APPENDIX 1

University of Chester

Redesigning Adult and Older People's Mental Health Services in Central and Eastern Cheshire

Report of the Responses to the CWP Questionnaire

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Executive Summary

1. Introduction

This report relates to the CWP public consultation document questionnaire pertaining to the 'Redesigning Adult and Older People's Mental Health Services in Central and Eastern Cheshire' undertaken by the University of Chester.

2. Questionnaire

The central theme of both the consultation document and the questionnaire relates to the reduction of inpatient services to a single site facility accompanied by an expansion of community resources. Within the questionnaire there were opportunities for quantitative responses as well as qualitative written commentary in relation to the questions posed.

3. Analysis

3.1. Demographics – A total of 23 questionnaires were received.

- 3.1.1. Section A – The majority of responses were from users, carers and voluntary groups (n= 13, 56.5%).
- 3.1.2. Section B – There were more responses from community services (n= 5) than inpatient sources (n= 1).
- 3.1.3. Section C – Responders in this section were from Adult Mental Health (n= 6) and Other (n=3) with none from Child & Adolescent, Learning Disability and Drug & Alcohol.
- 3.1.4. Section D – The majority of responses were from Central/Eastern Cheshire (n=20).
- 3.1.5. Section E – The source material accessed were predominantly from the Consultation Document and the Website.
- 3.1.6. Contact Details – From the 23 questionnaires received 21 provided contact details.

3.2. Question One (referring to reduction in beds and strengthening of community services) – There were over twice as many responses to 'Yes' (n= 16, 69.5%) than 'No' (n= 7, 30.5%) but with a number of qualifications noted.

3.3. Question Two (referring to single site for adult/older people's services) – There were over twice as many responses to 'Yes' (n= 16, 69.5%) than 'No' (n=7, 30.5%) and a number of points were raised within the written commentary.

3.4. Question Three (referring to issues relating to location of inpatient services) – Access is the major concern with close proximity to General Hospital facilities being regarded as a priority. Transport to single site was also raised as an issue.

3.5. Question Four (referring to other suggestions for improvement of services) – The main suggestions involved issues of management, education, communication, training and service review.

4. Correspondence

One letter of correspondence was received from a Service User group providing minor criticism of the questionnaire and the language used in the consultation document. The letter also outlined some suggestions (appendix one).

5. Overall Conclusion

The majority of responders accepted the position of CWP in terms of the necessity to redesign mental health services and understood the position regarding fiscal restraints. However, the main concern involved the location of a single site service and ease of access to it. The major anxieties were that the community services would be overloaded and that ultimately users and carers would be worse off, particularly in relation to sufferers of dementia.

1. Introduction
The Cheshire and Wirral Partnership NHS Foundation Trust (CWP) undertook a public consultation exercise between 1st December 2009 and 9th March 2010 to establish the views of various stakeholders regarding the redesigning of the adult and older people's mental health services in Central and Eastern Cheshire. The geographical area that CWP encompasses is large and redesigning the mental health services to a single site provision would be problematic. Therefore, the gathering of public and professional views regarding this was felt to be of major importance given that there are no additional development funds currently available. The public consultation took several forms including the production of a consultation document containing a questionnaire, the establishment of a series of public meetings, a website, frequently asked questions and a freephone helpline. This report, undertaken by the University of Chester as an independent reviewer, relates to the responses to the questionnaire only.

2. Questionnaire
The questionnaire was designed by CWP and contains two parts:

Part One
The first part captures some demographic data pertaining to (a) personal details as to who the respondent is, (b) the areas in which the respondent might work, (c) further details about the areas of employment, (d) the geographical site of the respondent, e) the type of consultation material accessed and (f) the provision of name and address for validation purposes (to be treated in confidence).

Part Two
The second part contains four questions which relate to (1) agreement with the CWP proposal with a 'yes'/'no' tick box response and further opportunity for written commentary, (2) specific agreement with option three from the consultation document as a tick box response in the form of 'yes'/'no' with further opportunity for written commentary, (3) relating to a request for information on specific issues of importance for the responder and (4) a request for any further suggestions.

3. Analysis
3.1 Demographics
A total of 23 questionnaires were received and one letter of correspondence from a Service User group. There is no information available regarding response rates.

In analysing the demographic data the following Key of responders was identified from the questionnaire:

User = I am a CWP Service User
Carer = I am a carer for a person who receives CWP services
Voluntary = I am from a mental health forum/voluntary organisation
Trust = I am a Foundation Trust member of CWP
Governor = I am a Governor
Staff = I am a member of staff
Rep = I am a staffside representative
Other = Other (please specify)

3.1.1 Section A. Personal Demographics

From the 23 questionnaires returned the respondent had indicated the 'person' that they were representing in answering the questions, with some ticking more than one response. The following table shows that the majority of responders were service users, carers and representatives from voluntary organisations (n= 13, 56.5%), with only 9 (39.1%) responses from Trust and staff sources. See Table 1 in response to the questionnaire prompt 'Before you answer the questions below we would be grateful if you could tell us a bit about yourself (you can tick more than one box)'

Table 1: Personal Demographics (numbers greater than total as items not mutually exclusive)

Participant	Number
User	1
Carer	7
Voluntary	5
Trust	4
Governor	-
Staff	5
Rep	-
Other	5
Total	**27**

3.1.2 Section B. Place of Work

The questionnaire requested information regarding employment and from the request 'Questions B and C are for staff only. Please select which of the following areas you work in' the following responses were reported. See Table 2 and Figure 1.

