

New Healthcare Facilities Programme Review

Views collected from individuals at Future Hospital Review Panel Scrutiny pop up at the Ambulance Station – July 2023

Views on siting acute unit at Overdale

- There needs to be good forward thinking on the parking and public transport aspects so that public and staff can get to the sites if you move things away from the centre of town. Moving to somewhere with limited parking is difficult if there is not better public transport.
- Major concern for ambulance crews will be the access and egress from Overdale. There are just not good direct routes and that will have an impact on our response times. For instance, heading west down Tower Road is a danger on blue lights.
- The [acute unit at Overdale] means us travelling up one of the worst roads for Ambulances. The corner on Westmount Road is too marrow. It will also cause traffic issues on other roads, like Tower Road.
- The best way will always be along Victoria Avenue. We avoid speed bumps and traffic lights as we are often trying to move people who are in pain.
- It is down to driver on the day to choose their quickest and safest road back to town.
- If lights are used [on Westmount Road to control traffic], who is going to control them? In the UK trucks have a beacon to lift or drop barriers.
- Control room is often too busy to work the lights [at Gloucester Street] as it is. They are taking calls for all services and then having to remember to turn all the lights for us.
- Acute at Overdale makes sense given the studies into how the surrounding area can impact on wellbeing.
- The site at Overdale was not big enough for everything to go up there.
- The move of Emergency Department (ED) to a different building will also have an impact on frontline crews. If people are being transferred between ED and wards at the moment then porters can move them. The moment they move between buildings you need frontline crews.
- There is also the point that if you are outside Patient Transport Service hours (Monday to Friday) than this falls to an intermediary crew.
- What then happens if ED is in escalation, as it is at the moment? [Escalation is the situation in which the department has no more bed capacity and patients need to wait in an ambulance for a bed to become available]. Staff will not be available to move people.
- Overdale will also be problematic in bad weather (in icy conditions would not want to take one of vehicles down Tower Road) and as a result of events such as the Battle of Flowers and International Air Display.
- Access was the main issue with Overdale. If got 2 - 3 vehicles going up and if room isn't big enough then can't get in or out.
- Suggestion would be for A&E to be where Peter Crill House is now and facing Gloucester Street.

- Most of our patients are gob-smacked that services are going to Overdale. Anything that put on a hill is going to cause problems. One site is right – just not at Overdale.
- All emergency patients are filtered through the Emergency Department. All ambulance calls will go to the Overdale site. If they then need to go to a different ward that may be in a different site and that will mean transport.
- The Emergency Department also has triage so people may go on for more treatment in the same building.
- If walk in is completely detached, does that mean that they could potentially need to be moved up to Overdale? How will the services be split? Will there be two emergency departments? If someone collapses with heart attack at walk in - to what extent can they be dealt with there.
- Would those who would be a 'walk in' for emergency treatment in town (particularly at peak times, such as Saturday nights) now call an ambulance instead?
- A duplication of emergency services/urgent treatment would cause a massive cost.

Views on multi-site healthcare facilities

- The concern is the increased workload but feel that this can be made to work with good planning. Professionally, there are concerns about how this will work but, personally, I just want it done and that seems to be the public view.
- There are concerns about how to deal with an out-patient arrival who needs in-patient care and so will need to be transported.
- Inevitably, there will be more transport between more than one building and that will be tying up frontline ambulances.
- The biggest concern is the risk to the public because intermediary and frontline crews will be tied up.
- There is also concern about the increased possibility of missed appointments.
- Four site hospital is the worst idea and will mean we are going to be moving people all over the place.
- If someone is admitted to a ward at one location, the only way that they will get to another ward is by us if it is an internal transfer.
- At the moment it is bad enough. For instance, having to move people from Orchard House or Cedar House to the General Hospital or to Overdale. We spend a lot of time moving people between other places and town and we can't cope now.
- Town is where all the kit is for bloods, x-ray and other services.
- We will need to double the size of the service to cope with more sites.
- It seems a waste of resources.
- It would be better to put everything on the Gloucester Street site and build upwards. There is no reason why the building can't be higher – up to 8 stories.
- We just need a functional building for a hospital.
- It takes 2 weeks for us to train a driver properly.
- Having 3 – 4 different sites is so badly planned.

