

Report to the Buckinghamshire Older People's Champions Forum on the use of peer interviews to learn about the experiences of older people using local services

Introduction

1. In a project funded by Buckinghamshire County Council, four pairs of interviewers (all but one of them are lay people aged fifty and over) have been trained to carry out discovery-type interviews with older people who have been inpatients at the Acute Trust or who attend the Day Hospital.
2. The project has benefited from the active support of Fiona Coogan, (Deputy Director of Nursing, Buckinghamshire Hospitals NHS Trust), Marilyn Park (Head Nurse, Medicine for Older People, Stoke Mandeville Hospital) and Annie Banks (Head Nurse, Medicine for Older People, Wycombe Hospital) who have helped with recruiting patients and are actively considering service improvements as a result of the findings.
3. This is a pilot study and ten patients have been interviewed. Their stories have been transcribed and shared with the Acute Trust (though there are messages for other organisations as well). The interviews have covered the admission process, being in the hospital, being discharged, settling back home and (for those who attended) their experience of the day hospital.
4. Changes will take place in response to individual issues, where appropriate, and good practice should be reinforced. This report identifies some of the general issues to be addressed and evaluates the process itself. It is based upon the views of the interviewers themselves, five of whom met to discuss the ten completed transcripts.

Key messages

5. It is important to note at the outset that some patients expressed highly favourable views on the care that they had received.

"And then they took me to Ward 8...There was no fault to be found – it was wonderful from the nursing care, medical care, paramedics, domiciliaries, therapists. I was in there 18 days and it was wonderful, absolutely wonderful."

"Being in the hospital, you could not wish for better service. Well, all the times I have been in there I don't think I have ever complained and the nurses and doctors have been marvellous."

"This place is wonderful I think – there is nothing that needs changing. Other people say that I have been so well looked after. I never knew this existed, this day hospital, everybody is here and I think that it is wonderful."

6. In general, the therapists, cleaners and the medical care were highly commended.

"The physios had really put me through it, upstairs and downstairs and you want to do it for them."

"There was a young girl who mostly cleaned it in the afternoon and I had been impressed with how meticulous she was in cleaning the ward. She didn't miss corners and cleaned as far up the windows and walls as she could."

"I must say that the surgeon I saw was extremely informative before they put me out. The medical staff all the way have been fantastic."

"The nurses were marvellous, really nice nurses."

7. There were also a number of important areas for improvement which we have organised below under a set of general headings.

Person-centred care

8. A couple of patients felt that nursing staff sometimes lacked patience and tried to impose things on them. Another regretted how early her carers came to get her ready for bed. Patients also wanted some more awareness from ancillary staff and more sensitivity in how they were addressed.

"Not long afterwards I woke up and it was about 12 o'clock and someone was taking the temperature in my ear. Now maybe they had forgotten to take it and had to put it in the charts. That I didn't mind but what I did object to was when she went to my window [in a side ward] and closed it. I always sleep with my window open, she didn't ask me if I wanted it open and that annoyed me more than being woken up with something stuck in my ear."

"On my first night at Wycombe Hospital, they said was I ready for bed and I said yes, they said Ok, I said what have you got there and they said we pad everybody up at night. I said you don't pad me up at night I don't have a pad in bed. Oh but everyone does and I said I don't. I said you will not put a pad on in bed and I am not having one in there. Oh well if that is what you wish you won't have one. Thank you I said. I do feel that the patients should be asked and a lot of them don't know what is being done. I am afraid a lot of the patients in there were padded up and it was necessary to do so but in my case they should have asked do you have one of these in bed rather than thinking I was going to do what I was told – I don't always do what I am told."

"I have carers at half seven to undress me. I would like it a bit later at night, they just undress me and I sit there. Up till now I couldn't have the dressing gown on because I couldn't get it off on my own. If I did get cold I put a cardigan round my shoulders."

"The cleaners, if somebody has a wheelchair by their bed it is there for a purpose, and they should not clean the floor and then leave it well away from the bed. That happened in Stoke and in Wycombe and I had to call the nurse to get my wheelchair before I could get out of bed."

"One thing that got on my nerves was that I was always addressed as my darling or as my sweetheart. It really grated on my nerves – I would much rather they call me by my Christian name."

Delays and duplication

9. It seems regrettably common that patient transport does not come when expected. If this is unavoidable, the waiting areas could be made more comfortable and homely and patients need to be kept informed. One patient found herself waiting for weeks to get the ramps that she needed.

"The ambulance got there this morning at 8.20 and it wasn't meant to be there until 9.00. I think it was because there wasn't much traffic because it is school holidays."

"You have to learn patience, though, because sometimes you wait absolutely ages. When I left I was told to be ready by 1 o'clock and they didn't come until 5 o'clock."

"I did have a bad experience when I went to see the consultant last week because I have trouble with my other leg and I did have to wait a very long time then and thought I was never going to get home."