Table 2. Place of Work (Item not relevant to some respondents)

Participant	Impatient	Community	Other	Totals
User	-	1	-	1
Carer	-	-	-	-
Voluntary	-	1	-	1
Trust	-	-	-	-
Governor	-	-	-	-
Staff	2	2	1	5
Rep	-	-	-	-
Other	-	1	0	1
Totals	**2**	**5**	**1**	**8**

Figure 1.

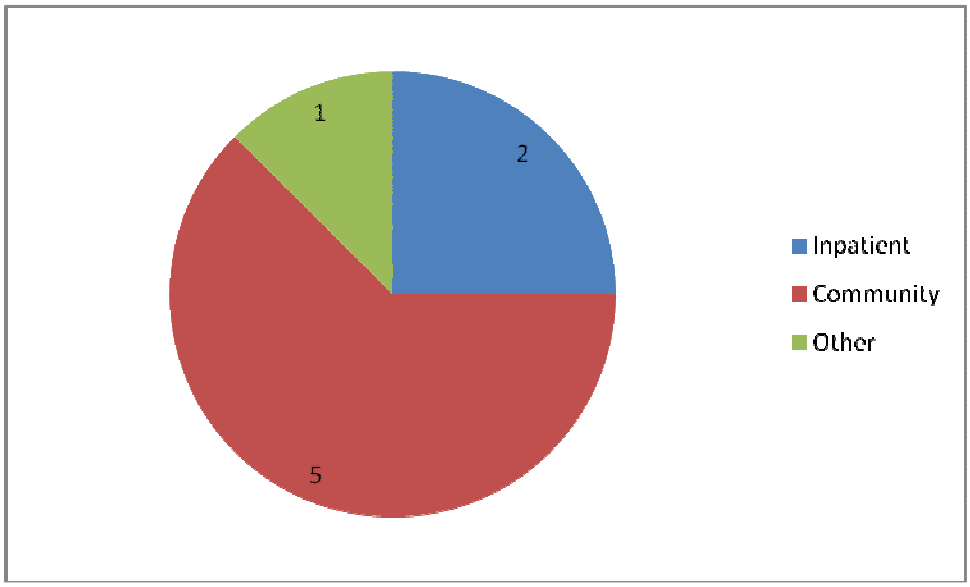


Table 2 and Figure 1 indicate that there were 2 staff from the inpatient area and 5 from the community, with 1 staff responding with other. One User responder and one Voluntary responder indicated that they considered themselves to be employed in this area.

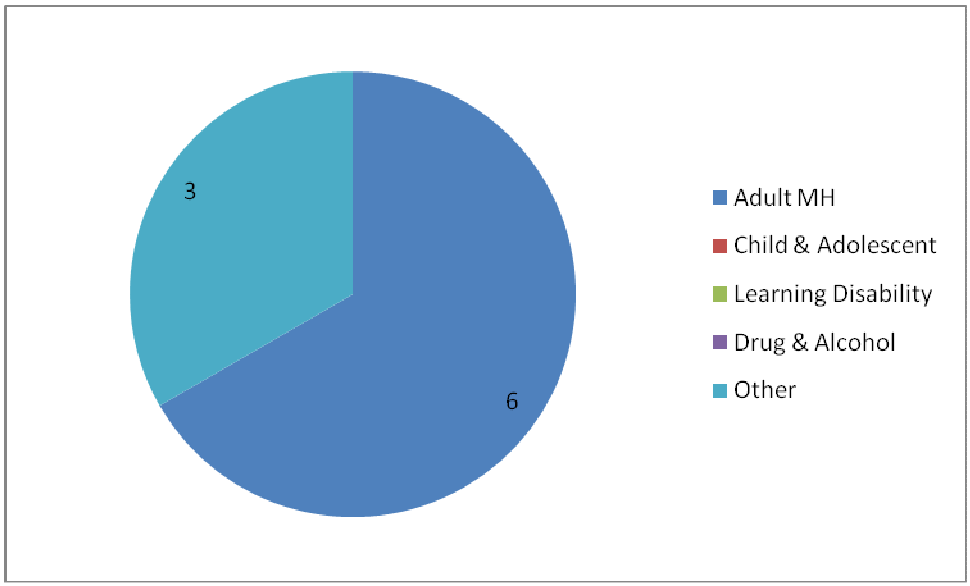
3.1.3 Section C. Work Areas

From the questionnaire request 'Please select which of the following areas you work in' it can be noted that there were a total of 9 responses, with 6 being from Adult Mental Health and 3 from other sources. The other sources were specified as 'carer at home' and 'community group promoting health and well being'. There were no responses from Child & Adolescent, Learning Disability and Drug & Alcohol areas. See Table 3 and Figure 2.

Table 3: Work Areas (Item not relevant to many respondents)

Participant	Adult MH	Child & Adolescent	Learning Disability	Drug & Alcohol	Other	Totals
User	1	-	-	-	-	1
Carer	-	-	-	-	1	1
Voluntary	1	-	-	-	-	1
Trust	-	-	-	-	-	-
Governor	-	-	-	-	-	-
Staff	4	-	-	-	1	5
Rep	-	-	-	-	-	-
Other	-	-	-	-	1	1
Totals	**6**	**-**	**-**	**-**	**3**	**9**

