

Dudley CCG: H is for Hospital Event 6 December 2018

Findings from engagement activities

Activity 1: Participant Hospital attendance

Method

To place discussions and findings into perspective, as attendees arrived they were given a sticker and asked to place it next to the appropriate option to represent the last time they attended their local hospital, whether for themselves or with/for someone else.

Findings

Out of the 41 attendees, there were 39 people (95%) who completed the exercise. The results below highlight that the majority of the attendees (12) had last attended their local hospital more than 6 months ago and only 6 people had attended within the last week.

Question: When was the last time you attended your local hospital?	Number
Within the last week	6
Within the last month	10
Less than six months	10
More than six months	12

Activity 2: Lotus diagram

Method

Participants divided themselves into five groups and each group was assigned a facilitator who also scribed the ideas from the discussion onto a lotus diagram. The lotus diagram supported participants to engage in creative thinking and critical analysis as they explored new ideas. Participants developed a deeper understanding by examining a variety of related areas by breaking down initial broad topics into more specific responses. The steps below were followed:

- The facilitators clearly stated the topic of discussion
- The major topic areas were written in the centre of the rectangle of the lotus diagram
- Each of these topic areas were also placed as subtopics surrounding the centre rectangle
- Each of the subtopics were brainstormed/teased out for greater detail

The central question being considered was: **What are your expectations around hospital services?**

Activity 2: Lotus diagram - Findings

Better staff handover. Sign posting regarding where different services are available and who does what. What is the offer from the hospital? Make it clear.	Listen to patients and introduce yourselves	Better communication between different departments and MDT will result in greater efficiency of care.	Stop talking about you in front of you	Ensure correct procedures are carried out- no errors with surgery. Make sure the patient sees the right person.	Treat patients as humans- as you would like to be treated	Staff who make you feel welcome and at home Ask "what matters to you?" rather than "what is the matter?" Ask open questions	Provide training in compassionate care.	Staff who are caring, compassionate to make people feel at ease. Instantly know when you don't experience it
Information given to patients to ensure they are clear about their care plans/ pathways and discharge	Effective communication	Explanation of conditions and treatment are required and expected timelines. This will provide greater clarity and avoid miscommunications	Tell your story once avoid repeating your story to 10 different doctors	Provide regular training and education to staff to ensure they are up to date on guidelines and technology	Staff who know you as individuals, recognise specific needs and what your treatment involves	Competency of healthcare professional	Employ staff who care and want to be there.	Introduce yourself. The hospital is just a building, it's the people inside who make a difference
Employ staff who speak and communicate effectively. Have interpreting services.	Have a phone call prior to the appointment to better prepare patients.	Let patients have access to their records.	Patients are referred to the right service directly and local healthcare politics does not affect a patient's access to treatment	Appropriately trained, professional staff who are clinically competent, can look after you and are able to provide a good quality of services	Staff to read, follow and take notes accurately and provide a safe service		Staff to speak to patients and acknowledge patients. Staff are representatives of the hospital- sell yourself!	Have a chief matron back on wards to manage staff and ensure patients are cared for
Keep the patient informed	Let patients know where they can find nurses and doctors and who is treating them/responsible for them.	Relatives to be kept up to date on patient's whereabouts and condition.	Effective communication	<p>What are your expectations around hospital services?</p>		Competency of healthcare professional	There is a limit to what the NHS can provide.	Recruit volunteers to lift burden
After care in place following treatment. Timely follow up appointments	Not having to go back- fix me the first time. Should feel better after discharge	Make sure I have what I need. Give the medication that is need to get better even if its expensive	Good quality treatment and post-treatment care			Management demand and capacity	Have more nurses and doctors and less managers	Patients should be prioritised in order of need. DNAs should be managed to free up appointments for others
Early diagnosis of illness	Good quality treatment and post-treatment care	After care in place following treatment. Timely follow up appointments	Accessibility and facilities			Outcome measures focus on improving the patient experience	Manage the number of patients seen in a clinical session	Management demand and capacity
A clear pathway for treatment Consistent care provided. Develop a full care package	Quality of care from all departments and all hospitals. Should have the same experience at all hospitals	Set up workers who can see the journey throughout e.g. care navigators. Have one member of staff delivering care					Patients to stay in hospital for the time needed. Not sat around waiting so long. Quick discharge.	It's a political matter that relates to funding, social pressures and the interdependencies.
	Patients should not have to pay to go to hospital (car parking costs).	Reducing waiting hours for medication following discharge.	Save time when booking- create an app to pick a time that suites.	Send text if an appointment becomes available			Examine the data and make use of it. Learn from mistakes and enforce change	A&E indicators(4 hour rule) places excessive pressure on staff
Kept with appointment times you have been allocated so patients save on money for parking.	Patients should be told at the point of arrival if they don't need to be there.	Accessibility and facilities	Enough spaces for patients to park to encourage timely appointments Hospitals should better manage their own car parks.	Have adequate resources and equipment. Everybody should have a choice of the hospital they wish to be treated at.		Have outcomes that matter to patients	Outcome measures focus on improving the patient experience	

