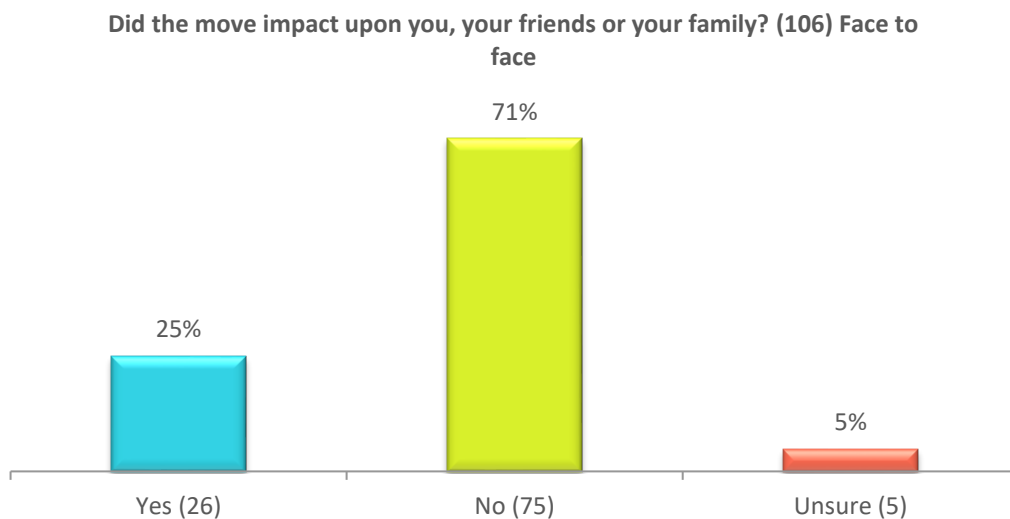
Finally a handful felt that they had had little initial response to the news as it didn't impact upon themselves or their loved ones.

It was widely believed that the decision to temporarily move the unit was made for financial reasons and consequently there was a reluctance amongst some to accept that staff shortages were the main driving force and others felt this should not be insurmountable.

“The reasons given were patently not true. This is a simple cost cutting measure at the expense of very vulnerable people.”

The direct impact of the move

A quarter of face-to-face respondents who were aware of the move felt that it had impacted upon themselves personally or their friends or family with this increasing to 36% of online respondents. This equates to 8% of the full face-to-face sample and 28% of the full online sample.



All respondents who reported an impact on themselves, their friends or family felt that it had been negative.

There were concerns over the impact of the move and busy ward environment on those with conditions such as dementia. This reflected the comparisons qualitative respondents later drew between the two services.

“Had to deal with my elderly father in law being confused about why he was moving from Whalton Unit to Wansbeck and why he couldn't go back.”

“Stress of seeing mother in a confused state vs calmer in a single room.”

“We all live in Morpeth, so [at the Whalton Unit] we would have been able to spend more time with her; having dementia she needed constant familiar re-assurances.”

Others felt that the busier hospital ward environment had hampered rehabilitation and led to patients being discharged before they were ready to cope on their own.

“My mother was in Ashington hospital quite a lot last year and was returned home too early, in my opinion on at least two occasions (lack of beds on the ward). Which led to her being readmitted to Wansbeck. If the old system had still been in place she may have been assessed and sent to Whalton Unit for recuperation away from the hospital environment.”

“My neighbour's husband was due to come out of Wansbeck but still needed significant care. She was told that he couldn't go to the Whalton Unit. He had to go to Alnwick, but the bus service was only once a day and unreliable. A care home was offered later in Amble, but the bus service from Longframlington was still complicated and very long.”

Although the Whalton Unit is primarily focussed on rehabilitation, many local residents associate it with end of life care and were distressed by the experience or thought of loved ones dying on an open ward or away from friends and family.

“Our very dear grandmother had to spend her final hours and days at Wansbeck when she could have been surrounded by more of her loved ones and in her own home town had the unit been open.”

Again, travel to Wansbeck General Hospital was a key concern, with respondents feeling that the lack of direct public transport and the cost of taxis made it harder to be with loved ones at a time of need.

“A friend had to go further afield, and I missed saying goodbye to him.”

“Me and my wife are 70 year olds and if we went into Wansbeck hospital, I don’t know how the other one would manage to get there.”

Two of those who participated in the qualitative depth interviews had experience of the Whalton Unit both at its original location in Morpeth and, post move, within Ward 8 of Wansbeck General Hospital. Their experienced are discussed below.



Case study A

The respondent’s wife was amongst the first patients to be admitted to the Whalton Unit within Ward 8. He reported that his wife was very lonely in Wansbeck Hospital as his visits were strictly limited to one hour per day and she could go days with no-one else to talk to. He felt that the distress caused by such isolation had a deleterious effect on her dementia.

He was also concerned that the ward felt stark and bare, especially in the run-up to Christmas. Having previously visited a friend being cared for in the Whalton Unit at Morpeth, he was concerned that the ward was not able to offer the same patient and family-friendly feel and accessibility.



Case study B

This respondent’s father was cared for at the Whalton Unit in Morpeth and her mother at the Whalton Unit in Wansbeck General Hospital. She praised the quality of medical care at both facilities. However she was particularly concerned about the impact of the temporary move on patients with dementia. She felt that the ward atmosphere at Wansbeck exacerbated her mother’s delirium and that the calm atmosphere at the Whalton Unit at Morpeth was more appropriate for such patients, minimising their distress and consequently that of their relatives. Overall, single occupancy rooms, a less hectic environment and ease of travel were the little things that made all the difference for her family.

