

Health Scrutiny Event

A. Questionnaire Feedback Report

1 Introduction:

1.1 Members of the public were invited to complete a questionnaire about the health services in the borough. The questions asked relate to the six key topics which were used to theme the consultation:

- Food
- Engagement
- Cleanliness and Safety
- Accessibility of Information
- Dignity and Respect
- Equality of Care

The questionnaire was subdivided into the following service areas:

- Dentists
- GP Services
- Hospital – Emergency / A&E
- Hospital – Planned Care
- Mental Health Services

2 Method:

2.1 The questionnaire was designed to enable the gathering and recording of evidence for the health partner self-assessments of the Annual Health Check 2009. The Health Commission's core standard guidelines were used to create the questions.

2.2 Closed questions (i.e. forced-choice format) were used to allow quantitative analysis of the responses to be carried out. Space was provided for 'any other comments' at the end of each section so that respondents had the chance to explain their answers or elaborate where necessary. This qualitative data will provide evidence for the general conclusions drawn from the quantitative data set.

2.3 The questionnaire was piloted in its draft format among members of the PCT Readers Group before it was made available to the general public in its final format.

3 Key findings:

- 156 completed questionnaires were analysed.

- 112 of these were completed on the day of the event.
- 19 of these were completed as part of the pilot.
- 25 were filled in through the online consultation portal.

4 Results

4.1 Equality of care

4.1.1 Core standard C07e

Healthcare organisations challenge discrimination, promote equality and respect human rights.

Q: Do you feel you have been treated fairly at all stages of your care?

On the whole patients answer either 'yes' or 'mostly' indicating that the service that is provided is fair and equal. This is especially true of GP patients and emergency care patients (81% and 72% respectively). Dentists perform the best in this category their patients are the most satisfied with 95% answering positively.

There is a divided opinion with regards to mental health as to whether patients feel they are treated fairly at all stages of their care. Respondents hold a more negative opinion, almost half believe that they are treated fairly and answer 'yes' [47%], but there is marked rise in the percentage of people who answered only 'sometimes' [21%] or 'not at all' [11%] in comparison with the other services, particularly GP and Dentist services.

There are no relevant additional comments from respondents to provide further insight into why a higher proportion of people who received this service felt that had not been treated fairly.

4.2 Dignity and Respect

4.2.1 Core standard C13a

Healthcare organisations have systems in place to ensure that staff treats patients, their relatives and carers with dignity and respect.

Q: In your contact with this service did you feel that you were treated with dignity and respect?

Dentists perform exceptionally well; of the people asked this question 72% said 'yes' and only 2% were of the opposite view. There are comments to support this opinion; one of the respondents states that her dentist surgery

has “very good access for wheelchair users and the reception staff are always very helpful”.

GP services are also performing well at delivering a service that treats patients with dignity and respect. 54% thought that they were treated with dignity and respect with a further 33% answering ‘mostly’.

In praise of their GP one person commented that;

“They [their GP] know and take special care in addressing all of my needs with respect and proper bedside manners. I would hate to think of going anywhere else.”

Hospital services are also getting positive feedback about dignity and respect. Planned care has good satisfaction levels; 77% answered ‘yes’ or ‘mostly’. However, in terms of emergency care only 60% answered that they were treated, or mostly treated, with dignity and respect. This is less impressive and leaves a sizeable 40% of respondents that did not feel they were treated with dignity and respect.

4.3 Accessibility of information

4.3.1 Core standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate inform patients on what to expect during treatment

Q: To what extent was any information and/or literature you were given easy to understand and provided in an appropriate format which met your needs?

Of the respondents who used dentists and were given literature and/or information 57% thought that the standard was ‘good’, another 26% thought it was excellent. Similarly, the information/literature issued in GP practices is of a high standard, 50% thought that the information was ‘good’ a further 20% deemed it was excellent, a respondent commented that; “There was a myriad of literature available about all kinds of health problems which were good.” The same is true for the mental health service where 29% answered ‘excellent’ and 35% ‘good’.

Hospitals scored lower than their health service counterparts. In planned care 24% thought the information and literature was ‘poor’, commenting that;

“I asked the nurse and consultant to explain my problem in more detail. I was fobbed off and told to study an irrelevant piece of paper.”

Despite this type of comment, 41% thought that the standard was ‘good’ and another 15% thought it was ‘excellent’, so planned care is still performing reasonably well in this area.

