



**Shaping the future
direction of North
Middlesex Hospital**
Report from public
engagement events
July 2018



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Introduction

On 16th and 17th July 2018, Healthwatch Haringey held two events - one in Wood Green and one in Tottenham - for North Middlesex (North Mid) Hospital patients and Haringey residents to come and share their thoughts on what direction North Mid might take in future. The first event was attended by the Chief Executive of the hospital and the second by the Director of Strategy, who talked about the challenges facing the hospital and answered questions from attendees.

The hospital currently faces the decision over whether to continue working in partnership with the Royal Free Hospital in Hampstead, whether to merge with the Royal Free or another hospital, or whether to look elsewhere for partnership opportunities and closer working arrangements that improve the quality and financial sustainability of care at North Mid.

In total, 15 people attended and shared their views. Questions and comments were captured by note-takers at both events, and in written comments made by attendees. This report summarises the key concerns and ideas of Haringey residents for the future of their local hospital, and the questions that they would want to see answered before any future partnership is agreed.

What happens next?

Following these events (and two similar events held in Enfield), senior leaders at the North Mid hospital will now be:

- Producing a draft 'Case for Change' - a document that makes the argument for why North Mid should partner with Royal Free or another organisation. This Case for Change will need to respond to the concerns and questions raised by patients and the wider community through these Healthwatch events
- Engaging with local residents again in the autumn of 2018
- Following this further engagement, the North Mid Trust Board will then need to either approve the Case for Change in October 2018 or ask for other options to be considered

Wood Green event - Monday 16th July, Green Rooms Hotel

Key concerns for patients

People at this event had a number of concerns, both about how the hospital might change under any future partnership arrangement and about current hospital services.

- **Staff recruitment and retention** - the group discussed various ways in which North Mid could improve staff recruitment and retention in future including developing more affordable housing for staff on their own land, recruitment incentives and better pay levels
- **Ease of access** - people wanted reassurance that they would continue to be able to access services locally, rather than having to travel out of the area, and that services would be provided in areas with good public transport links. One person felt that partnership could be an opportunity to place a stronger emphasis on digital access to services, and that any potential partner should share North Mid's ambitions in this area.
- **GPs** - it was noted that lots of local GP practices are struggling to see patients, and that this is having an impact on use of services at North Mid, particularly in A&E. A good working relationship with GPs was seen as essential, and strengthening this could be a future direction of travel. The benefits of this would be helping North Mid to prevent or delay people becoming ill and needing to be seen in hospital, and increasing the hospital's knowledge of 'at risk' patients in the community.
- **Reduction in services** - one person was concerned that a consequence of partnership would be that services were cut at the North Mid site
- **Safeguarding** - one person wanted reassurance that adult safeguarding standards would not be lowered in the event of any new partnership arrangement
- **Efficiencies** - some people saw partnership as an opportunity to find efficiency savings e.g. by reviewing management structures and restricting profit margins on external contracts

People also had the following concerns about current services at North Mid:

- Communication between the hospital and patients (e.g. patient letters not being sent, phones not being answered)
- Design and layout of the existing buildings (signs, finding your way around the hospital)
- Staff training
- Treatment of patients with mental health conditions, particularly follow-up support after someone has been treated and discharged back to a mental health ward or residential setting
- The hospital has a bad reputation in the local community
- There is growing demand for services from a growing local population

Financial pressures on the hospital did not feature strongly in the discussion - perhaps because they are taken for granted.

Possible future directions

As well as reflecting on the pros and cons of working in partnership with the Royal Free Hospital, attendees shared their own ideas for how the North Mid Hospital could look to address some of the challenges that it faces.