Activity 2: Discussion

The comments, concerns and questions raised throughout the consultation were diverse and wide ranging but mainly fell into the following six expectations.

- Effective communication between healthcare professionals and also between the clinician and patient/family
- Good quality treatment and post-treatment care
- Hospital services are accessible and supported by good facilities
- Patients are cared for by competent healthcare professionals
- Demand and capacity are managed effectively
- Outcome measures focus on improving the patient experience

Effective communication

- Communication appeared to be a high priority amongst the Dudley participants. They described the need for better communication between health care professionals and patients and greater clarity around care plans, services, treatments, discharge and expected timelines. Some proposed having a phone call prior to an appointment to manage expectations more effectively
- Patients valued healthcare professionals listening to patients, introducing themselves and “talking to them rather than about them.” They appreciated always being informed, signposted, knowing who is responsible for their treatment and where they could find accountable nurses and doctors
- Some participants suggested having access to their own medical records
- Similarly it was expected that relatives and loved ones should be continuously informed and updated regarding the patient’s condition and their whereabouts in the hospital
- Participants suggested that the availability of an interpreting service would facilitate improved communication and understanding for patients who do not understand English
- Participants appreciated good communication and suggested an improved handover between healthcare professionals and multidisciplinary teams. One participant expressed this would avoid “repeating your story to ten different doctors”
- There was an expectation that patients are referred to the right service directly and local healthcare politics do not affect a patient’s access to treatment

Good quality treatment and post-treatment care

- The varying roles and expertise within hospital care were acknowledged and the importance of ensuring that the patient is seen by the right person was highlighted
- Participants expected high quality care to be standardised across all departments and hospitals- there should be a similar experience at all hospitals
- There was an expectation amongst participants that the patient should not have to return to the hospital and should feel better after discharge; one participant commented " they should fix me the first time"
- The early diagnosis of illness was viewed as an important aspect of good hospital care as was having a clear and consistent pathway for treatment
- Participants valued better joined up care and expected hospitals to develop a full care package. Suggestions were put forward to have one healthcare professional (e.g. care navigator) who could see the journey throughout which would prevent "being passed around"
- There were expectations of hospitals having after integrated and timely care in place post-treatment
- Placing the patient at the centre of care and fulfilling the needs of the patient was emphasised regardless of high costs; one participant stated "give the medication that is needed to get better even if it's expensive"

Hospital services are accessible and supported by good facilities

- Participants expected hospitals to provide a timely and efficient service with reduced waiting times for appointments and medications following discharge
- Suggestions to prevent prolonged waiting times included adopting a triage system, informing patients in advance via text if an appointment becomes available and developing an app whereby patients can pick a time that is suitable
- Prompt appointment times was highlighted amongst participants. A delay in appointment often means that patients have to pay extra for parking
- Participants expected that they are kept in hospital for the time needed, but valued a quick and efficient discharge
- There was an expectation that hospitals provide sufficient parking spaces, reduced parking costs and provide better management of car parks. Paying to attend hospital was viewed as unfair.

