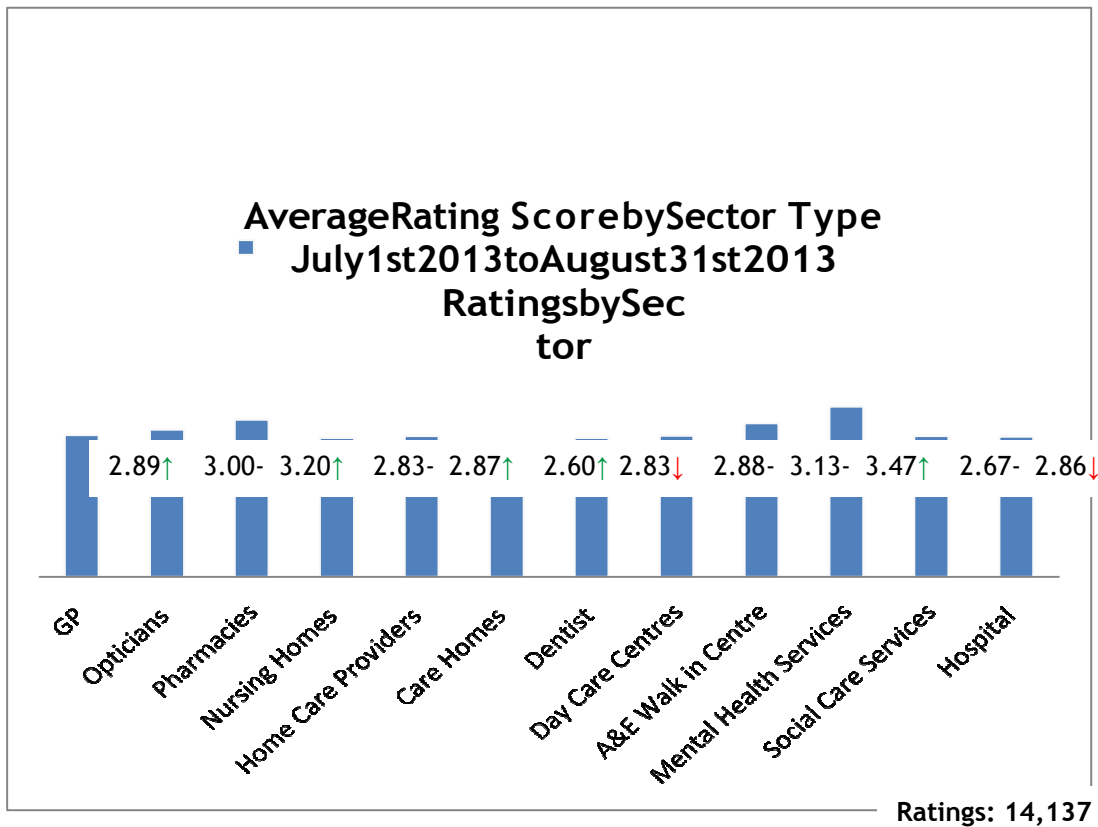


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Rate Our Service-July 2013 to September 2013



Healthwatch summary of patient feedback on Barts Health Sept 2012-October 2013

1. Background

- 1.1 This report is based on the analyses of patient feedback from:
- four Enter and View visits undertaken by Healthwatch members over October and September 2013 to:
 1. **Ambrose King Centre** (Sexual Health) Royal London Hospital
 2. **Renal Unit** Royal London Hospital: Outpatients, Haemodialysis Unit and Inpatient - Renal Transplant Ward (9F)
 3. **Fracture Clinic** (Outpatients) Royal London Hospital
 4. **Rahere Ward** (Cancer) St Barts Hospital
 - 900 comments collected between September 2012 and October 2013 from local patients at community events, online on the Healthwatch website and Rate Our Service, workshops and phone feedback and interviews.

2. What is good?

- 2.1 Generally patient comments present a very positive view of the clinical care provided at the Royal London Hospital.

“I think doctors do their jobs well I always understand what they say and I feel as if they really care for me in a special way. They are friendly and loyal, and I feel I get excellent service therefore I’m very happy with the doctors.”