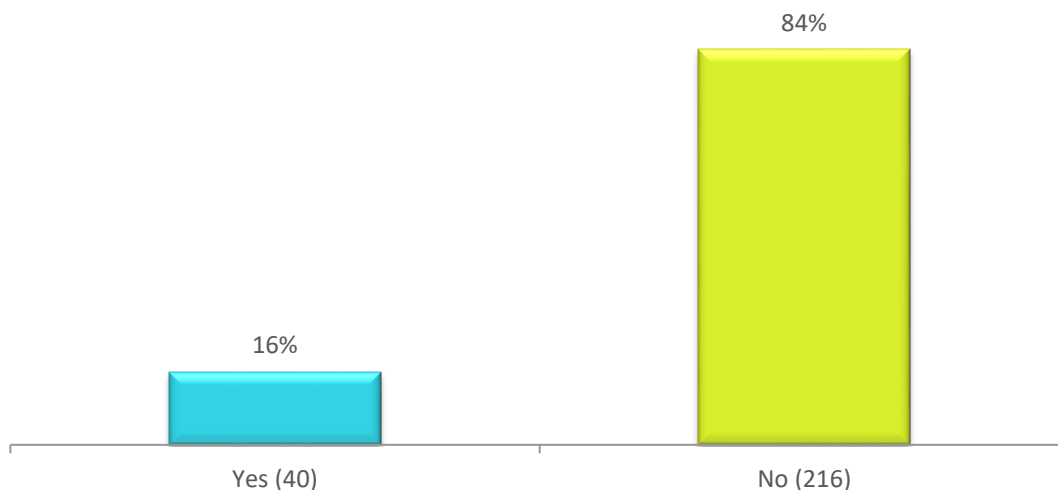
Broader perceptions of impact

With concerns raised locally prior to and during the move, it was important that NHS Northumberland CCG be able to assess the perceptions of the wider community after the trial period. Consequently, respondents were given the opportunity to give an opinion on the impact of the move on standards of care at the Whalton Unit, whether or not they had direct experience of this.

Face-to-face

Only 16% of those interviewed face-to-face felt that they were able to give an opinion on the impact of the temporary move on standards of care at the Whalton Unit. As we have seen almost half of respondents were previously unaware of the service and others had only limited knowledge or only experience that pre-dates the move. So it is understandable that a comparatively low level of respondents felt able to express an informed opinion. As on the awareness questions, an age differential was observed with 25% of 45 and overs feeling able to give an opinion compared to 4% of under 45s.

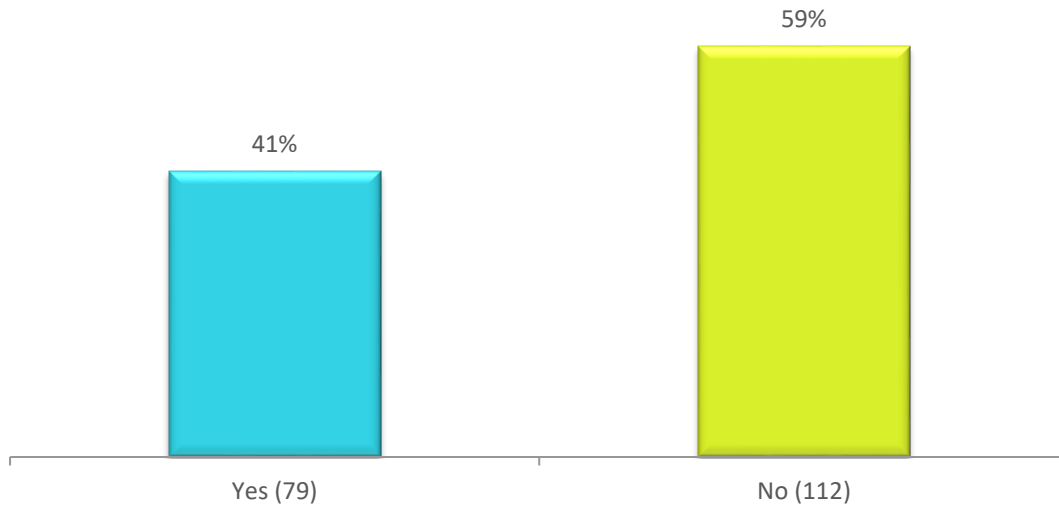
Do you feel able to give an opinion on the impact of the temporary move on standards of care at the Whalton Unit? (256) Face to face



Online

41% of those who completed the online survey felt that they were able to give an opinion on the impact of the temporary move on standards of care at The Whalton Unit. Again, an age differential was observed with 36% of 45 and overs feeling able to give an opinion compared to 4% of under 45s.