Figure 2. Work Areas



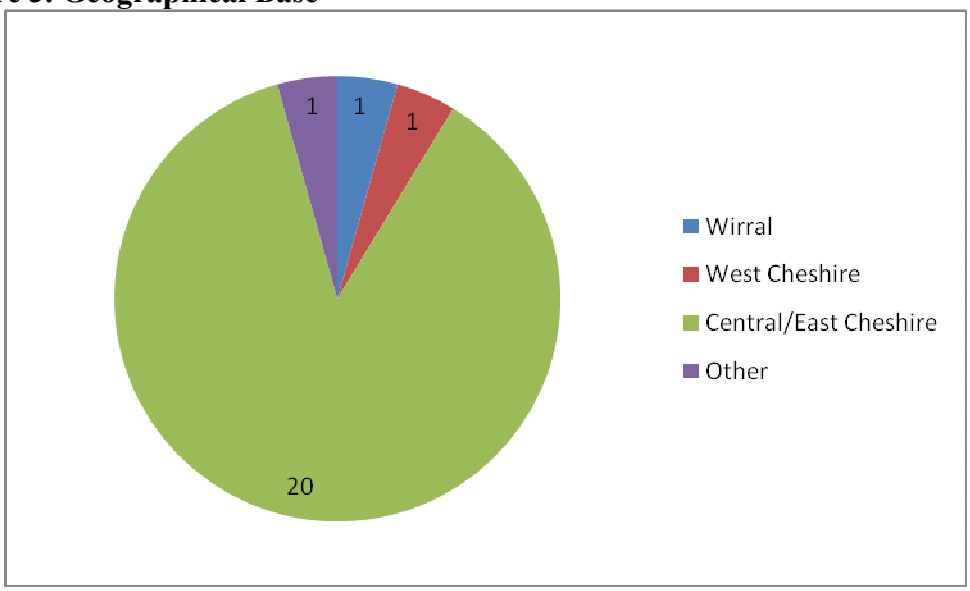
3.1.4 Section D. Geographical Base

The geographical area of responders was requested in Section D with the following results noted (see Table 4). It can be seen in Table 4 that the vast majority of responders were from Central & Eastern Cheshire and were from user, carer and voluntary groups.

Table 4: Geographical Base

Participant	Wirral	West Cheshire	Central/ East Cheshire	Other	Totals
User	1	-	1	-	2
Carer	-	-	7	-	7
Voluntary	-	-	4	-	4
Trust	-	1	-	-	1
Governor	-	-	-	-	-
Staff	-	-	4	1	5
Rep	-	-	-	-	-
Other	-	-	4	-	4
Totals	**1**	**1**	**20**	**1**	**23**

Figure 3. Geographical Base



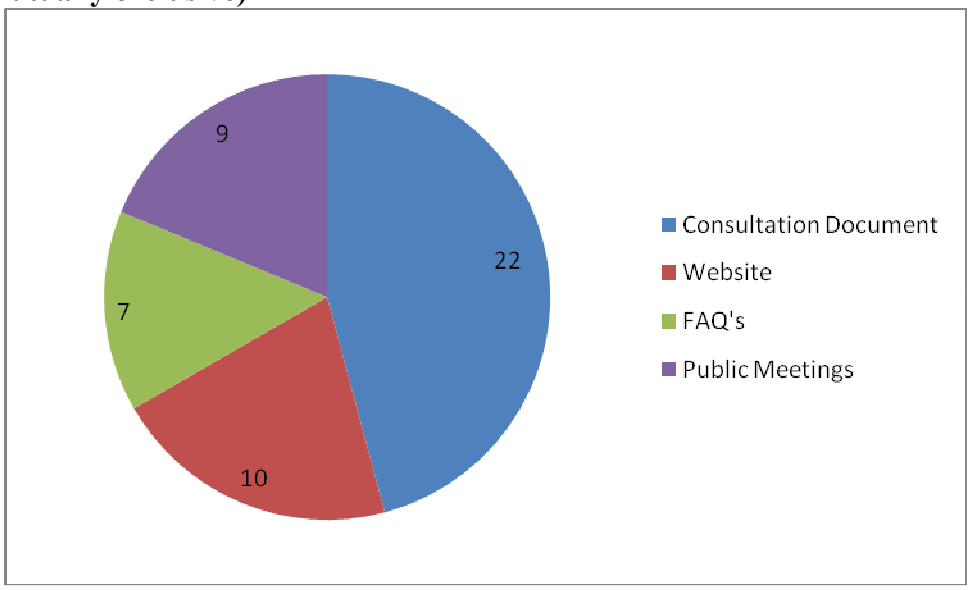
3.1.5 Section E. Consultation Material

The penultimate section to the preliminary information requested on the questionnaire referred to the consultation material that the responders were able to consider. The results can be seen in Table 5 and Figure 4.

Table 5: Consultation Material Considered (numbers greater than total as items not mutually exclusive)

Participant	Consultation Document	Website	FAQ's	Public Meetings	Freephone	Totals
Users	1	-	1	1	-	3
Carers	7	1	1	3	-	12
Voluntary	4	2	2	3	-	11
Trust	1	-	-	-	-	1
Governor	-	-	-	-	-	-
Staff	5	4	3	1	-	13
Rep	-	-	-	-	-	-
Other	4	3	-	1	-	8
Totals	**22**	**10**	**7**	**9**	**-**	**48**

Figure 4. Consultation Material Considered (numbers greater than total as items not mutually exclusive)



It can be seen in Table 5 and Figure 4 that the main source of consultation material was via the document containing the questionnaire from Cheshire and Wirral Partnership (CWP). However, the website was also a popular response and source of information.