“I have to mention how very impressed I was with the professionalism and knowledge of the doctors and nurses at the new Royal London hospital. .. Overall it was a top service I received from them and I was very pleased.”

- 2.2 Things that were mentioned when describing a good service were:

- seeing the same consultant
- seeing the senior consultant that you asked for at least once
- having the right test results when you see the consultant
- having enough information and time to ask questions
- being seen on time, given further advice and being kept updated
- people being friendly, smiling, taking the time to say hello or welcome you
- getting an appointment straight away
- giving advice in a non judgmental

“I have a regular consultant that I see. He is brilliant. He talks and he listens and he’s helped get my condition stable.”

- 2.3 Particular areas and actions that received a number of positive comments were:

- Children’s services both A&E and general.
- A&E service - but not the waiting times. People feel that they are given a more thorough examination at the hospital by more specialist doctors.
- The stroke team and cardiology teams although patients also mentioned problems on discharge and appointments.
- Text reminders about appointments and being able to book appointments online.
- Hospital cleanliness and the quality of rooms

“My neighbour had gynaecological surgery at the Royal London six or seven weeks ago and was at her third Pilate’s class! Nurses were pushed but were very good. They put her in a single room across from the nurses’ station as she was probably the oldest patient on the ward. She felt the care was very good and liked having a single room.”

3. Top 10 concerns

- 3.1 The most common concerns raised by Tower Hamlets patients were:

1. Administration and referral processes
2. Shortage of nursing staff
3. Maternity - aftercare and discharge
4. Waiting times in A&E
5. Food
6. Environment
7. Slow and poor discharge processes
8. Hospital Transport

- 9. Incontinence service
- 10. Complaints processes

4. Administration and referral processes

- 4.1 The problem raised by the largest number of patients was not the quality of clinical care but the administrative systems around appointments. This included poor referral processes from the GP, long waiting lists/times to get an appointment, poor administrative processes (letters late, wrong appointment times, wrong phone numbers, wrong patient, wrong location) and appointments frequently being postponed.

“You receive a letter that tells you to phone a number within five days to make an appointment. You can’t get through on the phone or you get through and they say you’re in queue. Then it’s “you are number five in the queue, you are number four in the queue . . .” Somebody finally answers and asks you what department you want and then says that this is the wrong department. My GP phoned the consultants clinic and they said that the clinic was full for weeks. He phoned again an hour later and was told the list was open again. . . . My doctor referred me to the foot clinic they saw me once and told me they will call me for another appointment however it has been over three months and I haven’t heard since. But I did find the foot clinic to have a very good service. Doctor was very helpful and he knew what he was talking about and I was satisfied with care.”

- 4.2 From a patient’s perspective the current systems couldn’t be further away from being patient centred. People feel that they are not being given fair access to appointments and that the system is the problem. Many feel that it is incumbent on them to try and navigate through a complicated system, often needing to complain to get results. This can have a very detrimental impact on their health and their recovery.

“I’ve not been here for a while as I have spent the last two years trying to get an appointment for someone to resolve my lower back problems - the only reason why I was seen today was because I went through the Complaints’ Department. I had my surgery in August 2011 and was seen six weeks later by the Physiotherapy Department (Royal London Hospital) and was told that I will receive an appointment at the Pain Clinic at Mile End Hospital. I waited for a couple of weeks, but never received an appointment. I tried to chase-up my appointment, just to be told that I missed it (this bearing in mind I never received the appointment letter in the first place). So far it’s been a bit of a nightmare to get an appointment...”

- 4.3 This frustration is compounded further by having to wait long periods when you actually do make it to the relevant clinic for your appointment.

“Few months ago I went for my outpatient appointment in cardiology department at RLH for 3 o’clock appointment but was seen at 5pm. No one came out to say why the appointment was running late. Due to my lack of confidence I did not show my frustration.”

- 4.4 Then often the consultant doesn't have the right test results when you are finally seen or they explain it's an exploratory appointment and you'll have to come back and see another person and the whole appointments process nightmare starts over again. People are waiting years for something that could be sorted in a couple of months if the administration systems worked effectively. This often compounds illness and injury and leads to more expensive treatment further down the line. It is surely also a massive waste of resources as tests are often repeated unnecessarily as appointments are arranged at the wrong times.
- 4.5 One suggestion from a patient was that certain treatments may not need to be undertaken in hospital and should be made available more in the community.