Do you feel able to give an opinion on the impact of the temporary move on standards of care at the Whalton Unit? (191) Online

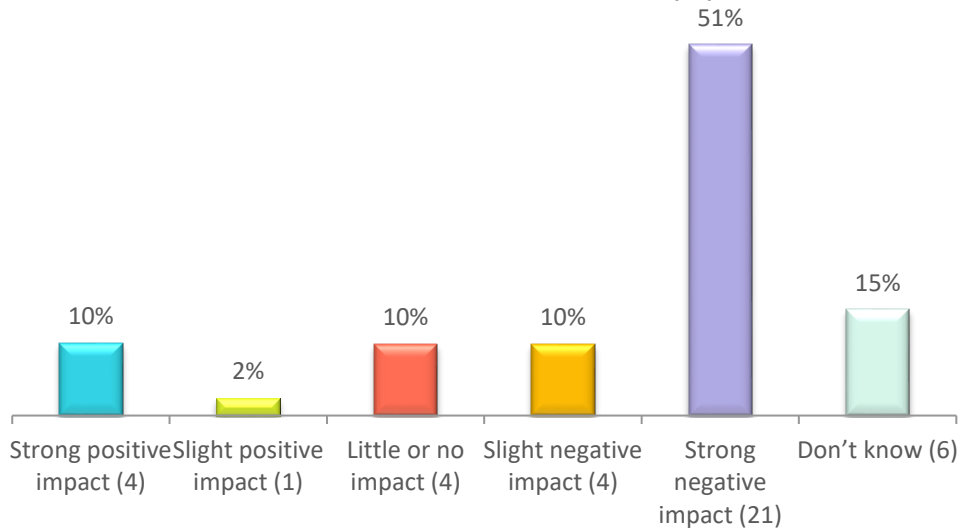


The greater willingness of the online respondents to give an opinion is to be expected due to the higher proportion of this group with experience of the unit and their strength of feeling towards it. It should be noted that more respondents felt able to give an opinion on the impact of the temporary move than had direct experience of the services post-move.

Face-to-face

Approximately half of those from the face-to-face survey who felt able to give an opinion felt that the move had had a strong negative impact and a further 10% a slight negative impact. 12% felt it had a strong or slight positive impact. This equates to 8% of the full face-to-face sample reporting a negative impact and 2% a positive impact.

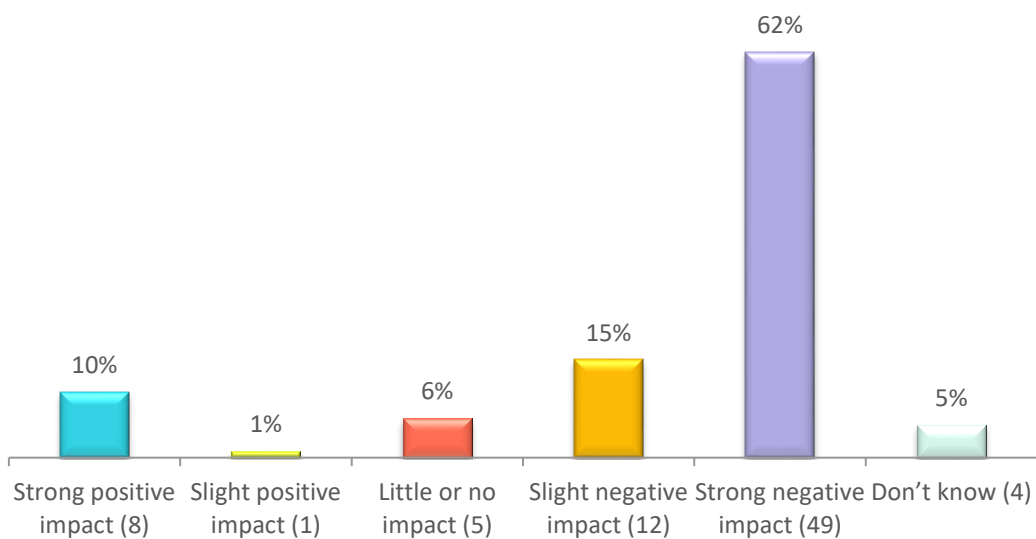
Overall, how do you feel the temporary move has impacted upon the standard of care offered at the Whalton Unit? (40) Face to face



Online

The majority of those from the online survey who felt able to give an opinion felt that the move had had a strong negative impact (62%) and a further 15% felt that it had a slight negative impact. Only a small percentage felt that it had a slight or strong positive impact (11%). This equates to 32% of the full online sample reporting a negative impact and 5% a positive impact.

Overall, how do you feel the temporary move has impacted upon the standard of care offered at the Whalton Unit? (79) Online



Perceptions of impact

Respondents were mixed in their perceptions of the standard of medical care that could be offered at each facility.

Those who felt positively about the temporary move focused on the benefits to patients of quicker access to medical professionals, facilities and medicines in a hospital setting.

“An excellent service will be provided at Wansbeck Hospital, with speedier and wider access to services like physio, X-ray and pharmacy. Plus there are more medical and nursing staff present. There is a presumption... by some people in Morpeth that it is an entitlement by right that patients who live in Morpeth should be allocated an individual room (conveniently ignoring the fact that the residents of other communities do not have a similar opportunity.). This could be construed as simple snobbery. Patients often thrive better when they have other patients around them with whom to interact.”

“Patients will receive a better standard of care [at Wansbeck].”

“There weren't enough staff in the original [Morpeth] unit to give sufficient attention to patients.”

“Everyone is in the same place. There was a delay in medications when my loved one was in Morpeth.”

The catchment of the unit extends outside Morpeth and one respondent also considered the move of benefit to those living further afield.

“Ashington has much more need as the residents really don't have as much money as the ones in Morpeth. I understand this won't be across the board but I think more socially deprived areas should have easier access to healthcare.”

