



PORTSMOUTH AND S.E. HANTS
COMMUNITY HEALTH COUNCIL

REPORT OF THE C.H.C'S SURVEY ON
COMMUNICATIONS BETWEEN PATIENTS
AND THEIR RELATIVES AND STAFF
AT THE GOSPORT WAR MEMORIAL HOSPITAL



MAY 2003

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INTRODUCTION

This Report deals with a survey which the Portsmouth and South-East Hampshire Community Health Council (CHC) carried out during October 2002..

This followed from discussions with the Fareham and Gosport Primary Care Trust (PCT), when the decision was made for a survey to be undertaken to assess the perceptions of Patients and their Relatives on the level of communication between them and the Staff at the Gosport War Memorial Hospital (GWMH).

The aim of the survey was to ascertain Patients and Relatives satisfaction levels with regard to communications between them and Staff at the Gosport War Memorial Hospital and to identify any areas where it seemed that good practice existed or developments could be made.

Acknowledgement is made of the encouragement, co-operation and support which Members and Officers of the PCT and, in particular, the Staff of the Gosport War Memorial Hospital, gave to the CHC in the development and carrying out of the survey.

The CHC developed its Questionnaire with the view that it could be used in other Community Hospitals in the area. This will be a consideration for the future.

A copy of this Report was sent to each participating Patient and Relative who requested the document (by filling in the back page of the Questionnaire).

The Report was presented to the Fareham and Gosport Primary Care Trust for consideration of its findings. It is hoped that attention will be given to the CHC's recommendations and that the Report overall will help those responsible for providing and delivering services to maintain good standards and further develop the way in which communications take place between Staff at the Gosport War Memorial Hospital and Patients and their Relatives.

Copies of this Report are available on request from the Portsmouth and South-East Hampshire Community Health Council, Admiral House, High Street, Cosham, Portsmouth, Hampshire. PO6 3BZ. Tel: 023 9238 3832, Fax: 023 9221 5014, E-mail: portsmouth.chc@dial.pipex.com

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METHODOLOGY

The Wards to be surveyed were Sultan, Daedalus and Dryad.

Members of the CHC routinely visit local premises from which health services are delivered but additionally two extra visits were made purely in order to gather information in preparation for this survey. Knowledge gained included the layout of the Hospital and the position of the three identified Wards within it, the type of care offered on each of those Wards, bed numbers, etc.

Also, attention was given to ensuring that Staff working on the Wards were aware of the CHC's role and the survey to be undertaken.

Approval for the survey was obtained from the Research Ethics Committee for Portsmouth and South East Hampshire.

In considering how to conduct the survey, various options were debated. These included structured qualitative interviews, "one-to-one" sessions, group meetings (of current Patients or the Relatives of current Patients), and focus group events open to relevant interested individuals.

The view taken was that a paper Questionnaire should be trialled in the first instance and further consideration given to whether or not additional mechanisms needed to be put in place to meet the data expectations.

For this Pilot, a Questionnaire was drawn up by the CHC and shared with Senior Officers of the PCT, after which agreed additions and amendments were made accordingly.

The Pilot was carried in August 2002 as a test for the accuracy of the Questionnaire. This involved a limited number of interviews being conducted direct with Patients and Relatives.

Following the Pilot, the decision was taken that just a paper Questionnaire would be used and that the study would be confined to the Patients, plus their "First" and "Second" Relatives, on the three selected Wards at the Gosport War Memorial Hospital, during a fixed period of time.

The Pilot Questionnaire was then modified in readiness for the full Survey.

The same basic Questionnaire was used for both Patients and Relatives. The only intended amendments from the Pilot version related to initial data collection about the individual completing the paperwork and the addressing of questions to either "you" or "the Patient". Unfortunately, a mistake on the routing at Question 36 of the Relatives Questionnaire meant that Question 37 was not answered by most of those Respondents.

Also, there was discussion as to how the Questionnaires would be administered, for example, by leaving the individual to complete the document unaided, or asking a visiting relative or friend to assist, or using CHC Personnel.

