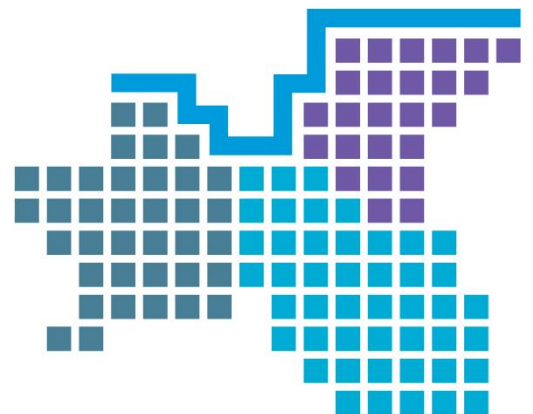


The Francis Report: How we're responding

12 February 2014

Contact

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Introduction

[The Francis Report](#) was published following the public inquiry into serious failings in care provided by Mid Staffordshire NHS Foundation Trust. It made a large number of recommendations to safeguard patients and improve communication and information and quality of care. Wandsworth Clinical Commissioning Group welcomes the recommendations of the report and endorses the emphasis on the role of the CCG in driving forward continuous improvement in the quality of services commissioned for local people

In Wandsworth, we are keen to make sure that patients and carers are confident that they are receiving the best care and support from our providers and that we are listening to what the public are telling us and responding to their concerns. Our [Framework for Action](#) and [Quality Strategy](#) outlines our approach to safety and quality issues, and this has been developed in conjunction with what you have told us.

We recently ran a workshop, with over 60 patients and carers in attendance, to hear about patient experiences with providers, to identify any issues that needed dealing with, to get ideas on how these issues could be resolved and importantly, to determine the best way to keep people informed. Following this workshop, key professionals within the CCG met to discuss how to take this forward and report back.

[Click here](#) to see the presentations from the workshop

[See Appendix 1 at the end of this document](#) to see the questions and issues patients and carers identified

Issues	Ideas on how CCG should deal with issues	How should we keep patients/carers informed
<p>Communication</p> <ul style="list-style-type: none"> ▪ Sharing of information ▪ Better information ▪ Explanations ▪ (not) listening to patients ▪ Inconsistency and conflicting advice ▪ Hospital letters <p>Respect and Dignity</p> <ul style="list-style-type: none"> ▪ basic needs ▪ Poor attitudes to patients ▪ Lack of respect for the elderly ▪ Bullying ▪ Recognising different diversities <p>Quality of care</p> <ul style="list-style-type: none"> ▪ Lack of patient monitoring ▪ Feeding ▪ Ratio of staff to patients ▪ Medical supervision ▪ Lack of understanding ▪ poor medical/clinical diagnosis and care <p>Access</p> <ul style="list-style-type: none"> ▪ Inefficient appointment system ▪ Admission procedures ▪ Co-ordination between different parts of the system ▪ Poor discharge <p>Environment</p> <ul style="list-style-type: none"> ▪ Cold ▪ (Poor) air conditioning ▪ Cleanliness 	<ul style="list-style-type: none"> ▪ CCG could have their own comments and suggestion boxes in each department only opened by CCG ▪ Use of PALs and Healthwatch ▪ CCG to publicise its support to public on how it can help ▪ Make sure information for public is not too technical and makes sense ▪ Better information about processes ▪ Improving patient/staff ratios ▪ Ensure training is taking place ▪ Looking at complaints and how they are responded to. ▪ Speed up referrals 	<ul style="list-style-type: none"> ▪ Newsletters ▪ Emails ▪ Letters ▪ Patient groups ▪ Voluntary organisations ▪ Special Interest groups ▪ Website

How you can report your patient experiences

Reducing the potential of a local “mid staffs” situation in Wandsworth is based on good quality information being acted on. Your role, as a patient, carer, service user or member of the public, is crucial in this respect because we need to hear about your experiences both good and bad about local services. Your experiences can identify issues that need to be resolved and one of the roles of the CCG is about finding solutions to these issues.

You can report your experiences in a number of ways.

- Directly to the trust or organisation that provided the care: This can be done via the local PALS service (if it is a hospital trust). You can write to them, email them or call them and give them your feedback. To get a list of local PALS services [click here](#)
- If you want to report your concern about your GP practice, contact the GP practice direct. If you are unhappy with the way it is being dealt with you can contact the CCGs Customer Care team by e-mailing waccg.customercare@nhs.net.
- Contact the CCGs Customer Care Team direct and they will advise on how best to deal with your concern.
- If you would prefer a more independent way of dealing with your concern, contact [Healthwatch](#) in Wandsworth. They will advise you on how to deal with it and can raise it on your behalf with either the trust, GP practice, or CCG.
- Contact **Voiceability**. Voiceability work across England with people who are vulnerable or marginalised to raise their voices and have their rights respected. They can act as an advocate for you. [Click here](#) for their details.
- You can report your concern, compliment or issue using the CCG’s website and feedback form <http://www.wandsworthccg.nhs.uk/contact/Pages/Feedback.aspx>. Please remember, if you wish your information to be dealt with confidentially, do not use this form but contact us using the **confidential email address**: waccg.customercare@nhs.net.
- If you are a member of a patient group and your concern is of a more general nature, you could raise the issue at the group. Similarly if you are a member of or use a local voluntary organisation you could ask them to advise and help.