Confidence in the quality of care at Wansbeck General Hospital was the primary reason for respondents feeling that the temporary move had had little or no impact.

“The staff are as dedicated and helpful as they were in Morpeth.”

“The level of care offered at Wansbeck General Hospital is of the highest quality.”

Those who felt that there had been a negative impact on the quality of care, raised concerns over a perceived loss of specialism both in terms of staff and layout:

“The Wansbeck is more generalist and people can get better specialist care (and hence get a quicker recovery) having it in Morpeth.”

"I think the staff are more specialised at the Whalton Unit."

"The standard of care offered at Whalton cannot, and is not, being offered at Wansbeck. This is not a reflection on the staff but the physical set-up."

It was felt that the loss of privacy and regular visitation was particularly impactful on patients in a vulnerable condition.

"Friends have reported a lack of privacy. Access is hard for some. Northumberland is mainly rural-centralisation in such a community can make visiting difficult. This is particularly important for people receiving end of life care, who deserve to be able to say their goodbyes. My grandmother died alone, behind a curtain (although not in Northumberland) and I have never been able to justify that."

"More personal at Morpeth, just busy, no privacy at Wansbeck. People having to use the commode behind a curtain is disgusting this day and age. Degrading for the patient, not pleasant for other patients and visitors."

"I know of a dying person receiving the last rights from a minister with the whole family around, squashed behind a curtain in an open four bed bay with no privacy. This would not have happened in the Morpeth premises."

Concerns were once again raised over the suitability of a busy ward environment for these patients and their families.

Finally, while not directly related to the quality of care, the cost of television and parking was seen as placing a burden on families and the difficulty of travelling from the Morpeth area to Wansbeck General Hospital by public transport remained a key driver of dissatisfaction.

"No [difference] in terms of care (not heard anything negative about the care), but [Wansbeck] has vastly reduced accessibility. Even if at the hospital the kinds of people using the service will have difficulty walking to the entrance."

"Some people had to get three buses."

"Standards of care will decrease if people are moved and family and friends would not be able to visit regularly if they have to go to Wansbeck."

4.0 Conclusions



Key findings

Awareness

Just over half of those responding to the face-to-face survey were aware of the Whalton Unit including 34% who were aware of the unit but had no experience of it. 18% had experience of it either personally or through friends and family. Awareness and experience was considerably higher amongst online respondents with 94% aware including 31% who were aware of the unit but had no experience of it. 63% of the online respondents had experience of it either personally or through friends and family.

Experience of the Whalton Unit

There was a very high degree of satisfaction with the Whalton Unit at Morpeth with only 6% reporting a negative experience. The unit was particularly valued for:

- the quality of care,
- the professionalism and caring nature of staff,
- a homely and comforting atmosphere that was seen as conducive to recovery and mental wellbeing,
- the privacy and dignity afforded by private bedrooms and bathrooms
- the convenience of the location with regular visitors being seen as highly beneficial to patients.

Experience of rehabilitation services at Wansbeck General Hospital

The standard of care at the Wansbeck General Hospital was also praised. However, concerns were raised about staffing levels. Limited visiting hours, excessive noise levels and the hospital environment were all seen as barriers to recovery, particularly amongst patients also suffering from conditions such as dementia. The difficulty of reaching the hospital by public transport, parking and the high cost of television were also frequently raised concerns.

The majority of respondents who had experience of both facilities were satisfied with the quality of clinical care at each. However they overwhelmingly favoured the Whalton Unit at Morpeth, feeling that the patient and visitor experience was superior.

The temporary relocation

Awareness of the temporary relocation was low amongst the general public at only 34%, compared to 79% of those who responded online.

The majority of respondents, both face-to-face and online, who had previously heard of the move, reported that their first reaction was negative. Words commonly used included 'disgusted', 'shocked' and 'disappointed'. Concerns focused primarily on the perceived impact on elderly, local residents, the challenges of public transport to Wansbeck and more broadly the centralisation of services. For many of those with prior experience of the unit there was a feeling of personal loss. It was widely believed that the decision had been taken for financial reasons.

A small number of respondents felt that the move was positive, citing the increased, fast access to medical professionals, equipment and medicines offered by Wansbeck General Hospital.

Overall, 8% of all face-to-face respondents and 28% of all online respondents reported that the move had impacted directly on themselves, their friends or family. The impact was perceived to be negative.

Few respondents had experience of the Whalton Unit since its temporary move to Wansbeck General Hospital. However, those that did echoed earlier concerns about the suitability of the ward environment for elderly patients undergoing rehabilitation or palliative care and the barriers to visitation and would favour its return to a detached, specialist unit.

Only 16% of face-to-face respondents and 41% of online respondents felt that they could give an opinion of the impact of the temporary move on the standards of care at the Whalton Unit. 61% of these face-to-face respondents and 79% of these online respondents felt that the impact had been negative. This equates to 8% of the full face-to-face sample and 32% of the full online sample.