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The outcome of this with regard to the Patients was that CHC Personnel asked the questions (either at the Patient's bedside or in the Day Room, etc.), recording the answers received on the Questionnaires. If any Patient wished to complete the forms themselves, that was acceptable to the CHC; however, in all but one case, CHC Personnel were involved.

In respect of the Relatives, the method adopted was that the Questionnaires were posted to all "First" and known "Second" Relatives, for them to complete and return to the CHC Office in postage-paid, addressed, envelopes.

Dates were then set to carry out the full survey in October 2002.

Names and addresses of next of kin were obtained from the wards, and also a "Second" next of kin where possible, in line with the PCT's request to aim for a broader comparison of answers. (Throughout this Report, the next of kin is described as the "First" Relative and the other person identified as the "Second" Relative.)

Although all the information to be reported was to be on an anonymised, statistical basis, the Questionnaires were numbered in advance to ensure that comparisons and contrasts could be tested between the responses of Patients and those of the Relatives.

On various days and at different times during the survey period, CHC Members and Staff were present on the wards. Patients well enough to answer - whilst they were in-patients on the Dryad, Sultan, and Daedalus Wards - were approached and invited to assist the CHC by responding to the Questionnaire.

At the start of this period, the Questionnaires with covering documentation were sent by post to the "First" Relatives and the "Second" Relatives for whom contact details had been obtained.

Upon receipt of the completed Questionnaires, the data was in-put onto a computer survey recoding and analysis package (Snap Professional) by Personnel at the CHC Office. The information gained was then analysed and a Report of the findings produced, again by the CHC.

A further letter was sent to those relatives who did not respond, requesting their reasons for not completing the Questionnaire.

Following consideration of the Report by the CHC Members, further revisions were made and the document then discussed with Senior Officers of the PCT. Additional information in respect of "Ward split" data was added, at the request of the PCT Officers, leading to this Report being finalised and published.

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FINDINGS

NOTES

It has been noted that many Patients and Relatives found this Questionnaire to be too long and with several questions being difficult to answer.

Where the exact words of Patients or Relatives are used, these are shown in "*italic*" script.

Whenever possible, during the sections dealing with the detailed results of the Questions, the layout used in this Report comprises:

- a statement indicating the issue which the question addressed;
- a commentary on the findings from that question (drawn predominantly from the Patient/Relative split);
- a table showing the findings on the basis of Patients answers and Relatives answers;
- a further commentary on the findings from that question (drawn predominantly from the Sultan/Daedalus/Dryad split); and,
- a table showing the findings on the basis of the Sultan/Daedalus/Dryad split.

Figures may not always total the full number of responses, as not all questions were applicable to all Respondents; usually nil responses are shown.

In reading the percentages quoted in some Tables, note should be made that totals may not be exact due to the effects of "rounding up".

It was not possible in most cases to clearly identify any differences between the responses from Patients compared with those from Relatives. This was due in part to the limited number of responses received overall.

Whilst the data was examined to test whether or not there appeared to be any significant correlations between responses and individual Wards, it was not possible to identify any instances where that might have been the case. This was due in part to the limited number of responses received overall, resulting in fairly low numbers when split by Ward.

Many Patients had been transferred to the Gosport War Memorial Hospital (GWMH) from another hospital and had already received explanations of reasons for admission, diagnosis or treatment before arriving at the GWMH. Some answers are unclear as to whether the explanation came from NHS staff at the GWMH or another hospital.

A further issue might be that Patients on the GP managed ward (Sultan), and their Relatives, may have answered "GP" - which was intended to be for home or community based involvement - when communication was with a GP whilst on an in-patient basis at the GWMH.

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RESPONSES AND RESPONDENTS

Responses

In total 44 responses were received. These comprised:

- 25 from Patients 56.82% of total responses received;
- 14 from "First" Relative 31.82% of total responses received;
- 5 from "Second" Relative 11.36% of total responses received.

There were no responses from Friends of Patients.