One final point to remember: We want to know what your experiences are of services. Please don’t feel that any future care provided to you will suffer or be refused as a result of you raising an issue. If this is a concern to you, please talk to our Customer Care team. Please be assured; if you tell us about your issue or experience it will be dealt with and reported on.

Get involved in your local NHS!

Another way of helping us to deliver change and improvement in your local NHS services is to get involved.

Again this can be done in a number of ways.....

- Firstly we need to know who you are! Give us your contact details and tell us the best way to keep you informed and we will contact you with information about local health service issues. We can send you texts, emails, newsletters, which will give a whole range of information which you might have a view on. We will invite you to events such as workshops, focus groups, and meetings if you are interested in particular health issues. E-mail the [PPI team](#), with your contact details and we’ll put you on our database.
- Join a patient group at your practice. Most GP practices in Wandsworth now have patient groups. Some are run by the practice itself, some by the patients in conjunction with the practice. Contact your surgery and find out how you can become involved.

- Attend Wandsworth CCG Board meetings. These take place every month and members of the public are welcome to attend. To find out when and where the Board meets [click here](#)
- Join Healthwatch. Healthwatch is the local independent organisation with responsibility for monitoring the local NHS. They also run events throughout the year and are always interested to hear what you have to say about health matters. To contact Healthwatch, [click here](#)

Finally, please remember; the local NHS is your NHS. For us to provide the high quality services that you want, you need to tell us. We rely on hearing about your NHS experiences to improve the services we provide, and to change the services you are unhappy with. To learn more about how you can get involved [click here](#) or contact our PPI Team on 0208 871 5096.

■ Appendix 1: Questions and issues patients and carers raised

Group 1

Experiences of Care

1. Blood test St Georges good
2. Major op St Georges good
3. Poor care of patient father in Law at Kingston Hospital
4. Minor op at St Georges
 - Waiting to long for DRs
 - Discharge difficulties – Lives alone – Delay
 - Day op - Nice nurse – Challenged overnight stay
5. Diabetic patient many years
 - Obey clinical advice
 - Follow good advice – Clinicians Care
 - Allowing to live a good life
 - Would know how/who to contact in OOHs/Emergency – Always think positive
6. Surgery St Georges Trust 2002
 - No problems
 - Ophthalmology good
 - Good communication between GP/Hospital
 - Community nurse visits once a month
7. Negative – Pending knee op
 - Too young
 - Too overweight
 - Now bone to bone
 - Negative discharge from St Georges Hospital
 - No one at SGH knows about covenant for ex-servicemen who were injured whilst in services

Concerns

1. Lack of communication – Sharing patients notes
2. Father in Law
 - Tablets on the floor – Medication supervision
 - Cleanliness
 - General care, not eating not eating, not being monitored
3. Waiting for toilet
 - Basic needs
 - Told prioritise care by sister on ward
4. Explanation could be clearer – Give patient time to understand what is happening and being told
5. Nursing Care
 - Youth – Lack of respect especially with elderly patients
 - Intimidation – elderly mother left naked behind screen for an hour, being picked on
6. Bullying by staff
7. Ratio of staff to patients

Information

1. Feedback direct to Board & senior executives
2. Separate individual to feedback
3. Feedback to attendees (Direct)

4. Disciplinary board
 5. Assurance they are listening/actions
 6. Internet – What's been raised and how it is being taken forward
 7. Monthly update
 8. Fundamental gaps – See progression
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Group 2

Experiences of Care

1. Routine Cardiac appointment
 - Seen promptly
 - Good care
2. Bad A&E experiences with multiple conditions
 - 4 hour wait in pyjamas
 - No insulin, despite saying this repeatedly
 - Not listened – Fearful
3. SGH
 - Inefficiency appointments admin
 - Referral arrived at SGH and patient did not want to have to ring to make an appointment
 - Tone of letter, very threatening
4. A&E
 - Temperature was scary – Very cold
 - Uncomfortable chairs – Not minimum standard of care
5. SGH A&E
 - Very thirsty – Requested water
 - Nurse on phone
 - Ignored request repeatedly
6. Patient left in corridors
7. Reluctance to use PALS at the time – Just keen to set home and forget it
8. Audiology SGH – 'Walk in clinic' 9am but every time get there early still sigh delay in treatment – appointments are to close together
9. Letters to rearrange appointment are often confusing
10. C&W – Long term residents adult returned to UK from abroad and was requested to pay
11. Lack of treatment target for appointments beyond doctors
12. SGH – Letter appointment system chaotic
 - Multiple letters that cancel/rebook/cancel/rebook
13. SGH - Appointment system, no one will take responsibility to solve a problem

