

# Outpatient services at Shipley Hospital: Tell us your views

We are thinking about the future of the services provided at Shipley Hospital and would like to hear what you think about the outpatient services provided there. No decisions about the services, or the hospital, have been made; we will use your views to help us think about how and where the services should be provided in the future.

Your answers to the questionnaire on page two will help us to understand your preferences about how outpatient health services (such as physiotherapy or x-ray) are provided. They will also help us to think how and where these services may be offered in the future, and to plan and run a future consultation about our proposals for the services.

## Shipley Hospital – the building

Built over 100 years ago, Shipley Hospital (at 98 Kirkgate, Shipley BD18 3LT) is a large converted house. Over time, it was a maternity home and a community hospital. Today, outpatient services and a support group occupy the ground floor. The first floor inpatient ward was closed in May 2010 because of significant fire safety issues.

Whilst it is safe to provide services to patients on the ground floor, the building continues to pose issues for staff and patients due to its age and condition. Frequently there are issues with the roof and the fabric of the building, for example. Sadly, the age and structure of the building mean it is not possible to improve the standard to that of a modern, purpose-built, health facility. This is why we are considering the future of the services at the hospital. If these move to other locations, the hospital could be closed and the proceeds from its sale returned to the NHS.

## Services at Shipley Hospital

NHS services include physiotherapy (five days) and occupational therapy (four half days), x-ray (four mornings), and outpatient clinics (one half day a week) for general surgery and memory assessment, and two half day sessions for older people's psychiatry. Bradford Bereavement Support also provides a counselling service (two days).

## What happens next?

Before making any final decisions about the services, we will talk to you again about what we have heard as a result of this engagement, and how this information has influenced our proposals for the future. At this time, we will present full proposals for the future for you to comment upon.

Thank you for taking time to help us plan the future of your health services.

You can share your views online at: [www.surveymonkey.co.uk/r/ShipleyHospital](http://www.surveymonkey.co.uk/r/ShipleyHospital)

or by completing this form and returning to:

**Freepost NHS BRADFORD DISTRICT & CRAVEN**

(please note that this is the full address and, for Royal Mail purposes, must be set out exactly as above)

**The closing date for your comments is 22 November 2019.**

# Your views

If you do not have enough space to write your answers, please feel free to add another sheet of paper.

## SECTION 1: Your experience of outpatient services

1. Have you used any of the following services **in the last year**? If so, where did you go for them? (if yes, please continue to question 2; if no, go directly to question 7)

	Please circle your answer	Where did you use these services (location)?
Radiology (x-rays)	Yes/No	
Physiotherapy	Yes/No	
General Surgery outpatient clinics	Yes/No	
Older people's mental health (memory clinics)	Yes/No	
Bereavement support service	Yes/No	
Occupational therapy	Yes/No	

2. How did you travel to the service that you used?

	Please circle your answer
Patient transport	Yes/No
Driving	Yes/No
Public transport	Yes/No
Walk/cycle	Yes/No
Taxi	Yes/No
Other (please state below)	Yes/No

3. What was your experience like at the service that you used; what was good, what could be improved?

4. Were you offered a choice about where you could go to use these services? (please tick)

Yes  No  Don't know

5. Are you aware of any other places where you could go to use these services?

	Please write here any locations where you are aware of these services
Radiology (x-rays)	
Physiotherapy	
General surgery outpatient clinics	
Older people's mental health (memory clinics)	
Bereavement support service	
Occupational therapy	

6. Where would you have preferred to go to use these services?

## SECTION 2: Outpatient services at Shipley Hospital

7. Which of the following services are you aware of at Shipley Hospital?

	Tick all that apply
Radiology (x-rays)	
Physiotherapy	
General surgery outpatient clinics	
Older people's mental health (memory clinics)	
Bereavement support service	
Occupational therapy	
Other (please state)	

8. Have you or a family member **ever** received care at Shipley Hospital?

Yes  No

a) what did you attend for?

	Tick all that apply
Radiology (x-rays)	
Physiotherapy	
General surgery outpatient clinics	
Older people's mental health (memory clinics)	
Bereavement support service	
Occupational therapy	
Other (please state)	

b) when was this?

	Please tick
Within the last year	
Over a year ago	
Over three years ago	
Over ten years ago	
Any additional comments	

Local NHS organisations are exploring options for the future of services which are currently provided at Shipley Hospital. This is prior to any decisions being made or a formal consultation process.

9. Thinking about the future of services which are currently provided in Shipley Hospital, what do you think are the most important things for us to consider?