3.1.6 Contact Details

The final section (section F) in the questionnaire preliminary information requested personal contact details and these are confidential. The information was requested as follows: 'F. Please provide your name and address for validation purposes only (this information will not be provided to CWP by the independent reviewer of responses, Chester University. Chester University will treat your personal data in accordance with the data protection act and will not use the information for any other purpose'

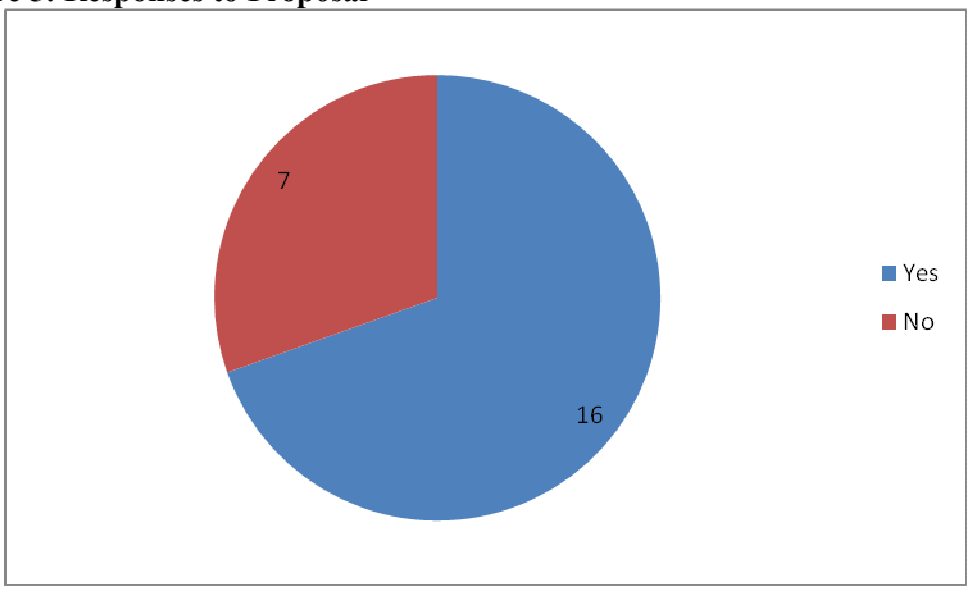
It can be reported that 21 of the 23 responders provided their contact details.

3.2. Question 1.
Do you agree with the proposal to continue to introduce new ways of working which will see community based services further strengthened and as a consequence a reduced requirement for inpatient beds?

Table 6: Responses to Proposal

Participants	Yes	No	Totals
User	2	-	2
Carer	4	3	7
Voluntary	3	1	4
Trust	-	1	1
Governor	-	-	-
Staff	4	1	5
Rep	-	-	-
Other	3	1	4
Totals	**16**	**7**	**23**

Figure 5: Responses to Proposal



It can be seen in Table 6 that there were more responders indicating 'Yes' (n= 16, 69.5%) than 'No' (n= 7, 30.4%) and that there were slightly more from User, Carer and Voluntary groups (n= 13, 56.5%).

In response from the questionnaire request 'If yes, please indicate what safeguards you would like to see put in place to ensure that this has been done effectively' the following examples of commentary are reported:

Users –

'Even with financial limitations there must be a protection of front-line services'.

'Fair treatment for all age groups. Currently crisis team is discriminating against dementia patients and this team should apply to anyone regardless of age'.

Carers –

'It is essential to improve care in the community, especially for dementia sufferers'.

'Random case reviews by CPN or Social Worker. Review to include discussion with carer to assess progress and plan ongoing care where appropriate'.

'No age discrimination. Importance confused elderly are not located with e.g. young potentially violent mental health patients'.

Voluntary –

'Fair access to beds – a push on reduction of beds implies people e may be deterred from being admitted, but if this is the best care for them, more beds should be made available'.

'Case loads for community staff must not be increased so that staff are not time constrained when visiting patients'.

Staff –

'I am concerned that even with the current provision patients often have to be admitted to other trust sites – Clatterbridge or Leighton because of insufficient beds at Macclesfield. This, in spite of daily interventions being offered where needed by the crises teams and CMHT's. Community resources have recently been reduced with the withdrawal of AO teams and the opportunity to change the role of staff in alternative community posts was not taken up'.

'CRHT would need to be strengthened. CMHT will need to be able to focus on severe and enduring mental illness. Primary care service s need to be increased in Vale Royal'.

'The modern mental health unit should reflect modern society and therefore should be easily accessible for all service users with good links to road networks. It should contain a library, IT services, further education access, private meeting rooms, single sex quiet areas, dedicated OT areas integrated onto the wards and separate, gym facilities and safe care rooms. Observation should be paramount whilst privacy and dignity should be maintained'.

'Safe numbers of staff working together such that staffing levels don't become too low that risk will occur'.

Other –

'That the single base has access easily available. Mental health can strike anyone. I was a high profile career person yet I felt isolated and suicidal very quickly, access to help is crucial'. 'Community services need to be available round the clock, 7 days per week, to be able to provide more than two brief visits per day to really provide an alternative to admission'.

'Patients need to be as near as possible to their home and families to facilitate contact and also to facilitate arrangements for home visits etc. in the run-up to discharge'.

Example commentary from the questionnaire request 'If no, please say what alternative policy you think should be adopted' are given as follows:

Carers –

'Community based services are overloaded. Where are the extra staff going to come from? The figure of 70% occupancy of beds might be very, very misleading. Patients having a trial at home are not in their hospital beds'.

'You have provided no evidence that 'new ways of working' will in practice reduce the requirement for inpatient beds'.

'The reduction of EMI facilities in favour of increased provision for self-inflicted conditions is neither fair nor practical given an increasingly aged population'.

Voluntary –

'Present evidence of reduced need for inpatient beds. Present a cost/benefit analysis – even if provisional. The question is faux, it is duplicitous. Of course we want to see better community based team irrespective of unproved "reduced requirement for inpatient beds". It is deceitful to make it either/or'.

Trust –

'Most solutions require access to acute services not community. Increase the number of inpatient beds'.

Staff –

'There is a need for inpatient units due to complex needs of service users, but community services need to be strengthened also'.

Other –

'They are based on administrative and financial purposes only and have not considered patient (carer) family needs thoroughly enough'.

