

Hospital Care

March 2024 Briefing Paper

This briefing paper is provided by Healthwatch across West Yorkshire and is a summary of the key messages related to Hospital care that we have heard via West Yorkshire Voice and from local Healthwatch across West Yorkshire.

A survey was shared via West Yorkshire Voice and across local Healthwatch networks, this asked people to share their good and not so good experiences of hospital care and treatment and waiting for hospital care and treatment. 37 people across West Yorkshire responded to the survey. Positively, over 50% (53%) of respondents reported having a good experience of hospital care or waiting for hospital care.

Responses came from across West Yorkshire and all areas (places) were represented in the responses received. Those people who completed the survey had accessed a wide range of hospital services; with several responses coming from people who had accessed A&E departments. Other experiences include outpatient appointments, Neurology, Cancer treatment, Orthopaedics, Audiology, Cardiology and Dermatology.

This briefing paper highlights the key themes from the survey responses and collated local insight and provides recommendations.

1. Communication

Communication is a key theme. People have shared positive experiences where communication has been good.

“They listened and understood my frustration, they were gentle”.

However there are a number of people who have shared that they have experienced poor, unclear, and inconsistent communication. We have heard that communication between appointments is sometimes lacking, and people have been left wondering what is happening with their care.

“I have been waiting for two appointments for weeks now and no one has got in touch to tell me how long I am going to have to wait”.

“Regular updates on any delays to treatment to show patients they have not been forgotten”.

People have told us that they do not feel information is being communicated effectively, they have been left feeling unclear on ongoing plans for treatment, support available in the interim and where they should go to get advice.

“Being told what’s going on- what’s the big secret?”

“Early advice re: appointment date and personal care, e.g. Pain relief in the meantime”.

We have also heard that communication during treatment is not always effective, people do not always feel involved in their care, significant conversations do not always feel supportive, and the views of the patient and their carers/families are not always listened to.

“The Consultant didn’t explain things, he just ‘told me’. It wasn’t a two-way conversation. He gave me some really upsetting news but no “do you understand? Are you ok?””.

“People were kind, but I did not know why I had to stay, why I couldn’t go home. They may think they explained I had to have a care plan, but I felt my wife and I could manage”.

It has been highlighted that some people are still feeling vulnerable post-covid and that there is a need for clear information around infection prevention controls to help people to feel safe when entering hospital care and receiving treatment.

2. Compassionate care- including staff

People have told us that despite increased pressures staff are caring, attentive and do all they can to provide excellent care.

“They are doing a good job with what they have to put up with”.

“I could not fault the care that I received during my 31 day stay in the hospital. Indeed the nursing care was to a very high standard”.

People have told us how important it is that staff show compassion, that they listen to the person and their carers/families and have time to support people through their treatment/appointment.

“For medics to believe relatives when they say their loved one is ill”.

People are reassured by a friendly face, and a familiar face with consistency in clinicians, where possible, also helps people to feel at ease.

“All the staff were brilliant as soon as I got there. Always smiling and helpful”.

We have heard from people where they have felt that staff have been far from compassionate; with examples of staff being rude and care not being consistent.

“I received an A4 symptoms letter and a patronising smile”.

People have shared that they have been left feeling like some staff do not care and have shared that this has a really negative impact on their treatment and on their trust in the system.

“The care here is soul destroying; my mental health is really pressed. There is a handful of them that are great at their job, the others really do not care”.

3. Coordination

Coordination comes up as a key theme through the insights we have heard from people. This includes coordination across the system, and within administration functions.

There is a theme of administrative errors leading to complications in accessing treatment and longer wait times. We have heard from people who have been removed from waiting lists accidentally or have not received appointment letters and information, and this has stopped them from accessing treatment. We have also heard that referrals are not always tracked, and people have not been notified of delays (or the reason for delays) and what expected wait times could be.

“There seems to be no joined-up systems- either in practice or administratively which affects continuity and quality of treatment”.

For examples where people have had positive experiences, they have shared that care providers have effectively communicated with each other to provide joined-up care. However we are hearing more commonly that where someone's care spans more than one provider, or one type of treatment, there is a real lack of coordination.

“More coordination between agencies- too many people and no coordination”.

People have told us that there is a real issue with not being able to access notes across healthcare settings, this is leading to duplication, confusion and inconsistent care.

“My Father was moved hospitals- no team members seemed to have access to his notes, and we had the same assessments and new reports. There were simply no joined up records”.

We have also heard that people are experiencing difficulties in getting to hospital appointments, with some people being offered appointments far away from where they live, when there may be treatment options much nearer by. This includes people from rural areas who are often having to travel miles on very limited public transport routes.

“It sure is laughable. Two hospitals on our doorstep and I have to travel to a hospital which isn’t on a main bus or train route!”

4. Waiting times

People have shared some positive examples of efficient treatment where waiting times have been good.

“Time waiting for operation was minimal, all follows up were in good time”.

This is a theme for cancer care in particular.

“My GP said the scab on my nose was acutely a form of skin cancer. I saw a consultant, fantastic guy. Within a few weeks I had the operations and a couple of weeks later a letter to confirm I was clear”.

However long waiting times for both appointments and when in hospital receiving care is a common theme. People have shared that there is a need for more clarity on how long wait times are for to receive an appointment and treatment.

“Long delays for appointments. Very long uncomfortable delays in A&E”.

We have heard that the amount of time that people are having to wait is having a negative impact on people’s health, and in some cases, this is causing people to become significantly more unwell.

“I am waiting for hospital care for my daughter, she has been waiting for well over a year, her condition is getting worse and worse and it’s destroying her mental health”.

5. Hospital discharge

In a recent briefing paper submitted to the West Yorkshire ICB meeting in January 2024, we highlighted times when people feel they have been discharged too early from hospital when they do not feel prepared.

“Discharge processes involving assessment for the next stage once a patient is ready to go home could be improved”.

Planned discharges help to make people feel informed and not rushed, however, increased pressures have meant that sometimes discharges happen more quickly to free up hospital bed space and people do not always feel equipped to manage back at home.

Key Messages/ Recommendations

1. Communication

People need better communication with regular updates on wait times. There should be clear contact details of how to get in touch between appointments. Clear and accessible information must be provided, and opportunity given to ask questions. People must be kept informed and involved throughout, in a way that they can understand.

2. Coordination

There must be better coordination between care providers, with joined up access to referral information, patient information and care planning. Where possible, people should be given a choice of where they receive treatment and provided with appointment and treatment information well in advance. Services and systems must work better together.

3. Compassionate staff

Staff are working hard to deliver care to the people of West Yorkshire, there is a real need to acknowledge this. People are thankful for kind, caring and compassionate staff. Examples of good practice and positive feedback should be shared. Where staff do not act compassionately, they should be supported to reflect on the circumstances of this and provided with support and training.

4. Waiting times

People should receive regular updates on waiting times for treatment and be provided with information on how they can look after their health while waiting. Where appointments need to be changed, it is useful to give as much notice possible.

5. Hospital discharge

People and their family/carers must play a meaningful part in decisions made about care and discharge. Effective discharge plans should be in place prior to discharge, with consideration given to individual needs and support needed to be in place at home. It is essential that carers and families are part of discharge conversations and planning as soon as possible to help inform and support an effective discharge.

References

This briefing has been written using a range of reports and sources including insights captured via West Yorkshire Voice, information received through enquiries across local Healthwatch in West Yorkshire, Healthwatch England reports, engagement work undertaken or currently being carried out by Integrated Care Board engagement teams, feedback shared at a local level and reports from local places.