As the number of responses from "Second" next of kin was so low, the data obtained could not be treated as statistically significant and, therefore, those responses and comments have been included with those of "First" next of kin.

Further, no complete sets - including Patient, "First" Relative, and "Second" Relative Questionnaires - were returned.

Although there were some completed Questionnaires received from both Patients and their "First" Relatives, there was no significant information to be drawn from them - in terms of comparable or dissimilar responses.

Sultan Ward - which is used and clinically managed by General Medical Practitioners (GPs) for their Patients - has the capacity for 24 Patients; at the time of this survey only 15 beds were occupied with 11 of those Patients being well enough to answer the questions.

Daedalus Ward - which accommodates General Medicine (for Elderly People) and Stroke Rehabilitation - has the capacity for 24 Patients and was occupied by 23 at the time of this survey, with only 12 of them being well enough to answer the questions.

Dryad Ward - which provides Continuing Care for Elderly People - has the capacity for 20 Patients; at the time of this survey 19 beds were occupied but only 2 Patients were well enough to answer the questions.

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Responses were then considered by comparison of Patients and then "First" and "Second" Relatives.

Patients responses were as follows:

Ward	Bed Capacity	Bed Occupation	Actual Responses	Responses as Percentage of Capacity	Responses as Percentage of Occupied Beds
Sultan	24	15	11	45.83%	73.33%
Daedalus	24	23	12	50.00%	52.17%
Dryad	20	19	2	10.00%	10.53%
Totals	68	57	25	36.77%	43.86%

"First" Relatives responses were as follows:

Ward	Number of Possible Responses (based on Bed Occupancy)	Actual Responses	Actual Responses as Percentage of Occupied Beds
Sultan	15	3	20.00%
Daedalus	23	4	17.39%
Dryad	19	7	36.84%
Totals	57	14	24.56%

"Second" Relatives responses were as follows:

Ward	Number of Possible Responses (based on Bed Occupancy)	Actual Responses	Actual Responses as Percentage of Occupied Beds
Sultan	15	0	0.00%
Daedalus	23	2	8.70%
Dryad	19	3	15.79%
Totals	57	5	8.77%

The total Relatives responses ("First" plus "Second") were as follows:

Ward	Number of Possible Responses (based on Bed Occupancy)	Total Relatives Responses	Total Relatives Responses as Percentage of Occupied Beds
Sultan	15	3	20.00%
Daedalus	23	6	26.09%
Dryad	19	10	52.63%
Totals	57	19	33.33%

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In terms of the Wards represented by the total (Patients plus Relatives) responses received, the position was:

- 14 from Sultan 31.82% of total responses received;
- 18 from Daedalus 40.91% of total responses received;
- 12 from Dryad 27.27% of total responses received.

About the Respondents

Respondents were asked to indicate their age group, as well as their gender; there were no Respondents under the age of 41.

Respondent	41 - 50	51 - 65	66 - 80	81 - 95	96 and over	No Reply	Total
Patient - Male	1	0	6	2	0	0	9
Patient - Female	0	1	2	10	1	0	14
Patient - Gender not stated	0	0	1	1	0	0	2
Relative - Male	0	3	2	3	0	0	8
Relative - Female	1	5	4	1	0	0	11
Relative - Gender not stated	0	0	0	0	0	0	0
Total	2	9	15	17	1	0	44

A further letter was sent to those Relatives who did not respond, requesting their reasons for not completing the Questionnaire; 8 replies were received, some people gave more than one answer; the results are as follows:

Reason	Respondents
I do not do surveys	5
I did not have the time	3
I was too worried about my relative / friend	1
I found the questionnaire too long	2
I was concerned that my relative / friend's treatment might suffer	1

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ADMISSION TO HOSPITAL

Explanation about admission to hospital

Patients and Relatives were asked if they had received an explanation for the Patient's admission to the Hospital.

Respondent	Yes	No	No Reply
Patients	17	5	3
Relatives	17	2	0

The ward split for this question is as follows:

Ward	Yes	No	No Reply
Sultan	10	3	1
Daedalus	15	3	0
Dryad	9	1	2

Patients and Relatives were asked who it was that had given them the explanation for admission to the Hospital.