36% of the people who used emergency care considered the standard of information to be ‘good’, 11% answered ‘excellent’. It should be noted that 25% of patients who visited emergency facilities were not given any information/literature at all. It is understandable that in an emergency situation it is more difficult for staff to take the time to adequately explain to patients the nature of their condition and treatment. Equally is it hard to create and store literature that relates to the numerous possibilities of cases that would be seen in an emergency ward, so these results should be viewed in this context.

Overall, these results are good and it is important that the literature available in the borough about all health issues is of high quality, easy to understand, and in the appropriate format; especially because Barking and Dagenham has low literacy levels.

Q: Did someone explain what choices were available to you in your treatment?

	‘yes’	‘mostly’
GP	39%	20%
Dentist	74%	14%

This question was designed to test GP and dentist services in terms of accessibility of information, and more specifically whether the GPs/Dentists are giving out information directly to the patient through oral consultation. The response outlines that GPs and especially dentists do take the time to explain the different options available to patients and proactively provide their patients with information. This means that 41% of GP service users asked felt they were only made aware of choices sometimes, or not at all.

4.4 Engagement

4.4.1 Core standard C18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Q: How easy did you find it to get an appointment that suited you?

Less than half of the users of GP services we asked answered positively to this question, the popular opinion shows that the service is satisfactory¹ but far from perfect with 15% answering 'difficult'. Appointments proved to be a hot topic with several respondents supplementing their answer with additional comments. The following illustrate the difficulty some have had getting an appointment with their GP;

"It is very hard to get an appointment. I have at times exaggerated my illness just to be seen."

"My husband finds it nearly impossible to make appointments outside of his working hours. Appointments can only be made at 9am for that morning. I do appreciate being able to get a same day appointment in cases of illness, but this is not so useful for minor concerns and check-ups."

The results from dentists are better with a much higher proportion answering either 'very easy' [37%] or 'easy' [36%] and only 2% admitting they found it 'difficult' to get an appointment that suited them.

Being unable to obtain an appointment that fits with other commitments and responsibilities is not entirely the fault of GPs and dentists. The hectic nature of modern living is equally responsible for people not being able to get appointments as this respondent's attitude encapsulates;

"Sometimes I am so busy I don't have the time to make an appointment"

4.4.2 Core standard C06

Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Q: If you were transferred to another health service by your GP how did you find the change over?

45% of respondents thought that the transfer/referral system was 'good'. However there are 5 commentaries which indicate otherwise:

"Doctors seem to let you do all the chasing up even when they know you are supposed to be under their care. My

¹ 34% answered 'average' to this question.

doctors are useless, my lung collapsed 2 years ago and they have not even done a scan to test my recovery. I feel like I have been left.”

“One time I visited the GP and was then referred for a breast reduction. Originally I did get an appointment but it was cancelled by the hospital and I heard nothing from them despite further visits to my GP.”

“My own doctor asked social services to visit me 2-3 months ago. I got a call to ask what was wrong but no-one was ever sent o diagnose my problems. I feel that the follow up from the health service is severely lacking.”

“I did not receive a letter of appointment for a treatment. This resulted in me missing my appointment and I only found out that I had missed it when I next visited my GP who said that I did not attend.”

“Follow up appointment should have been 1 month after initial appointment. To date I have yet to receive this appointment date. I have contacted the hospital and they said I had ‘got lost in the system’.”

The people who found the transfer ‘poor’ only account for 4% but this is clearly an issue people feel strongly about and a problem they would like addressed by the health service.

4.4.3 Core standard C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Q: Do you feel that you were given enough opportunity to make choices about your treatment and care?

In planned care it would appear that patients are given the opportunity to make educated choices about the treatment and care they will receive. 46% answered ‘yes’ and a further 22% responded ‘mostly’. The figures are slightly lower for emergency care, 39% and 20% respectively. However, it must be recognised that in an emergency it is much harder to ensure that patients are given the opportunity to make and understand choices about their care.

Mental health service users believe that they have less or no opportunity to make choices about their treatment and care; 37% said they were 'sometimes' given an opportunity to make choices about their care, and 21% said they had no say at all in the decisions about their treatment. However, it must be remembered that no distinction was made in the questionnaire between those patients receiving services on a voluntary basis and those under a treatment order. Clearly this distinction is likely to influence responses regarding choice and personal decisions about treatment, and should be noted as a caveat to these results.