Concerns

1. Dignity – Staff must be knowledgeable
2. GPs being up to date with current state of patients after changes due to hospital changing drugs
3. Coordination between different parts of the system
4. Admin error – 40 instead of 40 units
 - Written up wrong discharges letter
5. Hospital waiting time – GP – External – Choose and Book
 - 2 Month delay

Respond

1. Suggestion and comment box in every department
 - Feedback
 - Confidentially
 - Not to be opened by the staff giving the card
2. How to complain
 - PALS
 - Health watch
 - Voiceability
 - For to report positive/negative experiences

Communicate

1. GPs
2. Patient Groups
3. Voluntary organisation
4. Special interest groups and support
5. CCG to advertise our support e.g PALS
6. One clear simple offer to the public on what we can do

Group 3

Experiences of Care

1. Excellent experience St Georges
 - Poor Experience in Chelsea and Westminster
 - Difficult communication
 - Missed diagnosis
 - Escorted by security
 - Leadership quality
 - PALS need strengthening: Suggest become Advocate
2. St Georges – Good Service
3. Ambulance staff not understanding enough
 - St Georges good A&E
4. St Georges
 - Bad appointment system
 - Oncology good
5. St Georges
 - Staff too busy
 - Not taking responsibility
 - Need more info for LTC
6. St Georges
 - Patients with LTC not treated with understanding
 - Advocate on behalf of LD
 - Discharge/Transport takes too long
7. St Georges
 - Air-conditioning in Clinic
 - OK in Endoscopy and Colonoscopy
8. Deaf BSL Users unable to communicate

Information

1. Up to date
2. Relevant

3. Open
4. No jargon
5. Clear directions on how to deal with LTC
6. Info from GP inaccurate
7. Should be the same from all districts

Communicate

1. Face to Face
2. Text
3. Newsletters
4. Email
5. Letters

Group 4

Patient experience

Patient – 2012 If I'm dying don't want to go to St Georges – had wrong medication – died

Patient – last week 2013 went in for routine operation – waited 3 hours and then op cancelled
Urgent services should be separated for routine

Patient – Kingston hospital

Lost husband in June – did not feel she was given enough detail for the operation – haemorrhaged on the table – sent to ITU – died 3 weeks later

.....lack of communication - bombarded for request for transplant e.g eyes

Feel had not been told that a lot of what was wrong with him

Issues

1.
2. Ratio of staff to patients has been poor
3. Medication mistakes
4. Urgent and routine together – cancellation issues
5. Communication during emergencies, timely
6. Hearing/disabilities issues

Issue 1

Information pre and during (doing) Rx

CCG: should be asking for evidence

Shows: - Procedure/guidance for every admission for patient events

Rela??.....

Written (patients don't always remember what's been said)

Issue 6

Hearing/disabilities issues for patients

- show that questions about hearing and LD (learning difficulties?) in the initial info
- Need to show have this flagged through the patient journey

Issue 2

Ratio of staff to patients: seems to be improving

- CCG needs to work with standards beyond which the ratio should exceed

Issue 3 Medication mistakes = solution

Issue 4 Urgent cases taking over routine causing cancellation - ? Need to be separated

Issue 5 – Communication during emergencies should be and prudent – patients, relatives informed at all times

Issue 6 Consultant to consultant referrals – procedure should be quickened – if GP view/ referral required should be facilitated

CCG: to develop ways to make this better from patient perspective

Group 5

Patient experience

1. Notes had not been read and not acknowledge
2. Conflicting advice from nurses
3. Staff shortage/poor training
4. Bad attitude/Lack of compassion – Customer care “Couldn’t care less”
5. Good clinical care
6. Poor A&E services compounded by poor response to complaints
7. Inconsistency of what staff say
8. Urgent access to services for palliative patients – suffering not address
9. Ruled by policy not common sense

Respond

1. Listen to patient – Act on this
2. Openness i.e. should be open
3. Website/newsletters
4. Hospitals too defensive – too ‘technical’ in defence

Information

1. Realism about time of procedure
2. Statistical data that makes sense
3. Quick responses from someone who talks common sense
4. Better information about processes e.g. 18 weeks