Whilst Patients identified information from a GP as highly as information from "Someone else", Relatives referred as much to information from Consultants as from GPs.

"I didn't get a full explanation of why I was moved here."

Respondent	GP	Consultant	District Nurse prior to admission	Hospital Nurse	Someone Else	No Explanation Given	No Explanation Needed	No Reply
Patients	8	1	1	1	8	5	2	1
Relatives	4	4	0	3	8	2	0	0

Some Respondents identified the "Someone Else" as being staff from another hospital or a Hospital Porter, others said that a Relative had explained to them, whilst another group did not qualify who it was.

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Whilst there was quite a spread of answers, it is interesting to note that Daedalus Ward seemed to attract a high response in the "Someone Else" category.

Ward	GP	Consultant	District Nurse prior to admission	Hospital Nurse	Someone Else	No Explanation Given	No Explanation Needed	No Reply
Sultan	6	1	1	0	3	3	1	0
Daedalus	3	0	0	1	10	3	0	1
Dryad	3	4	0	3	3	1	1	0

Helpfulness of explanation about admission to hospital

Respondents were then asked whether that explanation about admission was helpful.

The numbers involved are quite low and may not be significant, but all those who replied that the explanation about admission was not helpful were drawn from the Patient group - 20% of Patients responding; no Relatives answered that way.

Respondent	Yes	No	No Reply
Patient	12	3	2
Relative	17	0	0

When looking at the Ward split, the few negative responses were shared across two areas but overall the responses were positive.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	6	12	11
No	2	1	0
No Reply	2	0	0

Opportunity to ask questions following explanation about admission to hospital

All Patients giving a definitive answer here said that they had the opportunity to ask follow-up questions; however, there were three no replies.

Respondent	Yes	No	No Reply
Patient	14	0	3
Relative	14	3	0

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When looking at the ward split, there were few negative answers, the general response being a positive one.

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patients	Relatives	Patients	Relatives	Patients	Relatives
Yes	6	2	6	4	1	9
No	1	0	0	2	0	0
No Reply	1	0	1	0	1	0

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DIAGNOSIS

Explanation of diagnosis

Patients and Relatives were asked if they had received an explanation of the Patient's diagnosis.

Respondent	Yes	No	No Reply
Patients	19	5	1
Relatives	16	2	1

The ward split highlights the mainly positive response

Ward	Yes	No	No Reply
Sultan	10	4	0
Daedalus	15	2	1
Dryad	10	1	1

"I didn't understand - I've got Parkinsons"

"Clarified state of health" [Patient.]

"Thinks it was clear" [Patient.]

"Simple & understood" [Patient.]

"He talked to me, it went in one ear and out of the other" [Patient.]

"Involved diabetes & fracture" [Patient.]

"My son knows., I know I needed an operation, I was ill and didn't know whether I was coming or going" [Patient.]

"My Mother's condition was fully explained"

"Physiotherapy was suggested" [Relative.]

"It kept us in the picture with the diagnosis & what treatments would be given" [Relative.]

"It allowed me to help in my own way, my Mother's stay in hospital. It allowed her to consider her future living arrangements"

"On transfer from QA it was explained to me that 'Rehab' at Gosport Hosp would decide her future"

"Help me understand the problem better" [Relative.]

Patients and Relatives were asked who it was that had given them an explanation of their diagnosis.

Respondent	GP	Consultant	District Nurse prior to admission	Hospital Nurse	Someone Else	No Explanation Given	No Reply
Patients	11	5	1	1	5	5	1
Relatives	3	10	0	6	3	2	1

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From the results it would appear that there may be some confusion over whether they were talking to a General Medical Practitioner (GP) or a Consultant. An alternative explanation might be that Patients consulted their GP, from whom they received an explanation, prior to admission, whereas Relatives only obtained that knowledge after the Patient was in hospital.

