



Patient Access and Experience

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Practical support for your organisation and community

We aim to be the first port of call for VCSE organisations needing support to achieve their goals from help finding funding and running an organisation to engaging your community and strategic planning.



Leading VCSE Engagement in Norfolk

For us VCSE engagement is about gather your ideas, issues and challenges and bring them together with those of other VCSE organisations and stakeholders to create a positive dialogue so we can collaboratively find ways to make Norfolk stronger and fairer.



Working to ensure fair outcomes for all

Our goal is to work to ensure fair outcomes for everyone regardless of where they live or who they are.



Report commissioned by West Norfolk CCG

Full report available online

<http://www.westnorfolkccg.nhs.uk/our-work-partners/community-action-norfolk-report>

The main purpose of the EDS2 was, and remains, to help local NHS organisations, in discussion with local partners including local populations, review and improve their performance for people with characteristics protected by the Equality Act 2010. By using the EDS2, NHS organisations can also be helped to deliver on the Public Sector Equality Duty.

<https://www.england.nhs.uk/about/equality/equality-hub/eds/>

1. Better health outcomes
- 2. Improved patient access and experience**
3. A representative and supported workforce
4. Inclusive leadership

- The EDS outcome 2, “Improved patient access and experience” provides three sub-outcomes:
 - 2.1 People, carers and communities can readily access hospital, community health or primary care services and should not be denied access on unreasonable grounds.
 - 2.2 People are informed and supported to be as involved as they wish to be in decisions about their care.
 - 2.3 People report positive experiences of the NHS.
 - 2.4 People’s complaints about services are handled respectfully and efficiently.

- Based on the EDS outcomes we grouped engagement under the headings of:
 - Experiences of NHS services.
 - Access to hospital, community health and primary care.
 - Information and support available to make decisions about care.
 - Experience of the complaints process.

Protected characteristics within the Equality Act 2010

There are nine protected characteristics:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

People who typically have disadvantaged outcomes

Include but are not restricted to:

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatised occupations (such as women and men involved in prostitution)
- People who misuse drugs
- People with limited family or social networks
- People who are geographically isolated

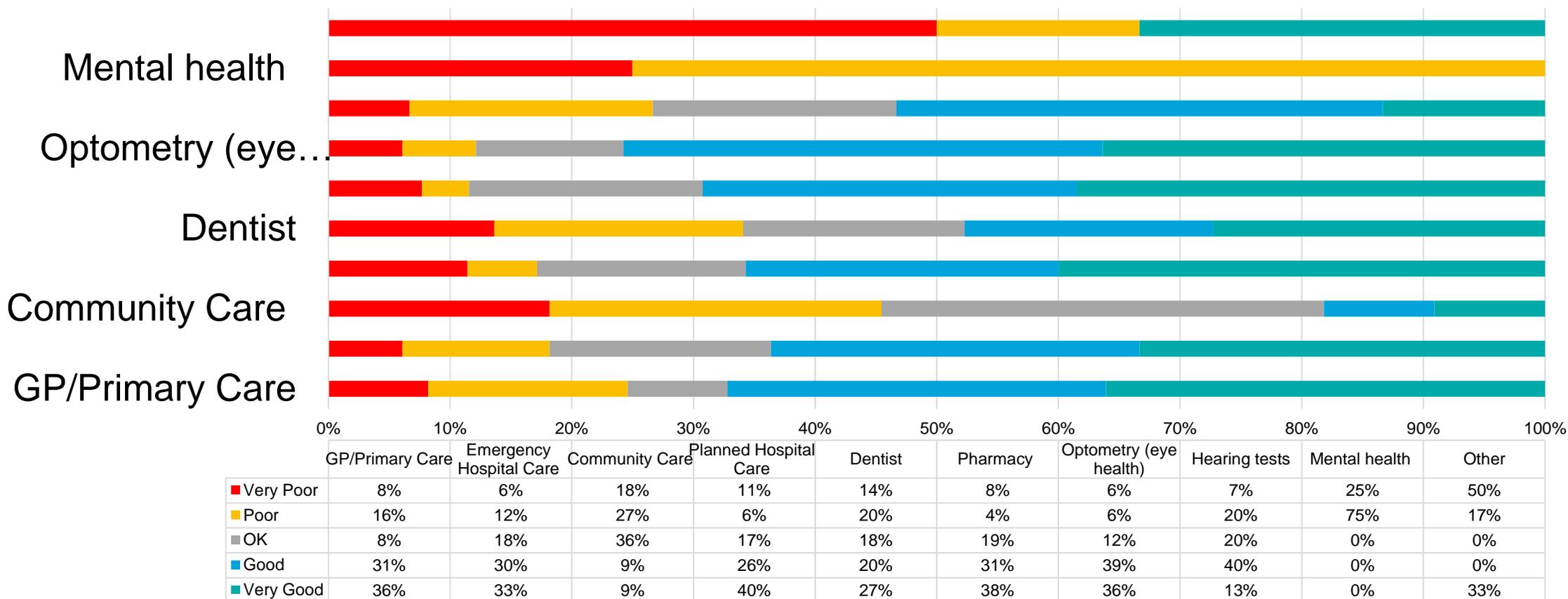
- Seven focus groups covered themes;
 - people with learning disabilities,
 - younger people,
 - those with long term conditions (specifically deafness and osteoporosis),
 - carers,
 - Those whose first language is not English
 - unemployed and homeless.
- Online Survey
- In total 70 people participated in the focus groups
- 61 people contributed to the online survey.
- The survey, whilst open access, was particularly targeted in distribution to try and reach people from LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer and others) and non-white British backgrounds. This was partially successful with 23% of respondents described themselves as LGBTQ+, 89% however described themselves as 'white British' with the remaining 11% preferring not to say.