"I had an appointment at Therapies Outpatients Department, Barts Musculoskeletal Therapies. It had taken four months to get the appointment and it was then for in a month's time. I had had a hip replacement eight months ago. The letter said that the appointment was at 9.15. When I got there (which it is difficult to get anywhere that time of the morning) the receptionist told me that the computer said my appointment was at 9.45. I showed her the letter with 9.15 on it but she didn't seem to care. The doctor or physio said I had to come and do exercises for six weeks. I said why don't you just show me the exercises I have to do and I'll do them at home. I don't want to have to travel in every week when I could just as easily do them at home. He said that was fine and did some stick figure drawings of exercises that I could do at home. Why don't they do that for more people? It would free up the waiting lists and people would get seen when they need to and not 5 or 6 months later. Why couldn't they just go to their local gym and do it."

5. Perceived shortage of nursing staff

- 5.1 We received far fewer comments this year regarding the poor attitude of nursing staff compared to previous years. Comments tend to now focus on a perceived shortage of nursing staff on the wards.
- 5.2 The perception from many patients is that there is inadequate staff in a lot of areas and that there is a problem with bank staff and supply nurses.

"I feel that 7F is short of staff and they always take on additional agency staff; I am not happy with the agency staff as it seems like they don't know what they are doing (i.e. don't know how to put on a medicine pack on my son)...agency staff should be trained properly before they're sent to specialised wards...when I see agency staff I don't ask for their help as I don't feel reassured that they can do their job properly."

"The day after my operation I was high on morphine, firstly I didn't know where the alarm was and when I did find it I couldn't get to it. I couldn't see the nurse and nobody came in. In the end I called my family on my mobile phone to get a nurse to come and see me. The staff are very helpful though"

“..due to staff shortages sometimes I have not been given my dinner as I have been unable to walk to get my dinner from the ward corridor.”

5.3 We understand the new ward layouts can leave patients with the perception that there are fewer nurses even if nursing levels have remained the same. However it is true that nurses are not able to keep an eye on as many patients as they were in the old wards and they are less visible to patients. This has the potential to leave patients feeling isolated which leads to them feeling unsafe and increases anxiety. You lose the sense that nurses are always around and patients feel insecure.

5.4 This also leads to the nurses being overworked which leads to them appearing or being rude and abrupt to patients who would just like a bit of reassurance. It also leads to a deterioration of staff moral and there is a sense that in some wards good staff are leaving.

“You can’t complain about a nurse who is looking after about seven patients all on her own. You just have to give them credit for their hard work and effort.”

5.5 We also picked up comments about patients feeling that the wards were short staffed at night and at weekends.

5.6 The financial review is suggesting nurse to patient ratios at one nurse to seven patients. It is clear that patients in the majority of cases do not feel that this will provide them with the compassionate as opposed to clinical care they would desire. We also feel that this will impact on patient safety.

6. Maternity Services

6.1 Generally mothers are very positive about the surroundings of the new maternity wards and feel that the Royal London maternity services have improved. We received very few negative comments about the care during labour.

“I gave birth at the old Royal London hospital and the service was really good. The support from the midwife at the hospital was wonderful and I also got support when I went home as they came to visit me at home.”

6.2 The most common negative theme from mothers related again to a sense that there were insufficient staff particularly in relation to aftercare.

“I felt that the nurses where working very hard to keep every patient happy. It’s not an easy job so I have to give them credit”.

“The staff seem very busy there and if you call them for their assistance they would say ‘give me two minutes’ and it will take two hours for them to return.”

6.3 Staff shortages may also go some way to explaining some of the issues relating to poor discharge that we picked up.

"I waited four days to be discharged from the hospital and there was nothing wrong with me."

"I was discharged by a student nurse . . . and she also gave me all my files that the hospital should've kept. I even had to call a community nurse as no midwife or nurse checked me before or after my birth."

"The new Royal London hospital lost my files which meant according to their system my baby wasn't born and I was forced to stay in the hospital for an extra night. My files were later found in the triage ward and I couldn't wait to leave the hospital as I wasn't getting the support I needed there."