Within the "Someone Else" category, some Respondents identified the individuals concerned as a Physiotherapist, a Doctor at the Queen Alexandra Hospital (QAH), a Consultant at the QAH, Staff at QAH, Staff at St. Mary's Hospital (SMH), and a Niece.

When considering the responses on a Ward basis, this appears to show that most Respondents in respect of Sultan Ward received explanation about diagnosis from a GP, but almost as many reported that they had not received any explanation at all. However, it is not possible to draw any conclusions from the low numbers involved as to whether or not this is of any significance.

Ward	GP	Consultant	District Nurse prior to admission	Hospital Nurse	Someone Else	No Explanation Given	No Reply
Sultan	7	1	0	1	1	5	0
Daedalus	4	7	0	2	5	2	1
Dryad	3	7	1	4	2	0	1

Helpfulness of explanation about diagnosis

Respondents were then asked whether that explanation about diagnosis was helpful.

Only four out of the thirty-five routed to this Question did not say that the explanation was helpful.

Respondents	Yes	No	No Reply
Patients	15	2	2
Relatives	16	0	0

Only Respondents in respect of Sultan Ward said that the explanation which they received was not helpful but, again, the numbers involved were very low.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	7	13	11
No	2	0	0
No Reply	0	1	1

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Opportunity to ask questions following explanation about diagnosis

Continuing, Respondents were asked whether they had the opportunity to ask questions following the explanation.

Whilst all responding Relatives said that they had the opportunity to ask questions, there was one Patient who did not consider that to be the case plus six no replies.

Respondent	Yes	No	No Reply
Patient	13	1	5
Relative	15	0	1

The only Respondent who said that they had not been given the opportunity to ask questions was in Sultan Ward.

Response	Sultan		Daedalus		Dryad	
	Patient	Relative	Patient	Relative	Patient	Relative
Yes	3	2	8	5	2	8
No	1	0	0	0	0	0
No Reply	3	0	2	0	0	1

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TREATMENT

Explanation of treatment

Patients and Relatives were asked if they had received an explanation of the treatment the Patient was receiving.

Respondent	Yes	No	No Reply
Patient	21	3	1
Relative	17	2	0

The ward split for this question was as follows:

Ward	Yes	No	No Reply
Sultan	10	3	1
Daedalus	16	2	0
Dryad	12	0	0

"They told my wife more than they told me". [Patient.]

"Understood more or less diagnosis" [Patient.]

"Not really told me anything" [Patient.]

"Encouraging - advising things I could do to help myself"

"Simple language - GP came in to see her" [Patient.]

"Didn't ask questions. Does as he's told" [Patient.]

"Detailed - again exact purpose made clear & general questions also answered" [Relative.]

"It kept us in the picture with regard what we would expect in the way of progress towards recovery/improve to health" [Relative.]

"Explained that recovery would be minor & was reassessed for Nursing Homecare" [Relative.]

"Provides an appreciation of my Fathers progress & enable me to form a view of the longterm outcome [Relative.]

"It was explained to me whilst my wife was on Daedalus that her chances of walking again were remote & after a spell in Dryad ward she would be transferred to a Nursing Home"

"Put my mind at ease" [Relative.]

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Patients and Relatives were asked who it was who had explained the treatment.

Respondent	GP	Consultant	District Nurse prior to admission	Hospital Nurse	Someone Else	No Explanation Given	No Reply
Patients	10	6	1	10	7	3	1
Relatives	1	10	0	13	3	2	0

The "Someone Else" category included references to Physiotherapists, Occupational Therapist, a Psychiatrist, Doctors at QAH, Doctor at the GWMH, and Staff at SMH.

From the results it would appear that there may be some confusion on the part of Patients/Relatives between GPs and Consultants. Another possibility is that Patients were more likely than Relatives to receive information before the hospital admission took place.

Ward	GP	Consultant	District Nurse prior to admission	Hospital Nurse	Someone Else	No Explanation Given	No Reply
Sultan	5	1	0	5	4	3	0
Daedalus	4	7	1	8	5	2	0
Dryad	2	8	0	10	1	0	1

It is interesting to note that the Hospital Nurse features quite highly in respect of Dryad Ward with regard to explanation about treatment.

