

In their own words: older people's experiences of healthcare in Mid Hampshire



Summary

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SUMMARY

Action Hampshire was commissioned by Mid-Hampshire Better Local Care to carry out qualitative interviews with 34 older people in Mid Hampshire. All interviewees had three or more health conditions, and some also received support from the Older People's Mental Health team.

GP Practices

Most interviewees were happy with their GP, with levels of satisfaction ranging from "delighted" to "reasonably satisfied". Many respondents hugely appreciated a sense of relationship with their GP. They valued the 'personal touch' and feeling that they were listened to. Most interviewees felt that appointment waiting times were too long, but accepted this as reality and felt that in an emergency they could usually be seen quickly. Less positive aspects included:

- Standard advice that did not fit the patient.
- GP not listening properly.
- 'Gatekeepers' preventing GPs from doing home visits.
- GP having to be the linchpin in care.
- Lack of knowledge about specific conditions.
- Issues being overlooked.
- Inability or unwillingness to help with mental health problems.
- Excessive GP workloads.
- Reluctance to refer eg. for scans or to specialist nurses.

Primary Care Nursing

Nurses were often praised in glowing terms and seen as a very positive asset to interviewees' lives. Specialist nurses were particularly appreciated as a 'lifeline' and source of great knowledge.

- Unclear why some patients with a condition (eg. Parkinson's) have access to a specialist nurse while others don't.
- Feeling of loss when nurses were centralised in Andover and Winchester rather than being based locally. Informal carers seem to feel this particularly acutely.
- Patients would like to have a rough idea of when their district nurse will arrive.
- Reluctance to refer eg. to specialist nurses or wound clinic.
- Some concern that District Nurses aren't always sufficiently equipped.
- Patients would like a named nurse that they could call on in times of difficulty.

Mental health

The Allan Gardiner Unit came up time and again as a provider of excellent services: "superb", "excellent", "smashing", "wonderful". This however was tempered with anxiety that services were going to be cut or withdrawn. MIND, the Dementia Advice Service (Winchester and Andover), and Princess Royal Trust for Carers were also highly praised. Mental health nurses were very much valued, but as with specialist nursing, it was not clear what criteria were used for interviewees to receive support. Again, many respondents wanted someone that they could call on in times of difficulty.

- Unclear why some patients receive support from a CPN, while others don't.
- Anxiety that services will be cut or withdrawn.
- Peer support and 'drop in' sessions were greatly valued, but some had unfortunately closed.

- Dementia services were hugely appreciated by both patients and informal carers.
- Some rural dwellers do not attend day services because they can't find common interests with urban residents.
- Patients/informal carers would like a known person that they can call on in times of crisis.

Consultants

Patient views about consultants were mixed. Some felt their consultant was "marvellous", while others were less positive.

- Waiting times "ludicrous" - some patients pay privately to expedite.
- Some consultants have poor interpersonal and communication skills and are perceived as "cold" or "not engaged".
- Some felt that they gained more benefit from their specialist nurse than from their consultant.
- Reports from the consultant had gone astray on a number of occasions and not reached the GP.

Hospital stays

Many interviewees were extremely positive about their experiences during hospital stays, particularly praising nursing staff. However, some serious areas of concern were raised:

- Being discharged too early, only to return a few days later.
- One patient was discharged very suddenly with no support or advice – with serious (and expensive) consequences.
- Patients being moved while in a deep sleep. One interviewee awoke terrified that he had been taken to the morgue.
- Being moved around wards multiple times means patients can miss meals and drinks. One patient was 'lost' and was only located by his son ringing the patient's mobile.
- Having to enter hospital through A&E. Health can be compromised by long waits on trolley with no food or drink (or access to their usual medication).
- Left overnight in a soiled bed and told to wait until morning.

- Poor level of cleanliness, particularly of toilets
- Patient being 'abandoned' post operatively on a high trolley where staff couldn't hear her and she was unable to reach a bell.

Communication

Interviewees gave very mixed feedback about communication (both between health professionals and with patients). Some felt it was excellent, while others were less satisfied.

- Referrals made to consultants who had retired several years previously.
- Despite "all this stuff" on the computer, patients/carers are still asked for lots of information.
- Informal carers having to be the 'glue' to ensure patient's needs are met.
- GPs not receiving notes from other health professionals and not chasing up, despite having made the referral.
- Adult Services not acting in a timely fashion, leading to bed blocking. "I think they're on a money saving exercise rather than a fix-the-problem exercise".
- Patients can struggle to get test results. Leads to frustration and unnecessary anxiety.
- Informal carers excluded from discussions.
- Many patients (particularly those managing chronic conditions) want more information. Why was a drug stopped/started/changed? What do my test results mean?



Domiciliary Care

Three main themes emerged in relation to domiciliary care: the quality of the careworkers themselves, timings, and administration/pay. Most interviewees were reasonably content with their careworkers although quality was reported as variable. However, timing and administration was a source of great discontent and frustration.

- Many careworkers “wonderful”. Others seen as lazy, lacking initiative, and uncaring.
- Careworkers’ schedules too tightly packed. Often running late but patients not notified.
- Weekly schedules not adhered to (particularly problematic for people with dementia).
- Difficulty with getting domiciliary care at weekends.
- Many feel that careworkers are treated badly, given insufficient training, and underpaid by agencies.
- Agencies administratively poor and difficult to deal with.

Life as an informal carer

The informal carer’s role can be unremitting, and many carers are themselves older and in poor health. Stress and anxiety were often cited as major issues for those providing informal care.

- Jigsaw of care arrangements feels very precarious. One small thing can “upset the apple cart”.
- Emotional toll can be huge. And carers often neglect own health and wellbeing.
- Great sadness. “I don’t feel like a wife anymore”.
- Arranging respite care can be a minefield.
- “Take a break” funding is a lifeline for many.
- Carers want someone they can contact when there’s a crisis (or when a crisis is brewing).
- Informal carers can be on the receiving end of some very challenging behaviour.
- Worry and anxiety about falls, and what to do if the informal carer becomes ill themselves.

What makes a good ...?

Aside from professional skills, we asked interviewees what they thought made a great healthcare worker:

GP

Able to really listen. Able to prioritise; to spot and deal with important issues and not get too preoccupied with minor things. Empathy. Care about patients and their outcomes.

Nurse

Able to really listen. Friendliness. Empathy. Genuinely like and be interested in people. Be a good communicator.

Careworker

Someone who likes people, has respect, can communicate effectively, sympathetic, practical, uses initiative and just gets on with it.

Summary

On the whole, most patients were relatively satisfied with their healthcare, and expressed gratitude to the NHS. However, a number of clear themes emerged:

- Healthcare workers were generally highly praised, but people felt that “the system” (eg. administration, communication and bureaucracy) let them down.
- Many people wanted a named person that they could call on in times of crisis/near crisis. This theme arose again and again in relation to nursing, mental health and informal caring.
- Anxiety and worry was a clear recurring theme: worry that services would be cut, anxiety about test results, anxiety about when their careworker would arrive, worry about falling...
- Finally, what everyone wanted from their healthcare worker was someone who genuinely cares about people, has empathy, and really listens.

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