4.5 Food

4.5.1 Core standard C15a

Where food is provided, a healthcare organisation have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

Q: If as an inpatient you were given food how would you rate this service?

Only two areas (mental health and planned care) deliver a food service. The historic negative opinion of the quality of food in hospitals is perhaps reflected in the answers to the questionnaire. Of respondents who were given food, 50% felt that the food offered in hospital and places where mental health services are provided is of 'average' or 'poor' quality; a further 18% thought the food was 'very poor'. There is no commentary from the questionnaires to support the consensus given in the answers. While it is easy to attribute the poor scores to a pre-existing dislike for hospital food, some of the evidence from the consultation workshops that were run in conjunction with this questionnaire indicates that there are problems with the food service.

4.6 Cleanliness

4.6.1 Core standard C04a

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA.

Q: How would you describe the cleanliness and comfort of the facilities you have used?

The cleanliness of health service practices as a whole is considered by our respondents to be 'good'.² Furthermore there was a high proportion who believed that the cleanliness of the facilities they used was 'excellent'³. This consensus can be considered a triumph for the health service. Hospitals have received negative media attention about the state of their wards with the explosion of the MRSA infection. It would seem that the coverage MRSA and hospital cleanliness has been given has not influenced the opinion of our residents and they find that the facilities they use are above average in terms of cleanliness.

GP and dental practices understandably score higher in this category because the nature of their work does not involve physical trauma or complicated procedures such as surgery unlike hospitals.

The mental health facilities scored the lowest with regards to cleanliness and comfort; 33% thought the standard was poor. This could reflect the number of mental health facilities due for re-provision or closure, for example and Mascall's Park Hospital will be transferring to Goodmayes Hospital within the next 2 years. However, this evidence should not be ignored; it may be of worth for NELFT to conduct an investigation into the cleanliness and comfort of mental health facilities in order to gauge whether this opinion relates to facilities in a transitional state or other facilities that are not earmarked for improvement.

B. Workshop Consultation – Feedback report

1 INTRODUCTION:

1.1 Twenty members of the public took part in themed consultation workshops at the Health Scrutiny Information and Consultation Day on 10th March 2009. Discussion was focused on the extent to which health services have been meeting the needs of local residents over the past year. Six themes, selected to cover the relevant core standards of the annual healthcheck process, were discussed over six one-hour sessions.

1.2 The themes were:

Topic	Relevant Core Standard
Cleanliness / Safety	C04a, CO4d, C20a, C21
Accessibility of information	C06, C16

² Percentage that answered 'good'=GP Services: 46%, Dentists: 41%, Mental health: 11%, Planned care: 42%, Emergency care: 36%.

³ Percentage that answered 'excellent'=GP Services: 24%, Dentists: 40%, Mental health: 11%, Planned care: 13%, Emergency care: 27%.

Engagement	C14a, C14b, C17
Equality of care	C07e, C18
Food	C15a, C15b
Dignity and respect	C13a, C13b, C20b

- 1.3 The aim of the consultation workshops was to bring members of the public into direct contact with health partner representatives and Councillors to discuss their views. The workshops were designed gather and record evidence to be used by Members to inform their comments on the health partner self-assessments as part of the 2009 Annual HealthCheck process.

2 RESULTS:

The following feedback was generated during discussions:

2.1 Cleanliness and Safety

2.1.1 Core standard C04a

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on standards of hygiene and cleanliness, achieving year on year reductions in MRSA.

Although most participants were generally pleased with the levels of cleanliness, there were some concerns raised about hygiene. One participant was concerned about hand gel use:

“I was near the entrance to the ward and could see that visitors were using hand sterilising gel as they came in and left but it was staff that would not bother and just walk past”

The cleanliness of King George’s hospital was seen to be ‘really good’.

2.1.2 Core standard C04d

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that medicines are handled safely and securely.

Participants largely felt that they were well informed by their GP about the medication they were prescribed, any changes made to their prescriptions and how to dispose of unwanted medication safely.

2.1.3 Core standard C20a

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation.

All consultees acknowledged that they had never felt unsafe as a patient in hospital.

2.1.4 Core standard C21

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Only one consultee reported that the health facilities / hospital they visited were not clean. The majority of consultees were happy with the level of cleanliness they had encountered in contact with the health services.