Patients are cared for by competent healthcare professionals

- To ensure a high quality of care for patients, participants valued healthcare professionals who are both clinically competent and possess emotional intelligence
- Participants viewed the staff as representatives of the hospital and expected them to sell themselves. This was articulated in the comment “the hospital is just a building, it’s the people inside who make a difference”
- The varying roles, bureaucracy, regulations, long working hours within hospitals were acknowledged by participants. The investment in staff satisfaction and giving “staff the time to care” was suggested amongst Dudley participants
- There was an expectation that health care professionals should carry out correct and safe procedures and display efficiency and accuracy when recording patient information, with no scope for error
- It appeared to be important to patients that healthcare professionals possessed people skills. They stressed the significance of staff treating patients as they would like to be treated. Staff were valued who treated patients as human beings and were well aware of their needs and what their treatment involved. A participant stated healthcare professionals should ask “ what matters to you, rather than what is the matter?”
- Participants appreciated staff who were caring, compassionate, welcoming and who made them feel at ease. Staff who adopted a friendly and sociable approach, made an active effort to speak to the patient and acknowledged the patient, contributed to a positive experience.
- Confidentiality and privacy were highlighted as important matters by participants. They expressed that A&E observations are often in front of others and therefore, suggested having private consultation areas
- Having a Chief Matron on the wards was proposed for improving staff management and ensuring that patients are well cared for

Demand and capacity are managed effectively

- Participants acknowledged increasing NHS demands including reduced funding, social and political pressures and its interdependencies
- One participant stated there is a limit to what the NHS can provide and people who abuse the service should be charged
- Suggestions put forward to manage demand and supply included:
 - Managing better the number of patients seen in a clinical session
 - Effectively reducing the number of managers and instead recruiting more front-line staff including nurses, doctors and volunteers
 - Prioritisation of patients in order of need
 - Greater management of DNAs

Outcome measures focus on improving the patient experience

- The development of a good outcome measures that set out expectations from patients were highlighted as a priority amongst participants
- The A&E indicators were viewed as pressurising staff and not reflective of patients' expectations. As one participant stated, "have outcomes that matter to patients"
- Participants expected hospitals to adopt a learning and improvement culture where there is an active effort to examine data, learn from mistakes and enact positive change

Activity 3: Perspectives on good quality in hospitals

Method

Participants were given five dots and were asked to place their dots on the statements they felt were most important to them (see following slide) or write down their own priority if it was not mentioned.

The statements were divided by five themes as well as an 'other' category:

- Access
- Communication
- Me
- Service Driven
- Environment

Activity 3: Perspectives on good quality in hospitals - results

Themes	Number
Access	
Being seen quickly or on time	11
Being seen by the right person who is qualified and has the experience	15
Tell me what is happening or what to expect	11
Timely follow ups to appointments	4
Don't make me feel rushed	3
Communication	
Make sure I understand what you are telling me	
Give me the opportunity to have a conversation with you and ask questions	9
Listen to what I have to say and my experience	12
Make sure I know who to contact or what to do if I am having any problems	8
Specially trained staff for understanding different needs, e.g. different learning disabilities	2
Me	
Talk with me about how I can help myself	6
Give me information that is useful (whether written or via a website)	5
Signpost me to support/help groups	4
Treat me like an individual, Because I am	10
Find out if I am a carer or if I need my carer with me	4
Service Driven	
Services are value for money	2
The same quality of service can be accessed by everyone regardless of lifestyle, age or any other factor	6
Services are monitored to ensure they are working the way they would	7
Evidence that services/Interventions make a difference to people	3
Services are safe	5
Environment	
Well signposted departments and easy to navigate	4
Clean and tidy areas	2
Car Parking	9
Warm and welcoming	2
Meals of good quality	1
Over to you what have we no thought about?	2