10. If any of the current services provided at Shipley Hospital moved, what difference would it make to you or your family?

11. What possibilities do you think should be explored when considering the future of the services at Shipley Hospital? (tick all that apply)

	Tick all that apply
Moving some services into local primary care settings (GP surgeries)	
Moving some services to empty space at Eccleshill Community Hospital site	
Moving some services to St Luke's Hospital in Bradford	
Repairing Shipley Hospital and maintaining some services there	
Other (please state)	
<div style="border: 1px solid black; height: 40px;"></div>	

Please tell us about other ideas you have for potential service locations:

12. What information would help to reassure you that the right decisions are being made about the future of these services?

### SECTION 3: Future consultation

This initial engagement won't immediately change current services, but it will help to inform a future consultation. We will consider your views and ideas, along with issues like patient safety, clinical effectiveness, workforce and financial sustainability, in order to determine viable options for future services. At the consultation stage, we will report back on our engagement findings, and we will ask your opinion on more detailed options for the future of Shipley Hospital.

#### 13. We'd like to hear from you about the way we should run a future consultation:

##### a) How would you expect to hear about the consultation?

	Tick all that apply
Local newspapers/radio	
Written information (eg posters/leaflets in libraries/community centres/GP surgeries etc)	
Social media (eg Twitter or Facebook)	
Local NHS organisations' websites	
Other (please state)	

##### b. How would you like to take part?

	Tick all that apply
Public events	
Online survey	
Paper survey	
Other (please state)	

##### c. How would you like to be kept informed?

	Tick all that apply
Local newspapers/radio	
Written information (eg posters/leaflets in libraries/community centres/GP surgeries etc)	
Social media (eg Twitter or Facebook)	
Local NHS organisations' websites	
Other (please state)	

#### 14. Please provide your contact details, if you would like to be kept informed of future consultation and receive a copy of engagement report.

Name \_\_\_\_\_

Postcode \_\_\_\_\_

Address \_\_\_\_\_

Email address \_\_\_\_\_

##### Preferred form of communication:

	Tick all that apply
Email	
Post	
Other (please state)	

# Equality Data Collection Form

To ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules.

This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

Please tick the relevant circles or write in the answer

Postcode (first part only) \_\_\_\_\_ eg. BD18  Prefer not to say

Sex – what is your sex?

- Female  Male  Prefer not to say  Prefer to self-describe: *please specify:*

Age – How old are you?

- Under 16  16-25  26-40  41-55  56-65  66-75  76+  Prefer not to say

What is your country of birth? Please write in \_\_\_\_\_

Ethnicity – what is your ethnic group?

Asian or Asian British

- Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other Asian background

Please write in \_\_\_\_\_

Black African/Caribbean or Black British

- African  
 Caribbean  
 Any other Black/African /Caribbean background

Please write in \_\_\_\_\_

Mixed/multiple ethnic groups

- White and Black Caribbean  
 White and Black African  
 White and Asian  
 Any other mixed/multiple ethnic group

Please write in \_\_\_\_\_

White

- British - English/Scottish/Welsh/Northern Irish  
 Irish  
 Gypsy/Traveller  
 Any other white background

Please write in \_\_\_\_\_

Other ethnic group

- Arab  Other ethnic group  Prefer not to say Please write in \_\_\_\_\_

## Disability - Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'

Yes (detail below)  No  Prefer not to say

### If yes, please tick impairment below (tick more than one if relevant)

Physical or mobility  Visual  Learning disability  Mental health condition  Hearing  
 Long-standing illness or health condition eg cancer, diabetes, HIV  Other \_\_\_\_\_  
 Prefer not to say

## Transgender - Is your gender identity different from the sex you were assumed to be at birth?

Yes  No  Prefer not to say

## Sexual orientation – what is your sexual orientation? (Please tick)

Bisexual (both sexes)  Lesbian (same sex)  Gay man (same sex)  
 Heterosexual (opposite sex)  Prefer to self-describe: please specify below \_\_\_\_\_  Prefer not to say

## Religion and belief – do you consider yourself to belong to any religion?

Yes (please tick below)  No  Prefer not to say  Christianity  Judaism  Buddhism  
 Islam  Sikhism  Hinduism  Other (please state) \_\_\_\_\_

## Pregnancy and Maternity

Are you pregnant?  
 Have you given birth within the last 26 weeks?  Prefer not to say

## What is your relationship status?

Married/civil partnership  Live with partner  Single  
 Widowed  Other  Prefer not to say

## Carer

Do you provide care for someone, such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?

Yes  No  Prefer not to say

**Thank you for taking the time to complete this form.**