Conclusions

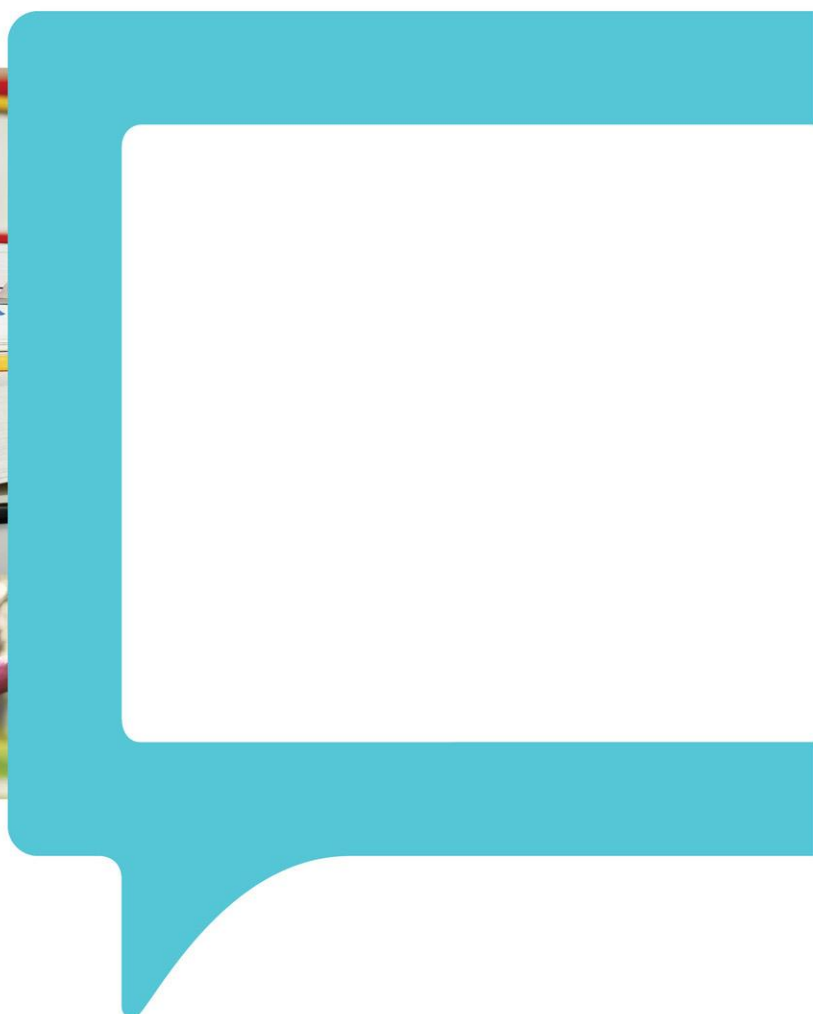
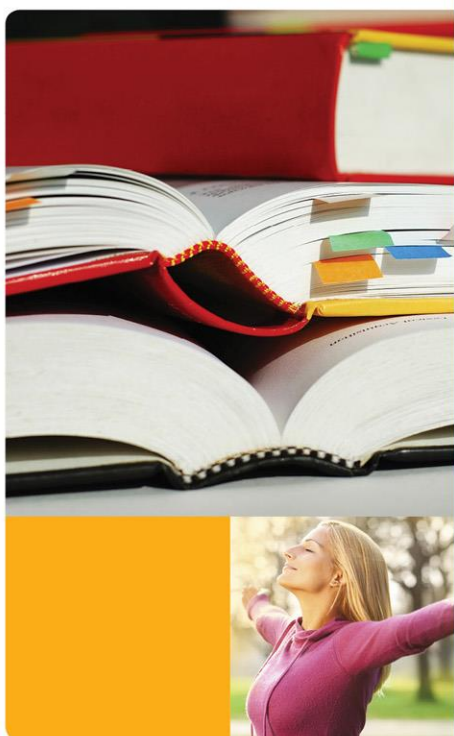
Amongst the general public, as represented by the face-to-face sample, there was limited awareness of the temporary move and few felt able to express an opinion on its impact on care. However, those who did feel able to do so were five times more likely to feel that it had been negative than positive.

Many online and qualitative respondents felt passionately that the temporary move had had a negative impact and were very concerned about the future of the unit. The responses from these stages of the research allowed us to understand more fully the high value placed upon the Whalton Unit at Morpeth

by some local residents and the experiences and perceptions of Wansbeck General Hospital that have driven concern over the temporary move. These concerns are not easily addressed as they focus, not on quality of medical treatment but, primarily on key differences within the physical environment and location. Concern was greatest for patients suffering from conditions such as dementia or receiving end-of-life care and the feeling that these patients were losing dignity and were distressed generated a strong emotional response.

Respondents typically attributed the temporary move to cost cutting and were reluctant to accept staff shortages as the primary reason. Responses suggest that they may be more open to arguments focused on superior access to medical professionals, facilities and medicines.