"After I had my baby I was asked to leave the room, discharged home very quickly as they needed the room for another patient. I had to sit in the triage corridor with my suitcase, baby on my lap, on a plastic chair surrounded by moaning women until my husband came to pick us up."

- 6.4 We are still picking up issues about a different quality of midwifery care being provided to non-English speakers.

"When I gave birth at the Royal London hospital the staff thought I couldn't speak English and were very rude to me. But when I spoke up for myself the staff realised that I could speak English and their behaviour towards me changed. The staff became a lot friendlier and treated me well. I know they treat patients who cannot speak English badly and this is really bad and unfair treatment"

7. Waiting times in A&E

- 7.1 Patients are very positive about A&E services at the Royal London. *"It's quicker to go to A&E and you seem to get a proper assessment and tests there and then."* There is difficulty getting appointments at some GPs and people feel the quality of assessment is not always good. *"You are assessed better at A&E"*.
- 7.2 However waiting times are a major issue especially for people who are in pain. *"I had to wait about 3-4 hours and I was in a lot of pain therefore, wanted to be seen as soon as possible but I had to wait."* One patient mentioned being delayed for six hours at the hospital A&E for a sickle cell attack resulting in premature labour of her son.
- 7.3 People with long-term conditions felt they should have more consideration for people who may be frequent visitors *"... more sympathetic staff at A+E to hear patient's needs who have multiple illnesses and need more care"*. And that there should be some mechanism to fast track frequent visitors *"every time my son is not well he has to be readmitted as a inpatient to 7F, however in order to readmit him we have to always go through A&E, we can't come direct to the ward. And every time we go to A&E they ask the same questions again and do all the tests again; this is very frustrating for us, on one occasion there was a two day gap between discharge and readmission and we had to go through the whole A&E process...why can't*

they just let us go to the ward?..This process usually is very stressful to my son.”

8. Food

8.1 There are mixed views about the food provided. Some patients commented that they do not like the food due to blandness of taste and lack of variety on the menu and other patients feel patients should not expect too much from a hospital, therefore the standard is ok and at least you are given a choice.

8.2 In some areas it was not so much about the quality of food but about:

- not enough food,
- food being cold when it arrived,
- food running out before it reaches patients, and
- patients not being given enough time to eat or not being given enough help to eat with food being taken away without being touched.

8.3 Not all patients have family to bring in extra food and there is a sense that this is necessary.

“After my operation I was on a ward for seven days, on three of the days I didn’t get the food that I ordered, on one day I got no food at all apart from sandwiches, and I certainly don’t want cold food when I’m in hospital. Out of the seven days I was on ward, only on three of those days I got the food I ordered, and even then it really wasn’t very nice.”

“The food is awful, not appetising and bland. The halal food is always curry. Not all Muslims are south Asian and I don’t like the curry.”

9 Discharge

9.1 Patients being discharged when they or their family felt it was too early or before appropriate care packages were in place

“It seems hospitals want to discharge patients quickly...they discharged my father and he was not well enough to be discharged...although we highlighted that he was not feeling better, they insisted on discharging him... so we took my father home, but he could not cope due to the pain, we took him to the doctors and the doctor said that he should return to the hospital - this whole situation could have been avoided if the hospital doctors decided that he was not ready for discharge- it seems once they make their minds up, the decision has to stick!!”

9.2 Patients self discharging because of the noise, temperature on the ward and lack of air.

9.3 We have heard of several patients self discharging. One was in the cardiovascular ward, they left because it was very noisy with all the monitoring equipment and they couldn’t get any sleep. Other people have left because of the temperature on the wards being too hot and stuffy and they felt as if they couldn’t get any air. This seems to be a fairly significant safe guarding issue as there is obviously a reason that they are in hospital in

the first place and to get up and leave could, one would think, have potentially life threatening consequences. We have raised this issue with the Chief Nurse and understand that an audit of the number of patients self discharging is currently taking place and we will receive a copy of the audit.

- 9.4 Patients having to wait a long time to be discharged on the day they were leaving and being left to wait in the discharge lounge while prescriptions were being filled.