Analysis
It can be seen from the foregoing that the responses to this question are predominantly positive in relation to the 'yes/no' tick-box, however, the commentary reveals a degree of qualification. There was some concern regarding the commitment to community service enhancement despite the comment in the questionnaire regarding the reduction in inpatient beds. Such re-configuration of services has a history of concerns with some being realised whilst others have not. For example, there have been reports of increased stress in community teams with added role functions (Lucas, 2009) and concerns regarding the potential increase in suicides (Hawton & Saunders, 2009). Furthermore, there are questions relating to the 'value for money' in redirecting services from inpatient to community settings with reports of some monies being well spent whilst others have been wasted (Godlberg, 2008). What was noted in the responses to this questionnaire was a growing concern that current community staff should not be overloaded with extra work without further resources being committed. The central concern was the staff-patient ratio and the need for community staff to have time to spend with their clients. Finally, from the 'No' group responders the major concerns related to the accuracy of the figures produced by CWP in relation to bed-occupancy and the requirement of inpatient beds in times of crises.

Conclusion to Question One
In conclusion to this question the following is noted:

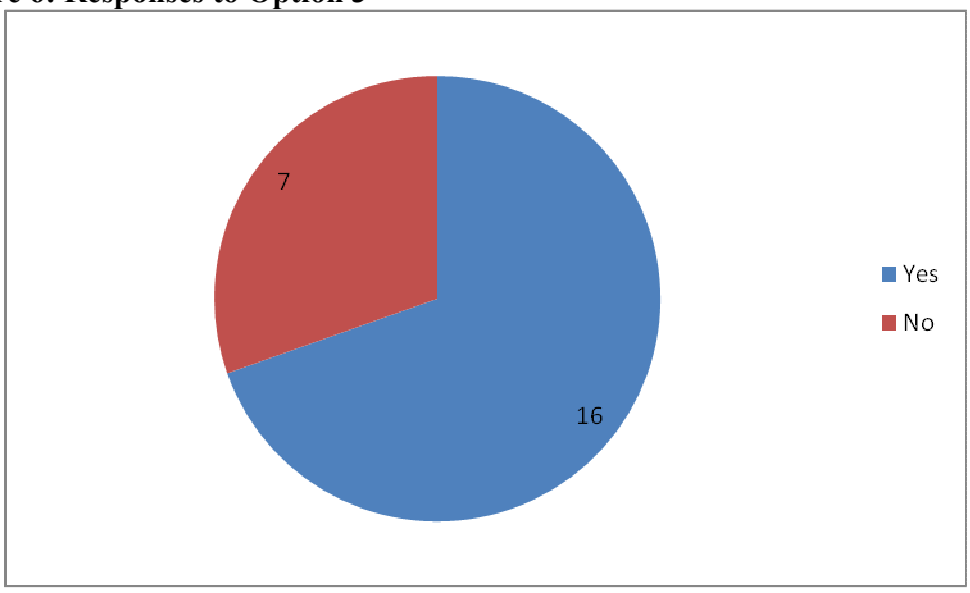
- The responses to 'yes' equalled 16 (69.5%).
- Many of the 'yes' responses were qualified in relation to (a) communication with service users and carers, (b) discrimination against dementia patients and (c) staff overload in the community.
- The responses to 'no' equalled 7 (30.5%).
- The major concerns were (a) accuracy of figures reported, (b) community staff overload and (c) ongoing need for inpatient beds.

3.3 Question 2.
Do you agree with option 3 (page 5) that all adult and older people's inpatient services be provided from a single site?

Table 7: Responses to Option 3

Participants	Yes	No	Totals
User	2	-	2
Carer	4	3	7
Voluntary	3	1	4
Trust	-	1	1
Governor	-	-	-
Staff	4	1	5
Rep	-	-	-
Other	3	1	4
Totals	**16**	**7**	**23**

Figure 6: Responses to Option 3



It can be seen from Table 7 that, again, the majority of responses were for 'yes' (n=16, 69.5%) rather than 'no' (n= 7, 30.4%) with Users, Carers and Voluntary groups also being in the majority (n= 13, 56.5%).

There were numerous commentary responses to this question and from the questionnaire request 'If yes, please state what you think should be included within a single site to ensure it meets your expectations of a modern mental health service' the following examples are given.

Users –

> ***'I have already submitted a 'shopping list' of user needs (e.g. single sex wards and en-suite bedrooms)'.***
>
> *'Individual en-suite rooms are needed, as are dementia – specific areas so to not disturb or be disturbed by any other users e.g. alcohol and drug services'.*

Carers –

'That there should be a 24 hr service to help with dementia patients if a problem arises for the carer'.

'Provide accessible across the county for staff, patients and their visitors. Move community based services i.e. crisis resolution, made available to over 60s'. 21S,

'This depends very much on where the site is. It needs to be easily accessible to clients and their carers by public transport. Most of our users do not have cars'.

'Separate facilities/accommodation for different types of care e.g. bi-polar, dementia and learning difficulties/autism. To be accommodated with dementia patients can adversely affect sufferers of bi-polar or autism/LD'.

Voluntary –

'Specialist wards for different types of mental health issues e.g. dementia. Better access and information for relatives/carers – where they can get supportive carer links on site'.

'Privacy and dignity, access to internet, provision for smokers'.

'Our shopping list would include practice and facilities based on world class commissioning and reduction in the carbon footprint'.

Staff –

'The fundamental aspect to mental health services as first highlighted through the NSF and the NHS plan should be that care is local to individuals and easy to access. Our NHS Our Future'

Review initiated by Lord Darzi and the touch stones indicated in the consultation support this notion. It is my view that any new build should be sited in between Macclesfield and Crewe to promote a fairer system of access. This will ensure that mental health is not impacted negatively through social isolation and other factors. The location should also reflect modern attitudes to health and social integration providing access to all the services that one would expect if in the community'.