- **Closer links with GPs** - it was seen as in North Mid's interest to try and help improve the overall quality of GP services locally, and for GPs and the hospital to work together to identify and target groups of people seen to be more 'at risk' e.g. elderly people living alone and at risk of falling
- **Whittington Hospital** - several people suggested that the Whittington Hospital, or another more local hospital, should be considered as a potential partner rather than the Royal Free. It was noted that the Whittington has better physical and community links - people in Haringey will use this hospital as well as the North Mid, and the Whittington Health NHS Trust already provides many community health services in Haringey
- **Closer links with social care** - it was noted that care for people in their own homes (arranged and funded by local councils rather than by the NHS) needs to be improved, as poor care can increase the number of people who get admitted to hospital and lack of care can mean that people need to stay in hospital for longer while they wait for care to be arranged. Poor housing conditions were also touched upon, which can both make people ill and increase their recovery time following illness or injury.
- **More key worker housing for hospital staff** - when new housing is being built, North Mid Hospital should be arguing for some of this to be set aside as affordable housing for hospital staff. This could help make it more affordable for people to come and work at North Mid.
- **Closer working with mental health services** - could improve the quality of care offered to people with mental health conditions, who also have physical illnesses
- **Partner with a European hospital** - one person suggested partnering with a hospital in Europe, and referring patients there for some procedures. [Note - it was noted that patients can already choose to be treated in Europe under the NHS Choice Framework, but this is not something that the North Mid has ever facilitated.]
- **More use of digital medicine** - replacing some face-to-face services with digital services could help to provide people with information about their health condition, raise awareness of other sources of support and allow people to have video consultations without needing to travel to the hospital
- **More community engagement** - better engagement with local communities could help improve the hospital's reputation locally, while more engagement and consultation with local voluntary and community sector

organisations (via the borough strategic partners for the voluntary sector) would also be helpful due to their knowledge of local communities

- **Local recruitment** - recruit staff from the local community
- **Suitability of Royal Free as a partner** - there were some comments made about the poor financial situation, staff retention and quality of care at Royal Free - and whether they were the best choice of partner

There were some questions asked as part of this discussion about whether being part of a bigger organisation would actually help improve the quality and retention of staff at North Mid. Some suggestions made by attendees included:

- Being able to move staff around to cover shortages at different sites
- Better rates for buying training for larger numbers of staff
- Being able to attract more staff by offering additional career development opportunities, e.g. the chance to work in different hospitals
- Back office efficiencies

People wanted to see evidence in the Case for Change about what impact (if any) being in partnership with Royal Free has had so far on these areas.

Tottenham event - Tuesday 17th July, Tottenham Town Hall

Key concerns for patients

People at this event had a number of concerns, both about how the hospital might change under any future partnership arrangement and about current hospital services.

- **Staff retention and recruitment** - similar to the first group, retention and recruitment of staff was a concern for this group, and a key challenge that a potential future partnership would need to address
- **Local knowledge and decision-making power** - people did not want the North Mid to be absorbed into Royal Free, with decisions being made by a single Trust Board that lacked understanding of health needs in the local population. The idea of a 50/50 partnership was very important to people, with a local Board continuing to make decisions about services at North Mid
- **Sharing best practice** - attendees could see the value of partnering with another hospital if it allowed both partners to learn from each other and help each other improve in different areas where one may be performing better than the other
- **Financial situation of Royal Free** - one person noted that Royal Free also has a large deficit, and asked whether North Mid would share this if the two hospitals were to merge
- **Local access** - several people commented that they did not want to have to travel further to access services
- **Reducing waiting times** - others wanted to know how partnering with another organisation might help reduce waiting times for treatment
- **Existing quality issues at North Mid** - one person expressed fears that existing quality issues at North Mid could get worse if a partnership went ahead, as there would be less focus on local issues

People also had the following concerns about current services at North Mid:

- The hospital (and the whole NHS) is under huge financial pressure
- There is a growing demand for services from a growing local population
- Poor staff culture, attitudes and behaviour e.g. personal phone calls and conversations between staff during work hours, not being sensitive to people's preferences and preserving dignity
- It can be difficult to travel to the hospital if you do not drive
- More support for family members e.g. free parking, being involved in conversations and decisions
- Quality of training and support for lesser-known conditions
- People are attending A&E when they do not need to be there (having a separate Urgent Care Centre on-site would help address this)
- Contract staff are not being paid the London Living Wage
- Poor quality of food
- Staff not being able to spend time with patients

Possible future directions

The suggestions made at this event focused on improving the North Mid Hospital outside of a partnership arrangement. This suggests that people in this group may not have thought that going into any form of partnership was the best way forward, and that the case for 'no partnership' not being an option may need to be made more strongly in the Case for Change.