- For the separation of in- and out-patient] you are going to have to double your resources. Someone who is undergoing rehab in one unit may have to use x-ray located somewhere else.
- Any rehab is going to need doctors' visits, blood tests and x-rays and that will all need transport back to where the main centre is.
- It looks like it works at the moment but if you're going to have 3 - 4 sites then it will be even harder.
- Our bosses all say we can cope but we can't. We are down by 5 staff, long term, and have just taken on 9. We can't cope on a daily basis. On this shift, it has been busy so it has been job after job since 1 pm and not been back here or had a break until now [after 7pm].
- Patient Transport Service don't need to come in trained but need to be able to drive professionally. They don't drive on blue lights but need to be good with patients and empathetic to what's going on. Drivers tend to stay as a long term career. We have had 3 - 4 retirements recently.
- Do not think that there should be satellite sites like Les Quennevais due to the difficulty that this will cause in transporting people. For instance, someone who is picked up from Gorey for a Les Quennevais appointment will have to be on the bus for so long.
- Difficult to see how it is going to work.
- Currently have drivers to manage getting people from home address to central location in town. As soon as services move to Les Quennevais, you will have a massive number in town who then need transport which will need more drivers and more vans.
- As soon as you have a wheelchair it limits the number of foot passengers. By moving Overdale to Les Quennevais that is going to stretch our limits.
- For some it will double the travel distance.
- If a patient from Gorey has a 10 am appointment at Les Quennevais but we have pick-ups in, for instance, Georgetown and other places on the route, some of those people will have mobility difficulties so cannot move quickly. We will be dropping off at the hospital too.
- We've got a 1-hour window between pick up and location. People will be just on time or a few minutes late for appointments which will have a knock-on effect for other appointments and for return journeys.
- It will also be far more difficult for those people we pick up who have multiple appointments which might be at different locations.
- Adding sites like St Saviour and Les Quennevais means multiple collection and drop off points and will slow everything down.
- Imagine a big circle with the hospital in the middle – as soon as you've got to go the full diameter it will have effect. And that is just the move to Les Quennevais. If you add other sites it will be worse.

- Our experience at Patient Transport is that if people can walk a little bit or get to appointments themselves, then they do. If you move the services out of the centre and make that more difficult then they will be relying on our services more.
- Patients range in mobility from able-bodied to walking assist to wheelchairs. We also take account of the mental capacity of patients – some with dementia or unable to communicate. Some will have a family members with them.
- This means that some collections and drop offs take time. It may involve getting the ramp out or helping someone up/down a flight of stairs.
- Multiple sites also means that staff will have to travel more between sites rather than moving from ward to ward in one building. Will we need designated staff to make that work? We don't have enough staff cover now without trying to move people between sites.
- Concern that it will take increased time to get patients in, increase the time it will take for frontline staff to get to serious jobs. There are not enough staff at the hospital now and as soon as this is increased to 2 or 3 locations extra staff will be needed and x-ray/resuscitation and trained qualified doctors required at both sites. At 1 location a doctor qualified in a certain area can still get to a patient.
- Single site is the preferred option.

Communication and engagement

- We haven't been consulted with. We get lots of emails and invitations to meetings but have a 7 am start to 7 pm finish. I came today because if you don't voice what you want to then nothing happens.
- No one has spoken to us at this level in open group before on the Hospital plans.
- The Charlie Parker era scared people into not talking. Lots of people been jumped on in the past for speaking up and it has had a massive detrimental impact.
- The Hospital saga has been dragging on for 10 years. And the Underpass only got through because they were going to put emergency services down there.
- The new plans are just confusing for people.
- Would like to understand why situating everything at Gloucester Street was taken off off the table when the land is owned in that area.
- People will also be confused about where they need to go – if someone needs to go to hospital then they'll just go to the nearest one. It will be particularly confusing for older people and for those whose first language is not English. Thought needs to be given to the description of facilities (such as 'acute patient', 'ambulatory' 'health village') as these are terms that could be confusing to some people.
- Senior managers have been consulted and they try and explain to us. We have not been approached and it would be worth going to the crew room and speaking to the medics.

General comments

- Are there plans in place for all medical records to be held electronically in order to protect the details of individuals? New patients are all computerised but not all older ones. Either way there's still a data protection concern. Currently, when in-patients

are transported between the General Hospital and Samares Ward at Overdale and back, we also take the patient's original medical notes, all of which are in hardcopy.

- Why, in this day and age, are these not computerised and as such easily accessible at each medical establishment.
 - With the planned increase in medical locations and inevitable patient numbers who will be transported, the risk is greatly increased for a breach of data protection when transporting this paperwork and the potential for a massive fine for breaching the "protection of data" should it be lost/mislaid.
 - Should the original file/notes be lost there is also the increased risk to the actual patient themselves.
 - Porters are regularly moving files around within the hospital and this would have to be expanded over a multi-location site.
- The service is employing agency staff from the UK. Have got flats for them.
 - There are no short-term job openings and it is not an easy job to do on a short term basis.
 - Every time we build we want gold standard. Jersey always has the ideal opportunity to get it right and then looks at the UK, does the same and gets it wrong.
 - Guernsey's model with the Princess Elizabeth Hospital seems to work.
 - On the topic of fire-fighters being trained as first responders. The Fire Service are already committed and that job is to put out fires. If you're chucking medical work at them that means they are committed elsewhere and put lives at risk. Understand that they do have more stand-down time. Fire Service cannot transport patients, they can only stabilise them.
 - Been talking about it for a long time, on the space. Should have considered Fort Regent – there is a big carpark there no one uses. Should have had the Norman sites and built it in stages – in blocks.
 - Would provide somewhere to drive in and pick up point and no ambulance having to go up hills.
 - There was a view that having mental health facilities at the hospital had not worked in the past. Issues included transportation and the need for green space to assist with recovery/healing. There remained a requirement for transportation for patients currently at Cedar Lodge and Orchard House.