5.0 Appendices

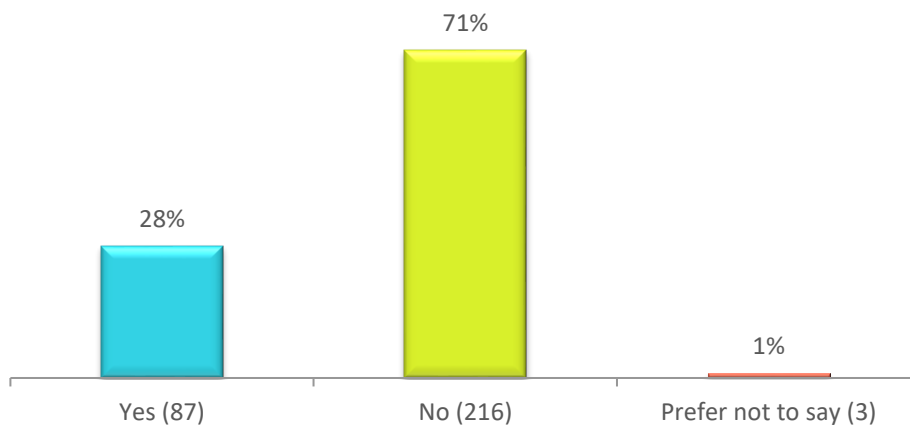


Appendix 1 – Further demographics

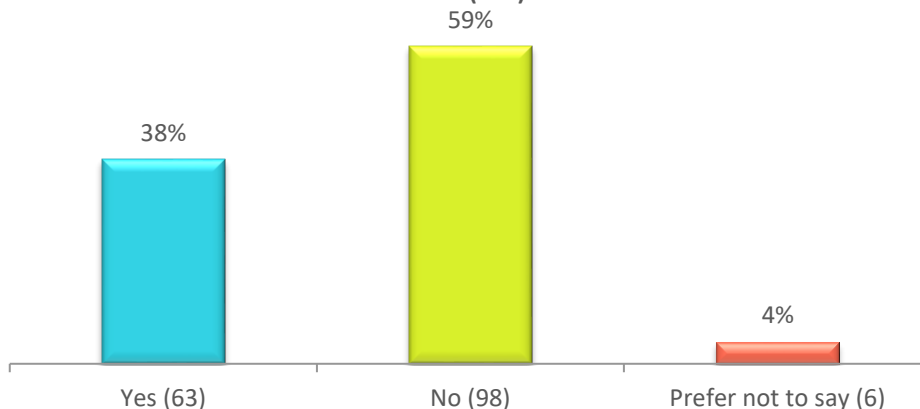
In the course of this research it was important that we speak to a wide variety of respondents. This includes those who may have cause to use services such as those offered by the Whalton Unit, either personally or for friends or family in the foreseeable future or who have experienced them in the past. Respondents were therefore asked if they would be willing to answer further demographic questions. 99% of face-to-face respondents and 87% of online respondents were willing to do so.

28% of face-to-face respondents and 38% of online respondents classified themselves as having a disability, long term illness or health condition.

Do you have a disability, long-term illness, or health condition? (306) Face to face



Do you have a disability, long-term illness, or health condition? (167) Online

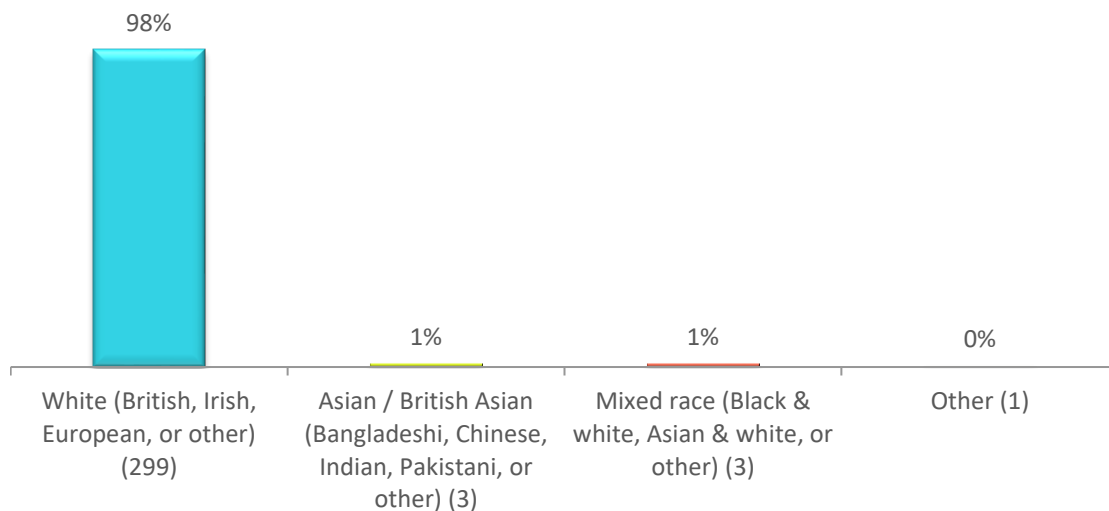


84% of face-to-face respondents and 83% of online respondents reported that they themselves were over 65 or they had friends and family in that age group, 28% face-to-face and 46% online had personally had a stroke or knew someone who had and 39% face-to-face and 61% online had either had orthopaedic surgery themselves or know someone who had.