No suggestions were made by this group for alternative partnership arrangements.

- **Clinical Review** - one attendee, who chairs the London Clinical Senate, suggested that the Senate should carry out a Clinical Review of services at the hospital to identify areas for improvement
- **Community events** - the hospital should work to build a sense of community and ownership among the local community, e.g. by holding open days and fetes
- **Local recruitment** - the idea of recruiting local people, particularly young people, was discussed again at this event. There should be local advertisement of career opportunities in a range of different areas, and local apprenticeship schemes
- **Community involvement** - the hospital should get members of the local community involved in other ways, e.g. on interview panels for new staff
- **Corporate sponsorship** - people were keen on the idea of corporate sponsorship, particularly from Tottenham Hotspur Foundation, but also working with other local businesses
- **Closer working with condition-specific charities** - it was noted that Macmillan Cancer Support have a big presence in the hospital, but not other condition-specific charities such as Stroke Association, Diabetes UK, Mind etc.

In contrast to the previous group, there was more resistance among attendees at this event to the idea of partnership with Royal Free - one person said they just could not see how it would work, and others said that they would need to see all of the evidence first before 'jumping into' closer partnership with them.

Conclusions

Only one person expressed outright opposition to the idea of partnering or merging with the Royal Free in future, but there was lots of scepticism about whether this is the right approach, particularly at the Tottenham event. Some concerns were expressed that partnering with Royal Free would lead to a loss of local autonomy, with decisions being made by a Trust Board at Royal Free. There was no clear sense of what the benefits might be of partnering with Royal Free.

Attendees at the Wood Green event mentioned several other parts of the local health economy that North Mid could work more closely with to help ease pressures on the hospital (e.g. GPs, social care, mental health services), but no overall preference was expressed for partnering with any one of these.

There was support across both groups for the hospital's idea of 'place-based working' - expressed both as a preference for local partners, an emphasis on local knowledge and local accountability and a desire for the hospital to become more embedded in its community through local recruitment, training and education opportunities, community events and working with local businesses (e.g. Spurs).

It was clear from comments made at both events that improving local pathways was more important than achieving economies of scale by merging or partnering with another acute trust from outside of the local area.

The retention and recruitment of staff emerged as a key priority across both groups, with one person in the Tottenham group commenting, *'if you do not have the staff then you cannot do anything else.'* People had some sense of how working in partnership could address these issues, but wanted to see evidence of this happening in practice.

Summary - what questions would the Case for Change need to answer for local people?

1. What evidence is there of the benefits that partnering with Royal Free has brought to North Mid so far?
2. How would any proposed future partnership:
 - a. Address staff recruitment and retention?
 - b. Impact on local access to services?
 - c. Improve the relationship between the hospital and local GPs?
 - d. Improve the relationship between the hospital and local social care systems?
 - e. Make it easier to identify and prevent 'at risk' patients from becoming sicker?
 - f. Save money?
 - g. Reduce waiting times?
 - h. Allow partners to learn from each other and share best practice?
3. In what other ways could these benefits be achieved (other than through partnership)?
4. What is already being done in these areas - and to improve quality at the hospital more widely e.g. training and support for junior doctors?
5. What does 'partnership' mean in this context (some confusion with corporate partners/sponsorship)?
6. What are the different membership/partnership models being considered, e.g. full member, clinical partner?
7. Why is it not sustainable for North Mid to operate independently? Why does it have to partner?
8. How will quality and other outcomes be monitored/evaluated to check that the partnership is working?