- Nearly all focus group participants described their overall experience of NHS services as a positive one.
- Online survey respondents tended to describe more negative experiences of the NHS, however the majority of services were still regarded as predominantly ‘good’ or ‘very good’.

Experiences of NHS services



How would you rate your overall experience of the following NHS services? (online survey)



Very Poor Poor OK Good Very Good

- Key areas of issue
 - Dentistry (most significant in focus groups)
 - Mental Health
 - Some specialist services
 - Community Care (most significant in survey)

- Staff were most significant factor in service experience
- More comments about positive staff behaviour than negative.
- Positive & negatively most significant themes were
 - A caring attitude
 - Effectively communicating
 - Availability of services

“I had a car accident a couple of years ago and saw the hospital last year in November 2017. I received a letter in August 2018 to tell me physio would be available in 6 months time. The whole service is a joke really.”

“the surgeon, anaesthetist, recovery nurse, ward staff, physiotherapists all inspired confidence and my care was excellent in every way. I could not believe QE Hospital was in special measures, my whole experience and care could not have been better. That is why I wanted this recorded.”

- Often booking and communication processes seem poorly optimised creating issues.
- Often not knowing what is going on/kept informed is bigger issue than direct care
- Digital technology under or inconsistently utilised
- Letters arrived with short notice for or even after specialist appointments
- Within the focus groups the telephone was broadly the main medium for booking appointments.
- Online survey 83% of respondents reporting that their normal way to contact services was via the telephone, with around 7% using online booking systems

“Having to ring at 8.30am to get an appointment with the doctor not just that day but any that are available in the next few weeks. Of course everyone is ringing at 8.30am. If I’m ill I need to know conveniently in the morning and if I want a routine appointment sometime in the future I still need to be available first thing and school runs, work and any other issues need to wait. It is a nonsense way to make people get an appointment.”

“We haven’t seen the same consultant since Dr X retired. There has been no continuity with my sons care, which adds to his anxiety and assessments cannot be carried out because he is anxious.”

- Continuity of relationships with staff was highlighted as both a very positive aspect when in place and a cause of problems when not.
- A number of respondents clearly equated better care with continuity of staff.
- One participant from the homeless and unemployed group highlighted that they would avoid seeking treatment even for what they considered urgent or serious issues if the appointment was with an unknown GP.
- In general, the key issues expressed by participants in relation to a lack of continuity of care were the burden of ‘retelling my story’ and a lack of comfort with new people for some patients.

“It’s as if you are expected to plan your psychosis around the availability of staff”.

“If you want to be seen you have to be in crisis – attempting suicide or a major breakdown – you cannot ask for help before you get there as there is really no one is listening.”

- A few participants described experiences of being ‘dropped’ by services as they become too old for support, with one person reporting that they were told they ‘now needed to rely on volunteers.’
- There were a number of participants experiencing both physical and mental health issues who had received responses to the effect that they were not ill enough to warrant support or treatment.
- Some participants acknowledged the complexity of their case and that there may not be an easy solution but that this didn’t require them to be ‘bounced around’ or be the ‘go-between’. A few comments highlighted that the way services worked was disjointed with no one seeing you as a whole person.

How would you describe the place where you last received an NHS service? (online survey)			
	Yes	No	N/A
Was it physically easy to use?	89%	7%	5%
Was it comfortable?	90%	5%	5%
Did it seem clean?	92%	3%	5%
Did you feel safe?	92%	5%	3%
Were the staff friendly?	93%	3%	0%

- Physical environment generally perceived as positive
- Parking at QE hospital most frequently raised concern
- Transport and travel flagged as an issue
 - Timing
 - Cost
 - Short notice for appointments
 - Caring and child care responsibilities
- 85% reliant on private transport
- Real life impact - one participant from the young persons' group highlighted the experience of missing the last bus home after an appointment overran which required a long walk home in the dark.