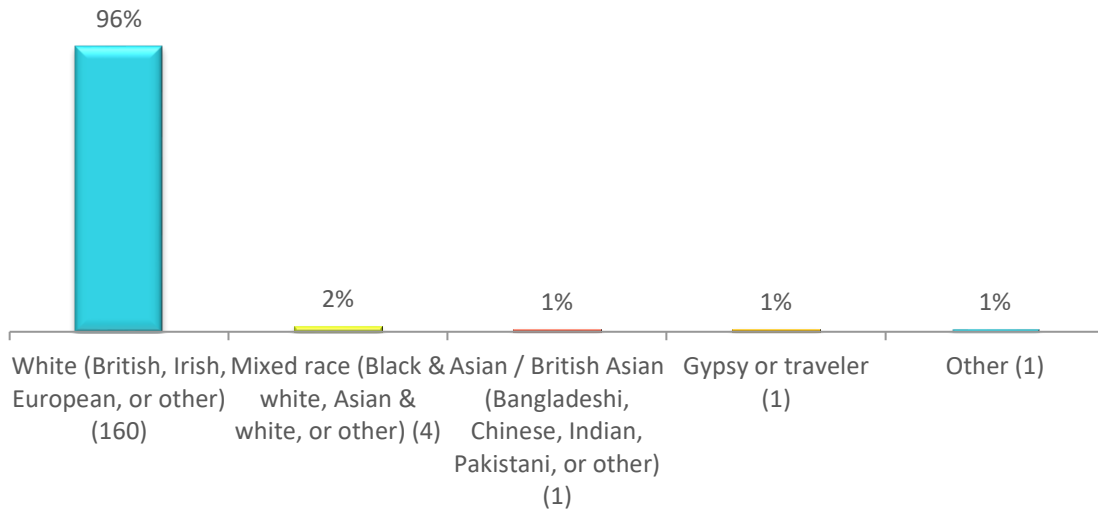
Face to Face	Over 65	Have had a stroke	Have had orthopaedic surgery
Myself	19%	2%	10%
A friend or family member	65%	26%	29%
No	16%	71%	60%
Don't know	-	1%	0.3%

Online	Over 65	Have had a stroke	Have had orthopaedic surgery
Myself	32%	2%	20%
A friend or family member	51%	45%	48%
No	16%	52%	36%
Don't know	1%	2%	2%

Which race, or ethnicity best describes you? (306) Face to face



Which race, or ethnicity best describes you? (167) Online



Appendix 2- Survey

Northumberland CCG- Whalton Unit Survey

Introduction

Hello, my name is from Explain and I am conducting a survey on behalf of Northumberland Clinical Commissioning Group (CCG) to help shape NHS services in Northumberland. Would you be able to spare about six minutes to answer a few questions to help in our research?

So, you're aware, the interview will be conducted in line with the Market Research Society code of conduct. Your answers will be anonymous and personal details will be kept entirely confidential. All personal data collected today will only be used internally by Explain for analysis. This may be kept for up to six months.

1. On that basis, are you happy to participate in the research? *

- Yes
- No

2. If yes, select interviewer initials *

- HL
- JM
- LH
- LS
- RG
- SM
- SG

3. If yes, researcher to gain respondent signature *

Clear

Sign name using mouse or touch pad

Signature of

(untitled)

4. Just to confirm, do you work in any of the following?

*

- NHS services in the North East
- Northumberland CCG
- None of the above

(untitled)

5. Do you live in Northumberland?

*

- Yes
- No

6. What is the first half of your postcode? *

(untitled)

7. How old are you? *

- Under 16
- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 or older
- Prefer not to say

(untitled)

8. What is your gender? *

- Male
- Female
- Other
- Prefer not to say

9. What is the job title of the main wage earner in the household? - if retired please provide occupation of main wage earner before retirement *

10. SEG (Interviewer to code, do not read out) *

- A
- B
- C1
- C2
- D
- E

(untitled)

11. What is your gender? *

- Male
- Female
- Other
- Prefer not to say

12. What is the job title of the main wage earner in the household? - if retired please provide occupation of main wage earner before retirement *

13. SEG (Interviewer to code, do not read out) *

- A
- B
- C1
- C2
- D
- E

(untitled)

14. Which of the following services are you aware of or have you or a friend/family member used in the past? Please select all that apply. *

	I am aware of this service but have no experience of it	I have used this service personally	A friend or family member has used this service	I am unaware of this service
The Whalton unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Northumbria Specialist Emergency Care Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wansbeck General Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Morpeth NHS Centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alnwick Infirmary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blyth Community hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What do you know about the Whalton Unit? (interviewer please ask as an open question then select as many as apply or enter other answer) *

- For older people
- For rehabilitation
- Mention of beds
- Mention of strokes
- Mention of post-operative rehabilitation
- Mention of post-orthopaedic surgery rehabilitation
- Palliative care
- Other (please enter full answer)
- Unsure/have only heard the name

(untitled)

16. Have you, or your friends and family, been a patient in any of the following services at any location? (please tick as many that apply) *

	Yes personally	A friend or family member has used this service	No
Rehabilitation for frail, older patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation after a stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rehabilitation after orthopaedic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Where did you, or your friends or family, receive rehabilitation for frail, older patients? *

- At the Whalton Unit in Morpeth
- At Wansbeck General Hospital
- Elsewhere
- Unsure/can't remember

18. Where did you, or your friends or family, receive rehabilitation after a stroke? *

- At the Whalton Unit in Morpeth
- At Wansbeck General Hospital
- Elsewhere
- Unsure/can't remember

19. Where did you, or your friends or family, receive rehabilitation after orthopaedic surgery? *

- At the Whalton Unit in Morpeth
- At Wansbeck General Hospital
- Elsewhere
- Unsure/can't remember

20. And when did you, or your friends or family, most recently use the rehabilitation for frail, older patients service? *

- December 2018 or more recently
- January to November 2018
- Prior to 2018
- Unsure/can't remember

21. And when did you, or your friends or family, most recently use the rehabilitation after a stroke service? *

- December 2018 or more recently
- January to November 2018
- Prior to 2018
- Unsure/can't remember

22. And when did you, or your friends or family, most recently use the rehabilitation after orthopaedic surgery service? *

