

## APPENDIX B

### Views from patients and relatives/friends

#### 1. Methods of obtaining views

- i. The investigation sought to establish the views of people who had experience of services for older people at the Gosport War Memorial Hospital.

CHI sought to obtain views about the service through a range of methods. People were invited to;

- Meet with members of the investigation team
  - Fill in a short questionnaire
  - Write to the investigation team
  - Contact by telephone or email
- ii. In November 2001 information was distributed about the CHI investigation at Gosport War Memorial Hospital to Stakeholders, Voluntary Organisations and Statutory Stakeholders. This information included posters advertising stakeholder events, information leaflets about the investigation, questionnaires and general CHI information leaflets. Press releases were issued in local newspapers and radio stations. The Hampshire police force were asked to forward CHI contact details to families who had previously expressed their concerns to them.

The written information was distributed to a large group of potential stakeholders. In total 36 Stakeholders and 59 Voluntary organisations will have received the above information. These people ranged from:

- **Voluntary organisations-** e.g. Motor Neurone Disease, Alzheimer Society, League of Friends and other community groups such as the Gosport Stroke Club and Age Concern
- **Statutory stakeholder-** Portsmouth and SE Hampshire Community Health Council, Isle of Wight, Portsmouth and SE Hampshire Health Authority, Local Medical Council, Members of Parliament, Nursing Homes and Social Services, Local Primary Care Trusts and Primary Care Groups.

- **Stakeholders** who had contacted CHI-patients, relatives/carers/friends.

## 2. Stakeholder Responses

- i. CHI received the following responses from patients, relatives/carers/friends and voluntary organisations

Letters	Questionnaires	Telephone Interviews	*Stakeholder Interviews
7	1	10	16

\*Stakeholders were counted according to the number of attendees and not based on number of interviews

- ii. A number of people who contacted CHI did so using more than one method. In these cases any other form of submitted evidence, was incorporated as part of the Stakeholders contact.

## 3. Analysis of views received:

During the CHI investigation stakeholder views highlighted both positive and negative experiences of patient care.

### Positive Experiences

CHI received 9 letters from stakeholders commenting on the satisfaction of the care that the patients received and highlighting the excellent level of care and kindness demonstrated by the staff. This was also supported by the many letters of thanks and donations received by the Gosport War Memorial Hospital.

### Table to show the most frequent positive views of patient and relative/friend experiences

View	Frequency of responses
Staff Attitude	5
Environment	5
Other one of comments included:	
Access to Services, Transfer, Prescribing, End of Life arrangements, Communication and Complaints.	



they would not have moved him from Queen Alexandra Hospital" and "Hospital claimed that the patient is in very serious pain following their transfer from Queen Alexandra Hospital". Other contacts mentioned the time that it took to transfer the patient and also highlighted the in appropriate method of transporting the patient, such as being carried " on a sheet, with no poles- like a sack of potatoes" or being transferred, " naked from the waist down apart from a piece of padding".

- **Nutrition and fluids: -**

Stakeholders highlighted a lack of help in feeding patients. They commented on how dehydrated the patients appeared and the lack of positive communication between the relative/carer and the staff to overcome the relative/carer's concern about the level of nutrition and fluids.

- **Humanity of care: -**

- Incontinence management- stakeholders felt that there was limited help with patients that needed to use the toilet, "asked on three separate occasions but did not receive help" and "never able to reach emergency button so the patient wet herself "

- Attitude of staff- stakeholders commented on staff attitude mentioning waiting times for staff to respond, " waited 40 minutes for the nurse to come" other comments included, "basic care lacking in last few days e.g. moistening of mouth, clean pillows" and "main concern is culture on the ward especially manner of staff with patients and relatives".

- Provision of bells -stakeholders observed that the bells were often out of the patients reach.

- Management of Clothing- stakeholders commented, "that the patients were never in their own clothes" and that "one patient rarely had a cover on their legs"

- **Arrangements for the prescription, administration, review and recording of drugs**

The majority of concerns were around the prescribing of diamorphine, others centred on those authorised to prescribe the medication to

the patient, and how this was communicated to the relatives/carer.

- **Communication and collaboration between the trust and patients, their relatives and carers and with partner organisations.**

Interviewees indicated a lack of staff contact with the relatives/carers about the condition of the patient and the patient's care plan. Other interviewees commented on how some of the staff were not approachable. One interviewee referred to the absence of lay terms to describe a patient's condition, making it difficult to understand the patient's status of health.

- **Arrangements to support patients and their relatives and carers towards the end of the patient's life.**

Stakeholders mainly thought that there was a lack of communication from the staff after their relative had died, this was fed back to CHI through comments such as, "no doctors entered room in last days of the patient's life", " family received no support from GWMH staff after told them that the patient would die".

- i. Three of the contacts had made complaints to the trust through the NHS Complaints procedure. All were dissatisfied about the trust response.