

## Healthwatch Sutton

### **Improving Healthcare Together – Discussion Group with BAME Groups in Sutton**

#### **1) Introduction**

Healthwatch Sutton engaged with the following Black, Asian and minority ethnic (BAME) groups:

- African & Caribbean Heritage Association (ACHA), Sutton. A group of 14 older people (aged 62 - 82). 12 were female and 2 male. 5 were of Caribbean background, 4 Black British, 2 Other Black, 1 Arab, 1 White British and 1 Other Mixed/Multiple Background. 8 had a long-term disability, 5 did not, and 1 preferred not to say. Location: St. Nicholas Way, Surrey. SM1 1EA - 20/9/18, 1pm -3pm
- Sangam. A session with 39 older people (aged 62 - 90). 28 were female, 11 were male. 27 were of Indian background, 10 Asian British, 1 African and 1 Pakistani. 22 had a long-term disability, 14 did not and 3 preferred not to say. Granfers Community Centre, 73-79 Oakhill Road, SM1 3AA - 24/9/18, 12pm – 12.30pm

#### **2) Priorities / Main Criteria for ‘Good Healthcare’**

The main themes here are familiar from other groups: the speed of response to emergencies, the time and distance to hospital from a person’s home (both for ambulances and visitors); the availability of sufficient and knowledgeable, caring, respectful and honest healthcare staff – and of beds; the convenience (or lack) of public transport; being listened to and having the correct equipment / technology on site.

*“You’d die before you get there [Epsom Hospital]”*

*“[Staff] should be respectful and [patients] should have a chance to speak”*

Many respondents were elderly – so they emphasised the need for good (non-emergency) access for them and their families / carers. Car parking charges were a familiar bugbear.

#### **3) What Needs Improving Most?**

Again, the main points echo those from other respondents – including effective communications between hospital staff and the waiting time to be seen. There was also a strong emphasis on improving the condition of St Helier Hospital – which is the main / nearest / preferred hospital for many of these respondents.

*“St Helier would be good, but the hospital building needs rebuilding instead of continuing the patching-up that has been going on for the past 40 years”*

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

The idea causes anxiety for some – would a longer journey to A&E put them in danger? – and the alternative to using their regular hospital (in most cases St Helier) would not be Sutton or Epsom, but St. George’s in Tooting.

*“Centralising is not necessarily best; it’s better to have local A&Es”*

Once again, people often do not distinguish between ‘acute’ services and A&E – or the latter is the one that *really* matters to them. Maternity services, for example, are not top-of-mind for older people (even if they may be for their children or grandchildren). The consideration is 1) for the person themselves, 2) their spouse, carer or chaperone / escort and 3) their other visitors.

This shows a key challenge of local perception: there is more to acute services than A&E alone.

#### **5) Potential Solutions – Acute Services focussed at Epsom, St Helier or Sutton Hospitals**

##### **St Helier**

Overall, St Helier is the clear favourite by virtue of its proximity, and that for many people it has been their first port of call for 40+ years. However, familiarity breeds concern – in particular, over the buildings’ state of repair. One referred to it as ‘terrible’ and ‘scary’. Nevertheless, it is accessible to Sutton, Merton and Wallington residents – and it has good public transport links.

##### **Epsom Hospital**

Epsom is marked down mainly due to its location, being further afield than is St Helier. At least one person reports having received better care at Epsom than at St Helier – and another that it has ‘more options than Sutton’ - but overall it is not a popular choice.

##### **Sutton Hospital**

Most groups in this research project have viewed Sutton as being either in the process of demolition, or of its land being sold off for housing. It is thought to offer a few routine services such as blood tests – but is not a viable option for any kind of front-line acute role.

Among the BAME respondents from ACHA, however, the picture is far more positive. The ‘space’ available at the site is a boon to its future expansion, car and public transport access are good - and parking not so expensive. The (few) current facilities are modern and hi-tech.

*“The possibility for Sutton Hospital in the future is good”*

\*\*\*\*\*

David Craig & John Leaman - 10<sup>th</sup> October 2018