- December 2018 or more recently
- January to November 2018
- Prior to 2018
- Unsure/can't remember

23. How would you rate your own experience or that of your friends or family at the Whalton Unit in Morpeth on a scale of very positive to very negative? (Interviewer if mixed, please record details under other)

*

- Very positive
- Positive
- Neither negative nor positive
- Negative
- Very negative
- Don't know
- Other (please specify)

24. Why is that? (Interviewer please also record service if required for clarity)

*

25. How would you rate your own experience, or that of your friends or family, at the rehabilitation services at Wansbeck General Hospital? (Interviewer if mixed, please record details under other)

*

- Very positive
- Positive
- Neither negative not positive
- Negative
- Dont know
- Other (please specify)

26. Why is that? (Interviewer please also record service if required for clarity)

*

27. How would you compare your experience of the Whalton Unit in Morpeth with your experience of Wansbeck General Hospital? *

28. In November 2018, a decision was made to temporarily relocate the Whalton Unit from Morpeth to Wansbeck General Hospital.

Were you aware of this move?

*

- Yes
- No
- Unsure

(untitled)

29. Where did you hear about the move? *

- Personal experience
- Local media
- Local interest group
- Social media
- Friends or family
- In local GP/surgery
- In local hospital
- Other (please state)
- Can't remember

*

30. What did you think when you first heard about the move? *

31. Did the move impact upon you, your friends or your family? *

- Yes
- No
- Unsure

32. How did the move impact you? *

(untitled)

33. Do you feel able to give an opinion on the impact of the temporary move on standards of care at the Whalton Unit? *

- Yes
- No

34. Overall, how do you feel the temporary move has impacted upon the standard of care offered at the Whalton Unit?

*

- Strong positive impact
- Slight positive impact
- Little or no impact
- Slight negative impact
- Strong negative impact
- Don't know

35. Why do you say that? *

(untitled)

36. It would help us to understand your answers better if we knew a little bit more about you. These questions are completely optional. The information is collected anonymously and cannot be used to identify you personally. Would you be happy to go through a few additional demographic questions?

*

- Yes
- No

37. Do you have a disability, long-term illness, or health condition?

*

- Yes
- No
- Prefer not to say

38. Do any of the following apply to you, a family member or a friend?

*

	Yes myself	Yes a friend or family member	No	Don't know
Over 65	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have had a stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have had orthopaedic surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Which race, or ethnicity best describes you? (Please select one box only)

*

- Asian / British Asian (Bangladeshi, Chinese, Indian, Pakistani, or other)
- White (British, Irish, European, or other)
- Black / British Black (African, Caribbean, or other)
- Mixed race (Black & white, Asian & white, or other)
- Gypsy or traveler
- Rather not say
- Other

40. We are looking to hold focus groups in Morpeth or telephone interviews with people who have experience, either personally or through loved ones, of the Whalton Unit in Morpeth or Wansbeck. Would you be interested in learning more and possibly taking part? *

- Yes
- No

41. Are you happy to give us your name and email address or phone number? These will only be used to contact you with more information about focus groups or interviews to discuss the Whalton Unit. You are not obliged to take part in further research if you give your contact details. You will not be contacted by any third parties and your details will be deleted after 6 months.

(untitled)

42. Would it be okay to ask for your name and telephone number and Explain may contact you with a few questions to check on your experience today? *

- Yes (complete the respondent list)
- No (note refused on respondent list)
- Yes, details already given (if potential focus group participant)

43. Please can you provide your name and telephone number? *

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Appendix G – Written Feedback

From: Resident of Morpeth
Received: 30 September 2019

An ageing demographic makes this unit indispensable as a local service. The minimum respect we should surely extend to our senior and infirm citizens. The best possible use of limited resources is the reassignment of existing management not compounding the wrong decisions with such enquiries.

From: Jamie Driscoll, North of Tyne Mayor
Received: 17 October 2019

Statement in support of Campaign to Keep Whalton Unit open

The strength of feeling in support of the service returning to the Whalton Unit is clearly shown by the recent petition (calling for a full public consultation) handed in ahead of Northumberland County Council's Health and Wellbeing Committee in early September and which was signed by in excess of 2,000 Local Residents.

I share the view of the local population that the unit provides a degree of locality to the service which is reduced by its relocation to Wansbeck General, which is where the patients who would have been treated at the Whalton Unit are now being cared for since its closure in December last year. This is no reflection on the excellent work achieved by the nursing and medical staff at Wansbeck General, but I understand that the hospital only has a total of 17 palliative care beds for which there is high demand. In addition, Wansbeck Hospital does not have the range of rehabilitation facilities which the Whalton Unit is able to provide.

In contrast, the Whalton Unit provided around 30 beds and had facilities such as a gym to enable specialist physiotherapy as part of the rehabilitation programme, all provide by a specialist team of staff. The Unit also provided separate rooms to afford privacy and dignity to end of life patients and their families: this cannot be provided in a ward situation, where patients can die behind curtains with the added issue of causing distress to other patients in the ward.

It is now getting on for a year since the Trust made the decision to close the Unit, a closure which was meant to be only temporary in the context of staffing issues and winter pressures, but which was extended in April this year and has continued to the present day. This has generated a huge amount of uncertainty and will have been to the detriment of the vulnerable elderly population, and their families, who have need of this hugely valuable service and so I urge the Trust and the CCG to listen to the local population and reopen the Unit as soon as possible.