'Access to a coffee bar, exercise facilities, open green space, sufficient care parking for staff & visitors, pharmacy team office. Occupational health office, meeting rooms, interview rooms'.

'Resource centre; activity centre; inpatient unit – older persons functional, older persons organic, adult acute, picu or low stimulus environment, day hospital, crisis beds'.

Other –

'Yes, but people must be able to access the service in person or via technology. There is still stigma that physical illness such as a broken leg is visible but mental health is not visible and still carries a veneer of embarrassment.

'Adequate physical health care facilities. Close to good public transport facilities including bus and rail for visitors and staff. Intensive psychiatric care – not transfer to Chester/Clatterbridge'.

'But with major proviso. Key issues will be the provision of transport services, suitable discussions with council and providers'.

'Self contained unit within the hospital grounds'.

From the questionnaire request ' If no, please say what alternative approach you think the Trust should adopt' the following commentary examples are reported:

Carers –

'Keep Macclesfield's Millbrook Unit – can use facilities of Macclesfield DGH. Build another unit (if Leighton really has to close its unit) further West.

'You must maintain acute facilities in Macclesfield and Crewe. If you can't, acute patients should be admitted to Greater Manchester and the Potteries (respectively). In this event there is no longer a need for CWP (Chester services can be provided by Merseyside) and then there will be no need for CWP central admin and more resources for patient care'.

'Cheshire is too big to expect families and carers to travel unreasonable distances'.

Voluntary –

'As I have previously argued, smaller, local units including local "crash pads" as used to exist in Crewe (if Alternative Futures can provide a single [NHS paid] ward unit in Winsford, CWP can). No assessment of unexpected consequences of a single site unit'.

Trust –

'Every effort should be expended to continue being hosted on a DGH site that will provide access to <u>all</u> medical/clinical services (dual)'.

Staff –

'The proposal for a single modern site sounds attractive and, reading the proposals, it sounds like the decision has already been made. Patients who have been hospitalised out of area do complain about the inaccessibility of units for family and friends, which often adds to the trauma of admission. Patients who are admitted to current specialist services out of area such as mother and baby units find their admission to a unit out of area adds to a sense of fear and isolation about the admission'.

Other –

'Improve efficiencies in terms of management staff rather than patients. Adopt Macc. Premises instead of shelving them. More day placements should be provided for the vulnerable and needy who are abandoned by hospital closures and bed reductions'.

Analysis

Similar to question one the responses to 'yes' were sixteen and the responses to 'no' were 7 in this second question relating to the provision of services on one site. There was some degree of resignation within the commentaries produced from this question in that there was an understanding that fiscal requirements would drive the decision to base services on one site. This is supported in the literature when reorganisation takes place for 'political' reasons and the motivation for change is felt to be change for change's sake (Hunter, 2008). From the commentary in the positive responses ('yes') it was noted that the main concerns of single site services from service users and carers was a matter of improvement of facilities with numerous statements regarding material aspects such as en-suite provision and policy developments that deal with mixing patients with differing conditions together on wards. On the other hand, the staff group were concerned with accessibility and location. The main concerns from the responders' comments within the negative ('no') group were the geographical location of the single site, the ease of access to it and the degree of travel involved for patients, families and friends. If great distances needed to be travelled, they argued, this could lead to family and social support dysfunction leading to further isolation. The main suggestions emanating from this question revolved around building smaller units with more geographical ease of access and the distribution of patients into other geographical areas such as the Potteries and Greater Manchester, which may be politically unacceptable.

Conclusion to Question Two

The main conclusions from this question are:

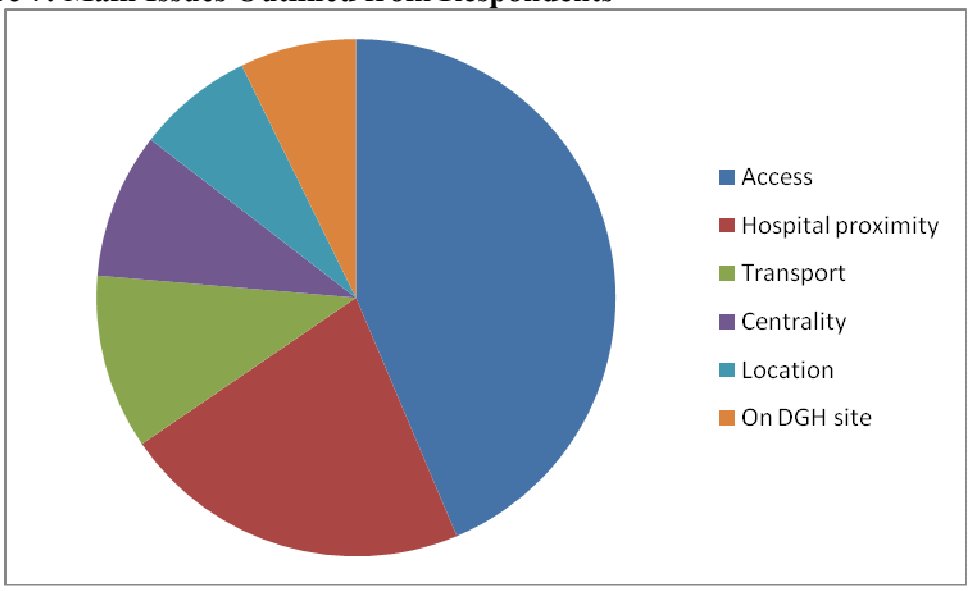
- The responses to 'yes' equalled sixteen (69.5%).
- The main points raised in the commentary were (a) improvement of inpatient services (b) access and (c) long term deterioration of family relationships.
- The responses to 'no' equalled 7 (30.5%).
- The main points raised in the commentary were (a) build smaller units, (b) ease of access and (c) patients who are some distance from a CWP service to cross boundaries and access other Trust facilities.