Queens' hospital was generally agreed to be well designed and maintained. However, there were some concerns raised over signage and the difficulties some patients faced when navigating around different areas of the hospital. There were cases when staff were unable to direct patients to the right place. It was suggested that there should be better signage and staff members available in the foyer to help direct patients.

2.2 Accessibility of information

2.2.1 Core standard C06

Healthcare organisations co-operate with each other and social care organisations to ensure that patients' individual needs are properly managed and met.

Some participants reported that they had experienced difficulties when being referred from one part of the health service to another. It was largely felt that there was a need for better communication between the different services in order to ease the patient journey. It was noted that patients are often required to retell their story a number of times as they move from one service to another. Furthermore, when patients are transferred from their GP to an outpatient service, it was reported that staff often have to chase GP's for the information needed.

Two examples are set out below.

Example 1: Another participant reported the experience of a friend:

"I will tell you about the experience of someone close to me. He had a mental health problem and had to go into hospital for an operation which was not related to his mental illness. He lived in Enfield but had to have emergency treatment in the borough of Barking and Dagenham.

There came a point whilst he was in hospital when the hospital staff stopped him from taking his tablets which were for his mental health. They had not been properly informed about the effect this would have on him.

His family became very angry and had to demand that they give him the tablets. The hospital staff also told his family that they did not have the tablets and that they would have to go to Enfield where the patient lived to get the tablets. The fear and stress this caused the patient and his family was untold".

Example 2: A participant reported that no care package had been put in place for them after they were discharged from hospital and that this resulted in them not eating for two days

Participants felt that there needs to be better communication between the different services about what has happened to the patient during their care pathway. They suggested that electronic files that can be transferred between services might help. They also noted that GPs and other staff should see it as their responsibility to provide all the necessary information when patients are being transferred to another service.

2.2.2 Core standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment.

Respondents felt that they had not been clearly informed about the procedures or treatment that they or a family member received when going into hospital for an operation.

One patient needed after care treatment after being in hospital for some time:

“I was not informed about the hydrotherapy treatment services available even though this would have been beneficial to me”.

Some participants who had been patients at Queen’s felt they had not been given a full diagnosis or an explanation as to why they were there or what was happening to them. One participant spoke of an incident whereby a relative was taken off of cholinesterase inhibitors, in this case Aricept (donepezil), without consultation with the family. As a result the patient’s condition rapidly declined. After 6 months the family complained about this obvious and rapid decline. The damage done to the patient during this period could not be reversed. It was felt that this incident had the effect of speeding the patient to an earlier death and also resulted in the patient having to move from a care home to more expensive 24-hour care.

GPs were praised as being ‘excellent’ at keeping their patients informed and up to date with the services and healthcare choices available to them. It was also felt that the appointment of matrons at Queens had made a positive difference in keeping patients well informed and that the community matron service is “excellent”.

2.3 Engagement

2.3.1 Core standards C14a and C14b

Healthcare organisations have systems in place to ensure that patients, their relatives and carers have suitable and accessible

information about, and clear access to, procedures to register formal complaints and feedback on the quality of services.

Healthcare organisations have systems in place to ensure that patients, their relatives and carers are not discriminated against when complaints are made.

There were mixed levels of understanding of the complaints procedures among the consultees. Some were aware that processes and procedures were in place to deal with concerns and complaints and acknowledged that these were generally accessible and easy to understand. However, another three consultees were not aware of the complaints procedures at all and felt that there was a definite need for better publicity around the complaints procedure and its workings.

Concerns were raised about the way in which the process was managed after an initial complaint was made. Some felt that their complaint was simply ignored or were frustrated by the amount of time it took for a problem to be resolved:

“Some complaints are about relatively small matters but blow up because no one listened to the complaint initially”.

And others felt that if they made a complaint then this would have an adverse effect on the quality of care they would then receive.

“I think some people fear, as I have done, that if they make a complaint then they will receive a poorer level of care than if they had not”.

Furthermore, when responses to complaints are provided they are not always couched in the most accessible language; one participant felt that responses try to “blind you with science”.

2.3.2 Core standard C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Two consultees felt that there was very little follow up with them about their experiences after their time in hospital and felt that there should be more exit surveys after hospital stays.

Participants suggested that surveys and questionnaires should be followed up with various communications such as personalised letters to individuals, web sites and posters, most usefully taking a “you said...we did” format.

2.4 Equality of Care

2.4.1 Core standard C07e

Healthcare organisations challenge discrimination, promote equality and respect human rights.