- A theme in a number of groups was a lack of awareness or sensitivity to the needs of particular patient types.
- This was expressed in relation to older people, deaf people, those with physical disabilities, people with learning disabilities, people with mental health issues, homeless and unemployed people and those whose first language was not English
- No additional time given for people who might need longer to understand
- Lack of making reasonable adjustments, thinking about wider needs
- Issues of stigma and hostility from staff

“The surgery shouts names of people when ready – cannot hear them and have missed going in on time- they know I’m deaf – is it so hard to come and get me or have a screen?”

“I think that receptionists should have some training – they don’t really know how to deal with mental health – I think they are afraid of it.”

‘as soon as they hear ’no fixed abode as they assume you are an addict or mental health patient’

‘I’m looked down upon’

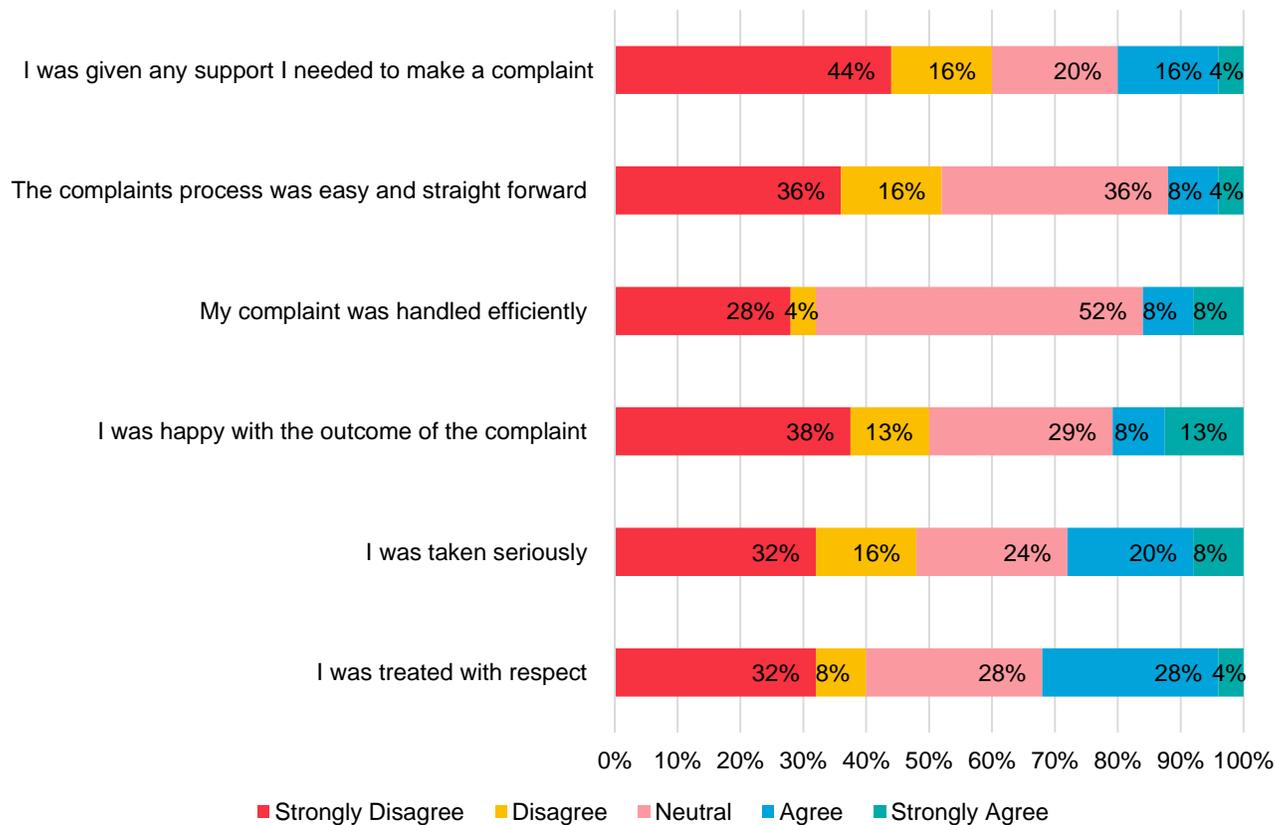
They “Go off to talk privately about me without explaining why”.

They don’t want to book translation services

The complaints process



In terms of your experience of the complaints process how much would you agree or disagree with the following statements?