“My mother was discharged in the morning but had to sit around and wait all day until 12 at night for her prescription to be filled.”

10. Incontinence service

- 10.1 Over the past 12 months we have picked up issues with the adult incontinence service.

“My mother had a very bad experience with district nurses and the Incontinence service once discharged from hospital- my mother was without incontinence pads (& correct size pads) for almost two months due to problems of communication between the District Nurse and the Incontinence service . . . the nurse was blaming the incontinence service for this mistake and the incontinence service blamed the nurse for this mistake. Currently we are still waiting for the incontinence pads for the last two months we have been borrowing from other people.”

“Getting through to the incontinence service is very difficult as no one answers the phone, it seems only 10% of calls are answered and if you leave a voicemail it takes them two days to get back to you- based on my experience I would say the incontinence service is not that good for the reasons that is difficult to access the service and once you get through no one can be held accountable for their actions/ lack of actions; it’s very frustrating!!”

11. Hospital Transport

- 11.1 We continue to receive many comments about the reliability and lateness of the patient transport service. *“Hospital patient transport is not reliable, sometimes they come early, sometimes they come late, but they never arrive on time...”*

“I often have to wait about 55 minutes for the driver to come and pick me up after leaving the ward. However I do think the drivers are very helpful, and always help me get in and out of the car. Getting to the hospital is not as bad, as the drivers often turn up on time but the problem occurs when leaving the hospital.”

“Patient transport is generally good; I use this service regularly and I am grateful I am offered the service... however they are always late by an hour from the appointment time given to you, but I can understand why they are always late they have to pick up so many people along the way...the delay by patient transport also delays your appointment time at the hospital, as you get seen later than the time given to you...it would

also be useful if patient transport can pick you up straight away after a hospital appointment- you normally have to wait an hour...and whilst you are waiting no one attends to you- it would be nice to get a cup of tea!!”

12. Environment issues

- 12.1 Most people are very complimentary about the new hospital mentioning it is clean, modern and spacious. But there are a number of issues frequently raised:
- **Layout** is complicated, there needs to be better signs to direct patients.
 - **Lifts** - People find them hard to use and confusing
 - **Temperature** - some wards are hot (High dependency Unit) and some are freezing from a patient perspective (Renal Outpatients)
 - **Lack of air** - not being able to open the windows makes it very stuffy and sometimes stifling
 - **Noise** - monitoring equipment makes a lot of noise at night making it difficult to sleep.

13. Complaints and PALS procedures

- 13.1 Patients have complained to Healthwatch Tower Hamlets about:
- difficulty finding out the complaints procedure and who to contact to make a complaint
 - the timeframe for responding to complaints?
 - procedure being too complicated, hard to navigate through and too long
- 13.2 PALS
- 13.3 Recently we received concerns that patients are finding it difficult to access the PALS service i.e. patients are telling us that they find it difficult to get through to PALS service on the phone and when they do manage to get hold of them they are requested to make an appointment to see them, which can take a long time. Patients that have used PALS service in the past have said that they prefer the drop in option as it was accessible when they felt distressed and needed to see someone quickly for support or advice.
- 13.4 Also PALS signposting does not appear to be very good, for example patients are still turning up to Trust Offices (Mile End Hospital) to see a PALS officer and in some cases they have been advised to turn up to Trust Offices on the advice of hospital staff both at Royal London and Mile End Hospital.
- 13.5 We were notified in July 2013 that Barts set up a call hub that will deal with all PALS calls. In addition the drop-in service for the public at The Royal London, Whipps Cross and Newham was being replaced by a booked appointment system for patients. Apparently this system would be piloted for three months.

14. Next Steps

This report along with questions and recommendations will be circulated to:

- Barts Health Board, Chief Nurse, Deputy Chief Nurse and the relevant Clinical Academic Groups
- Care Quality Commission
- Tower Hamlets Clinical Commissioning Group
- Tower Hamlets Health Scrutiny Panel
- Healthwatch England

Under Section 224 of The Local Government and Public Involvement in Health Act 2007 Healthwatch Tower Hamlets has a statutory right to receive a response to our requests for information and recommendations within 20 working days.