All but one consultee agreed that in their contact with health services over the past year they had been treated fairly and without prejudice. However, there is still some work to be done in better meeting the specific language needs of some groups and in assessing and meeting the individual needs of disabled patients.

2.4.2 Core standard C18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Language barriers were cited as an obstacle to people receiving an adequate level of care. It was felt that there was not enough support around the various Farsi dialects. Also, in cases where the services of an interpreter are necessary, participants felt that when people turn up for an appointment or try to book an appointment they often have to rebook or wait longer so that an interpreter can be arranged. This raised concerns about delays in obtaining treatment which in turn might jeopardise health. One consultee had to change their doctor four times as a result of difficulties in getting appointments.

There were problems with equal access to services among patients who were wheelchair users. One participant explained that, when on hospital ward, he made a number of specific requests relating to his condition, such as the provision of a special air mattress. These met with no positive responses from staff. It was felt that more support staff in hospitals are necessary to assist patients with special needs as well as having the right equipment such as hoists for wheelchair users.

A deaf participant reported that they had fallen over in July 2008. They initially went to the Broad Street Walk in Centre where they had to wait two hours before being seen by a doctor. They were then referred to King George's hospital. The participant said:

“Once I was referred to hospital, the staff had difficulty understanding me and they kept asking me the same questions repeatedly. The information I received about the transfer to hospital was poor. The staff would speak to the person next to me, not directly to me. The nurses seemed put out by me because of my communication difficulties”.

The participant felt that more effort needs to be made to communicate with deaf people.

Three consultees noted that their GP had not provided them with any options or choices before entering hospital.

2.5 Food

2.5.1 Core standard C15a and C15b

Where food is provided, healthcare organisations have systems in place to ensure that patients are provided with a choice and that it is prepared safely and provides a balanced diet.

Where food is provided, healthcare organisations have systems in place to ensure that patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

The quality of food available in both King George's and Queens was seen to be of a low standard. There was a limited choice and there were cases when menus were not distributed to all patients.

“The food was diabolical in Grays' Court (PCT)”

It was advised by the health partner representatives that the Grays' Court catering contract was currently under review.

However, most consultees acknowledged that the food available met all their cultural, religious, nutritional and clinical dietary requirements.

Two of the consultees expressed concern that patients were not given the help and assistance they needed with eating and drinking. While in hospital, one consultee noticed that food was left on plates which were cleared away suggesting that some elderly patients were unable to eat the food put in front of them:

“Little or no help was given to cut up food for elderly patients or help given to feed them”.

Concerns were raised over the issue of assistance with food and how well informed the hospital staff were about which patients required assistance. It was explained that a ‘red tray system’ was introduced 6 months ago at Queens’ hospital to tackle this problem. If food is placed on a red tray then this indicates to the nursing staff that the patient needs assistance with eating. However, it was felt that families are heavily relied upon to fulfil feeding duties.

None of the consultees were aware that they could have access to food and drink 24 hours a day illustrating that communication needs to be improved, and perhaps notices should be put up in the wards alerting patients and families of this.

2.6 Dignity and Respect

2.6.1 Core standard C13a

Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

Concerns were raised that members of some faith groups are unwilling to go for health screening and are possibly not getting the treatment they require as a result.

Patients in wheelchairs felt that some healthcare staff continued to talk over them and would direct questions to the carer rather than the patient. It was felt that a greater effort needed to be made in disability and awareness training to tackle this problem.

One consultee had a particularly bad experience which led them to feel that they had not been treated with dignity and respect:

“I was told that the hospital staff could not lift me as the hospital did not have a hoist and therefore I had to use a bedpan. It was undignified to have staff trying to lift me so they could get a bedpan under me”.

Another female participant added:

“I found it very undignified to be washed by male members of staff”

2.6.2 Core standard C13b and C20b

Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information.

Healthcare services are provided in environments which promote effective care and optimise health outcomes by being supportive of patient privacy and confidentiality.

All consultees agreed that the healthcare organisations they had been in contact with were supportive of their confidentiality as a patient. They also agreed that their informed consent was obtained for all procedures and treatments they had received.

Most consultees felt that they had been treated with a degree of dignity and respect throughout the various stages of their healthcare. With relation to single sex accommodation, consultees understood that whilst entire wards may be mixed, bays within those wards are exclusively male or female with toilet facilities in those bays and felt happy and comfortable being accommodated in such bays.