- Most people never go near the complaints process
- For the majority it is because they were happy with care
- For some it is because they don't see the point
- For those that do use the complaints process the experience is predominantly negative
- Only 28% agreed or agreed strongly that they were taken seriously.

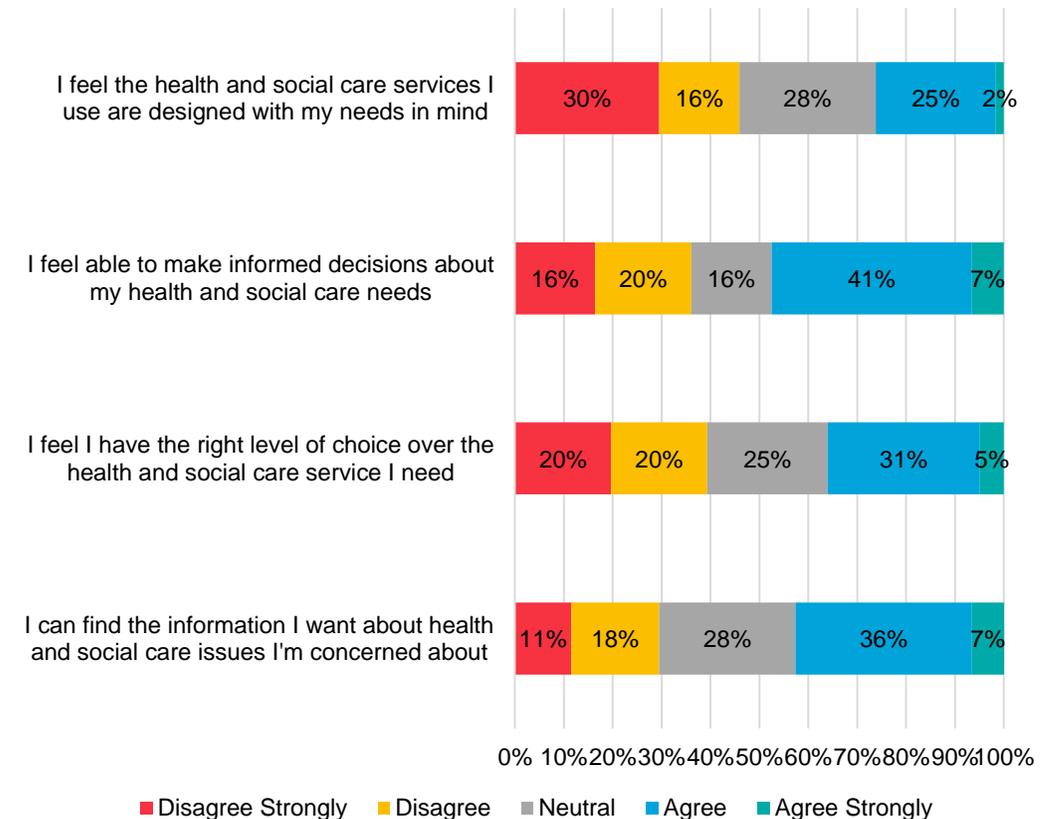
“The reply I got said that the problem wasn't their fault and there was nothing they could do about it because there wasn't enough funding.”

“I should have complained about the above treatment but feel that such a complaint would make any future treatment required by me personally would be affected”

“My complaint was brushed under the carpet and written by a solicitor who was only interested in me not suing”

- Length of consultations was repeatedly flagged as an area of concern in helping people understand and make decisions about their health care.
- This was particularly emphasized by those who said they needed extra time to process information or who said they had a number of complex issues.
- Some participants reported a sense of needing to avoid ‘bothering the doctor’.
- 27% agree of agree strongly that services are designed with their needs in mind
- 30% disagree strongly with the same statement

How much would you agree or disagree with the following statements (online survey)



Do you ever use any of the following for information or support about your care?				
	I have used and help was excellent	I have used but needed more information from elsewhere	I have used but the service was poor	I have never used this service
Pharmacy	62%	17%	7%	15%
GP	59%	19%	19%	3%
Local Council	6%	6%	19%	70%
Adult Social Care	2%	2%	26%	70%
Accident and Emergency	42%	7%	16%	35%
Voluntary / community group	21%	11%	5%	63%
Advice provider (such as Citizens Advice)	18%	14%	4%	64%
Website / online forum	29%	36%	2%	34%
Friend or relative	33%	35%	0%	31%

- A ‘trusted source’ is a key theme but who is classed as trusted significantly varies between individuals and groups.
- ‘Dr Google’ a blessing and a curse

- Most people report a positive experience of services
- Some services are of specific concern
- Communication failures and poor systems are a theme within most issues
- There are issues with a lack of adaptation to the needs of particular groups
- There is a concern about how complaints are handled
- There is a key question about what we mean by holistic person centred care