

Healthwatch Merton

Improving Healthcare Together – Group discussion with Carers in Merton

Introduction

Healthwatch Merton engaged with:

- A group of four carers. Two were female and two male – two White British and one each Indian and Pakistani. None had long-term conditions themselves. Precise ages were not recorded, but participants were middle-aged or elderly. The session was held on Monday 15th October at the Vestry Hall, London Road, Mitcham, CR4 3UD.

Priorities / Main Criteria for ‘Good Healthcare’

Good integrated communication was emphasised – for example the requirement that GPs keep a list of carers. Is this happening, and does the public know about it (even if the CCGs do) ?

SMI (Severely Mentally Ill) registers were also noted as important to keep up to date.

‘Is Healthwatch keeping a beady eye on the 26 local GP practices in this area?’

What Needs Improving Most?

One plea was for healthcare statistics (*‘they already exist’*) to be fully used to give an overall picture of, and so improve, local healthcare provision.

On the resourcing front, a severe shortage of beds was highlighted – with the result that patients are transferred to places such as Roehampton *‘..which people have no connection with’*, and carers too are inconvenienced. Another incident involved a carer (who needed to stay with her brother with LD overnight) having only a sofa to sleep on. The LD Nurse was not present – so the problem went unresolved - but in fact help could have been rendered by several other people, but for their job title not ‘fitting’ the situation.

So-called ‘open appointments’ were also unpopular; people being told to arrive early am for eg a minor procedure at an eye clinic, but then having to wait several hours for the process to run its course. It also causes uncertainty of the cost for paying for people to attend with the person.

Geographically, Merton has some particular challenges. It has no hospital of its own, so residents (depending on their exact location) might be referred to St Helier or St George’s, or to Kingston / Croydon University Hospitals if they are towards the edge of Merton’s boundary. Roehampton is also sometimes in the frame.

For those who drive, high parking charges are criticised. *‘It’s a headache’*.

The Principle of Integrated and Site-Focussed Acute Services (prefaced by overview of safety / modernity / funding issue)

'*Uproar*' was the initial reaction of one person to St Helier '*being touched*' or of acute services being concentrated at one site. However others were less vociferous - in part because St George's (which would be unaffected by the acute changes) is a familiar and convenient backstop if St Helier is for some reason not available.

The need for change in principle was neither expressly supported or opposed – though we should note that this was a small sample of people so not necessarily representative. The priorities of patient care quality, improved integration and modernisation had all been embraced. Furthermore, the familiar themes of staff 'doing their best' and reported shortages of basics (eg pillows and clothes hooks) highlighted a perceived lack of resources (even if this was not expressed in terms of money alone).

Reactions to staff shortages vary: patients and visitors can judge very quickly whether a shortage of nurses (or sufficiently qualified / specialised nurses) exists. If it does, it impacts on the quality and safety of care. However, any shortage of *consultants* is not self-evident, and people do not always make the link between such a shortage and with their own care being jeopardised. Indeed, it is sometimes viewed as '*your [NHS] problem*' not '*our [patient] problem*'.

Potential Solutions – Acute Services only at Epsom, St Helier or Sutton Hospitals

The three-way Epsom vs St Helier vs Sutton choice seems not wholly applicable to this group – partly as St George's is so often the first or second port-of-call, and because Sutton Hospital is not really on the radar screen. By contrast, Croydon University and Kingston Hospitals are (to some extent) 'in play'. St George's hand is also strengthened by the well-respected and on-site Moorfields Eye Centre.

Overall though, St Helier is the first choice of the three sites proposed; despite its poor state of repair, it enjoys the '*loyalty*' of local people – albeit that the 'Save St Helier' campaign has perhaps outlasted its ability to mobilise general opinion.

Epsom has its well-regarded knee and hip replacement service, but the layout and signage need considerable improvement. It is also '*another world*' for Merton residents in terms of the demographics it serves, and would be difficult to get to by bus or car. On a related note, would higher house prices in Epsom rule out staff being able to relocate from their current homes ?

Sutton Hospital is seen as '*at best a rump of some old buildings*' with very few services. This group had no sense that the partly-demolished site therefore had *potential* to be redeveloped from scratch.