3.4. Question 3.
What issues matter to you regarding the location of inpatient services? We believe that access is one issue. Is this correct? What other issues matter to you?

Table 8: Main Issues Outlined from Respondents

Issues	Number of times indicated
Access	24
Hospital proximity	12
Transport	6
Centrality	5
Location	4
On DGH site	4
Total	**55**

Figure 7: Main Issues Outlined from Respondents



This thematic analysis emerged from the written commentary in regard to question three and the following examples are reported.

Users –

'Transport availability. Central access. A modern hospital with all relevant care and modern nursing facilities'.

'Access is an issue, as is where funding is going to come from to create a single site service. All parties have to be considered e.g. carers, nurses'.

Carers –

'Definitely the problem of access'. 'Access – especially for family and friends. Links with General Hospital – many patients arrive via A&E. Support facilities are local e.g. GP for follow up, the more distant the inpatient care the greater the opportunity for breakdown in

communications'.
'Access – Access – Access and sufficient inpatient beds to cater for 98% of acute admissions. Close proximity to A&E given the number of referrals. Stop re-organising so that patients have continuity of staff relationships'.

'Safety, local and readily available'.

'Accessibility very important. No age discrimination against elderly dementia patients. 'Ease of access by public transport for patients and visitors. Non-appearance of visitors can impact on patients progress'.

'Increasing provision is required'.

Voluntary –

'Yes access and transport issues are most important. Also minimise *change and disruption to service users'.*

'Divorce from local community – a reminder of asylums – and all that implies. Relative easy access to a DGH – important for older people, liaison psychiatry, better integration of mental and general medicine, better joint training. Access can be improved via community car schemes, local churches, Dial-a-Ride for older relatives, etc. (Ask Crewe and antwich Open Minds for ideas).

'Location of site must be central to C&E Cheshire to ensure access is fair'.

'Location of new unit must be central to East and Central Cheshire to ensure access is fair'.

Trust –

'Access to both patients and public. Avoid isolation from other services. Integrate/host with partners/NHS acute DGH'.

Staff –

'Needs to be accessible to service users, carers, visitors and as importantly to staff – by all forms of transport'. 'I think there are advantages to sharing a site with facilities for physical health in that it helps to reduce stigma, also for some patients, interventions from both facilities are needed'.

'Yes, location is very important. I think access to A&E and general hospital facilities would also be preferable. Physical health issues are often overlooked in psychiatric patients'.

'Access is valuable as it needs to be somewhere which is easily accessed by those on public transport. The relocation of the pharmacy team from existing premises into the new inpatient facility is important so that the team can work with the multidisciplinary team reviewing medicine treatments and service users have sufficient access to members of the pharmacy team'.

Other –

'It should be located on a general hospital site to allow access to cardiac arrest team, ease of input from medical/surgical specialities and investigations e.g. x-ray. Our patients have increased physical morbidity and mortality'.

'Access for families and carers. Patients can be disconnected in day/care if they are a long way from home. Distance from home makes rehabilitation visits very time consuming and demanding on resources and liaison with family is more difficult if patients are a long way from home'.

'That access is geared to individual needs. I wanted help from a highly trained professional which I achieved but I know less educated people who need help geared to them. Not a 'one-fit all remedy'.

'Access – good parking'.

'Transport for patients and visitors. Quality. Usefulness of inpatient treatment regimes'.

Analysis

It would appear that the vast majority of the responders agreed with the questionnaire in relation to the main issue being 'access' with twenty four references to this noted in the comments. This issue appeared to dominate the responses and is the major concern. Access is a complicated area in the responses and included the patients', families' and friends' accessibility to services but also included the mental health services accessibility of General Medical services. This was noted in the twelve comments regarding the location of a single site mental health service needing to be in the locale of a District General Hospital for referral to specialist services there. This was the second major issue. Some responders appeared to appreciate that any single site provision would, by necessity, be located away from other areas due to the large geographical land mass the CWP encompasses, which raised the issue of transport facilities being provided. If the single site is not easily accessible by public transport then there were some suggestions that CWP should provide the facilities or work with local organisations to put a transport facility system in place.

Conclusion to Question Three

In conclusion to question three the following can be stated:

- Access is the major concern.
- On-site District General Hospital or in close proximity to a DGH was the second major concern.
- Transport facilities to and from the single site mental health service was the third main concern.

3.5. Question 4.
Do you have any other suggestions about how we can further improve our mental health services?

Suggestions	Notes
Management Issues	This referred to the management of staff as well as the management of services.
Better Education	This referred to the education of the public in relation to mental health issues.
Communication	The respondents felt that communication was important in service delivery in relation to facts and figures published on website as well as discussions relating to future plans.
Training	There was some element of disquiet regarding the diverse range of skills in clinical staff with some positive and some negative.
Service Review	This referred to the need for service delivery to be reviewed and discussed with service users.

Table 9: Main Suggestions Regarding Service Improvement

The major themes emerged from the commentary relating to question four and examples of this are now offered:

Users –

'Consider demographics – such as the estimated increase in dementia sufferers – how is this going to affect the mental health service and has it being took into consideration?'

Carers –

'That there should be an adequate affordable day care service'.

'Keep change to a minimum so your key staff and consultants don't move elsewhere as happened a few years ago. There needs to be stability of provision'.

'You need to review how you manage your staff'.