"The common room was not very homely, there are lots of bits in it and things needed being taken away, there were piles of things that obviously nobody ever used. The Matron had the very good idea about patients going down to the common room to have their breakfast together but on the second day I was the only one. The idea was brilliant but there was no other opportunity to take people down just to sit and have a cup of tea"

"The only thing was that I had to wait for weeks and weeks to have ramps put up outside the house. The OT from Stoke had measured them and sent them on to Wycombe who didn't do anything with them and then they came and measured on the day of my home visit. Then once I got home the people who make them came and measured as well. The poor ambulance people had to get me over the steps for weeks and they were absolutely brilliant."

Food and sleep

10. Food was a recurring theme during the interviews, as were the difficulties of getting a decent night's sleep. Given their importance for a speedy recovery, both should be given greater priority.

"They had variety but it wasn't cooked properly."

"Quite often it was apparent that on a particular day you were really having a rehash of the meals on the previous day."

"I think you go far too long without a cup of tea. Your last drink at night is around nine...and you don't get a cup of tea until eight o'clock and I think that is far too long."

"We seem to have the same menu and it never changes. Tuesdays you have the choice of this and that and Thursdays you have the choice of that and this."

"If the food was cooked properly and dished up properly it would be fine. I know that it has got no salt in it, they are not allowed to, but it has got no taste to it."

"During the night I would have liked a bit more privacy – there was a lot of shouting and hollering about, they couldn't help it...There was one thing that did annoy me I must admit when they wake you up at six in the morning. They let the ones sleep who had kept us awake all night."

"During the night, patients required attention on my particular ward. I don't think there was a night when my sleep wasn't disturbed. Understandable and it always caused a bit of commotion but I felt that the staff could have been a bit quieter and there wasn't a single night when we weren't woken up."

Discharge and follow-up

11. Patients expressed mixed views about GP follow-up with some appearing slow to come and visit after patients were discharged home. It is also important to consider how patients can be fully prepared to settle back in at home, especially those who lack family support.

"I had a letter that had been sent to my GP with the result of the scans and the medications had all been changed apart from one. I haven't seen him yet. The GPs receptionist said that he had not received the letter. It said at the bottom of my letter that the GP would visit the patient. I ended up sending the GP a copy of my letter."

"The Doctor came to see me... and apologised that she hadn't got to see me sooner. I must say I was a little surprised that she hadn't called on me but...she is the last person I would grumble about...She queried the statin tablets. In the hospital they increased from 10mg to 40mg and she said that she would check on that."

"Getting back to being at home, it is quite difficult to do things on your own. It seems simple but you have got to use quite a lot of memory to prepare everything should something happen."

"My daughter settled me in and prepared my meal for that evening. They knew that she would look after me – I'm very fortunate as I have an angel for a daughter."

"I couldn't wait to get home but when I got home nothing seemed the same. I didn't like it and I used to get upset."

“When I was discharged from Wycombe Hospital, there was no list of medication that I was given like saying you take this medication at this time and this medication at this time. The painkiller was the only one that I recognised as to what time I would normally take it and the others were just what I remembered seeing at the hospital. I think it would have been helpful if I had had a full list of medication, what they were for and when they should be taken when I was discharged. I don’t know if they do this for other patients.”

Personal hygiene

12. Patients recognised that others may have greater priority than them but still felt that they were not able to wash and shower as and when they would have liked.

“It was eleven o’clock before I got a wash because others wanted and needed more attention. I had to wait for the other three to be finished with the bathroom.”

“At Wycombe, you had to ask them to change the towels and I didn’t get a shower or a bath until the day I came out a fortnight later.”

13. The above analysis does not cover all of the issues that were raised. For example, parking remains a concern with family members wasting much time circulating to find a space and one patient was charged £192 (without prior warning) for a six-mile ambulance journey from a private hospital to an NHS hospital after a stroke. Nursing quality was an issue for others who felt that the nurses were too busy chatting and not sufficiently occupied with their patients.

Next steps

14. The initial intention of the pilot was to learn about experiences of both health and social care. Relatively little was captured on the latter service, however, and the Champions Forum is asked to support the completion of roughly six more interviews with older people identified as users of social care. Now that the training and equipment have been arranged, the marginal costs of further interviews are fairly modest.

About the method

15. Six of the nine interviewers are willing to continue in their role. They grew in confidence during the pilot, enjoyed themselves and played the key role in securing some invaluable feedback on what it is like to be a patient experiencing local services.
16. Patients were recruited through the hospital wards and through the day hospitals. It has been a little slower than anticipated (though we still managed our target of ten interviews) and, given our desire to focus on social care, we wonder if we could work through care managers in the hospital setting.
17. Patients were interviewed in their own homes and in the day hospitals. The interviewers expressed a slight preference for the former feeling it gave more independence from the service. That will therefore be our preferred approach for future interviews.

Conclusions

A great deal has been learnt from just ten interviews. Many of the problems may not be new to providers and commissioners. But those involved in the peer interviews hope that the authenticity of this approach, hearing the genuine voices of local patients, will give added impetus to making improvements in the areas highlighted. We would also like to congratulate those who played a part in securing some of the really positive feedback that we received and to thank the nurse managers who have given their time and commitment to act on the issues raised.

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Project Manager
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