'Achieving' 6% sickness absence implies low morale. You don't publish your staff turnover. It's probably equally concerning'.

'Research, care and training'.

'Involve carers when drawing up care and recovery plans. These people are the primary source of contact and information when service user suffers a crisis. Their knowledge and capabilities should be taken into account'.

'Better training at GP level is requested to allow an effective interface with MHS at hospital level. Current situation is unacceptable!!'

'More care in the community. Dignity and safety issues to be addressed, also privacy'.

Voluntary –

'Institute what CWP significantly fails to do (1) choice, as in general medicine (2) talk to critical friends like us honestly – stop the hype and manipulation (3) perfect one improvement – like acute care model – before you move on to the next and (4) stop ignoring voluntary sector in preference to your reliance on LINK'.

'To ensure that people with enduring problems have adequate access to supported work and social activities'.

'(1) Provision of new build. Adequate community care provision. (2) Sufficient manpower and skill mix to respond to need. (3) Practical activities for all patients'. 'Better communication with carers'.

Trust –

'Stop wasting funds on none service provision'.

Staff –

'Involve staff at a grass roots level more before decisions are made. Plus, the case presented for a single site mental health facility is well put but does not present both sides of the argument clearly. People who were unaware of other factors, which are not presented in the document, could easily be swayed to agree with the proposal'.

'A local perinatal psychiatry service so mothers who need admitting don't need to go miles away'.

'More awareness. Better education re: mental health issues'.

'Single sex accommodation. Gym and exercise equipment during inpatient stay. Nurses who have more time to talk to patients rather than paper work. Better morale throughout all staff'.

'Making more information available on services, be it voluntary or NHS via the internet & information points in waiting areas/reception areas in the facilities provided by CWP'.

Other –

'Yes without appearing to (illegible) an attitude of people very in need – they do. I have had CBT from 2 people, one who was on my wave length and one who spoke to me as an idiot who I could have run rings round. I would like to be on a working party'.

'Listen constructively to local patients/carers and families.
Take less notice of those who regard targets, guidelines etc.
as more important than people'.

Analysis
There were many issues in the responses obtained, with some being dispassionately listed and others appearing more passionate in their prose, as can be seen in the above raw data examples. However, for the purposes of this exercise we can categorise the issues under the broader headings in Table 9. The first theme involves a collection of management issues and these include management of staff as well as the services. There was concern regarding the management of facts and figures relating to mental health service provision, the management of change and the management of personnel. The second category was the education of the public in relation to mental health problems to assist in the reduction of stigma, prejudice and discrimination. Whilst it was noted that some work had gone on in this area it was felt that there was still some way to go. The third category relates to communication and there were many comments referring to the production of facts and figures which they claimed were not easily accessed via the websites and there was strong representation that this source of information should be made available. Communication also involved service developments, future plans and the soliciting of ideas from external groups, for example, service user and carer forums. Training was the fourth category and involved increasing the parity of clinical skills delivery as it was felt that some clinicians were better than others in certain areas. Suggestions were made for an increase in training across a number of health care professions. The final category to emerge was a service review. There were a number of statements regarding the need for a review of services and these referred to the future planned provision and the current service structure.

Conclusion to Question Four
We can conclude that the issues raised in question four can be categorised under the five categories as seen in Table 9. However, it should be noted that there are areas of overlap between them. The main categories identified are:

- Management
- Education
- Communication
- Training
- Service review

4. Correspondence.
There was some minor criticism relating to the construction of the questionnaire from a Service User group in a letter of correspondence (see appendix one) to the author of this report and some disapproval of the language used in the documentation. This group felt that there should have been more information provided and that the questions were leading. However, the group offered their views, bypassing the questionnaire, through their letter of correspondence.

5. Overall Conclusion

Whilst the overall number of questionnaires returned was small there was rich data in relation to the written comments from the responders. The main responders were from service users, carers and voluntary groups and individuals and the overall conclusion was of support but with qualifications. Many accepted the position of CWP in terms of the necessity to redesign mental health services and understood the position regarding fiscal restraints. However, there was some disquiet in terms of the location of a single site service and ease of access to it. The major concerns were that the community services would be overloaded and that ultimately users and carers would be worse off, particularly in relation to sufferers of dementia. There was a strong call for a further review of service delivery and an investment of smaller purpose built units which are geographically and strategically located.

6. References

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Appendix 1.
Further Correspondence

1. **A service user group letter.**

'The (name of group) are a mental health service users group who have taken an interest in the consultation you are undertaking in light of the need to vacate the mental health unit at Leighton Hospital. We have read all of the published literature and attended various meetings to discuss the documents but when it came to answering the associated questions we were stumped – to us they weren't designed to draw out opinion they were designed to lead responders to your preferred option hence we have decided to respond to the consultation bypassing the given questions.

The language used in the consultation is very (overly) positive and yet gives little actual information necessary for answering the questions; for instance there is no projection of bed requirements.

A key concern has involved identifying a suitable location for the new unit – a not inconsiderable task – what locations are being considered, will it be central and easily accessible to patients and visitors across the patch? How do you propose to eliminate the NIMBY arguments bearing in mind the aim to reduce stigma and discrimination?

Clearly there is a compelling case for change however time is marching on with little evidence that progress is being made or monies being available. We have had three options outlined with the warning that "failure to make a decision at the end of the consultation process would make it very unlikely that suitable facilities could be available by 2012". Two of the Options aren't options at all hence Option 3 – your preferred option – is the only option. This smacks of an ultimatum rather than a consultation.

Is the money available to provide a new single site mental health unit or are we to lose Leighton hospital's facilities and then patients in central Cheshire to be shared amongst existing facilities? If this is the case what choices will patients have available to them?

Name supplied

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