Helpfulness of explanation about treatment

Respondents were then asked whether that explanation about treatments was helpful.

Whilst all Relatives said that the explanation was helpful, one Patient reported that not being the case with three others not replying at all.

Respondent	Yes	No	No Reply
Patients	17	1	3
Relatives	17	0	0

All Daedalus and Dryad Respondents said that the explanation about treatment was helpful.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	8	13	13
No	1	0	0
No Reply	1	2	0

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Opportunity to ask questions following explanation about treatment

Continuing, Respondents were asked whether they were able to pose questions, following the explanation about treatment.

All Relatives reported having the opportunity to ask questions. As with previous examples, although the majority of Patients responded positively, five were no replies in addition in this case to two giving a negative answer.

Respondent	Yes	No	No Reply
Patient	14	2	5
Relative	17	0	0

The Ward split further emphasises the positive responses to this question

Response	Sultan		Daedalus		Dryad	
	Patient	Relative	Patient	Relative	Patient	Relative
Yes	6	2	6	5	2	10
No	2	0	0	0	0	0
No Reply	2	0	3	0	0	0

Explanation of changes in treatment

Patients and Relatives were asked if any changes in treatment had been explained to them.

It would appear from these results that Relatives were given more information than the Patients themselves. However, most Respondents said that this question was not applicable to them whilst a few did not reply. This might be attributable to Patients not being able to communicate at the time when the changes were being considered.

Respondent	Yes	No	Not Applicable	No Reply
Patients	3	4	15	3
Relative	10	3	6	0

Of those answering, in respect of Sultan Ward, none reported changes in treatment having been explained but most replied "Not Applicable". With regard to Daedalus Ward, two-thirds of those giving a definite response said that changes had been explained to them and all the responses for Dryad Ward were positive.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	0	6	7
No	4	3	0
Not Applicable	9	6	6
No Reply	1	2	0

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PROGNOSIS

Explanation of prognosis

Patients and Relatives were asked if they had had an explanation of the Patient's prognosis.

Respondent	Yes	No	No Reply
Patients	13	7	5
Relatives	14	5	0

The Ward split for this question was as follows:

Ward	Yes	No	No Reply
Sultan	8	5	1
Daedalus	9	7	2
Dryad	10	0	2

"Not definitely" [Patient.]

"Obvious" [Patient.]

"Explained by Dr - future visits to fracture clinic" [Patient.]

"Doctor said she didn't know how long tracheal tube was to be in" [Patient.]

"It made it clear what the end purpose was" [Relative.]

"In view of her age, walking would be a problem, and Nursing Home care has been considered"

"To help pressure when a lengthy, on-going period of treatment" [Relative.]

"Was informed our house totally unsuitable - my own health not good so wouldn't be able to give care"

"She had been in Dryad Ward over 2 weeks before I was able to speak to her Consultant regarding her condition & prognosis & only after I had requested an appointment with him"

"I understand the explanation" [Relative.]

"Helping me understand the problem better" [Relative.]

"Knowing where we might be heading" [Relative.]

Patients and Relatives were then asked who it was who had given this explanation.

Respondent	GP	Consultant	District Nurse	Hospital Nurse	Someone Else	No Explanation Given	No Reply
Patients	8	3	0	4	4	7	5
Relatives	2	8	0	9	1	5	0

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The Ward split for this question was as follows:

Ward	GP	Consultant	District Nurse	Hospital Nurse	Someone Else	No Explanation Given	No Reply
Sultan	4	1	0	4	2	5	1
Daedalus	3	4	0	4	3	5	4
Dryad	3	6	0	5	0	2	0

"Someone Else" included Physiotherapists, Occupational Therapist, Psychiatrist, Rehabilitation, Doctor at hospital, Doctor at QAH, and the Doctor.

Once again, these results highlight the possible GP/Consultant confusion issue and/or the timing of communication point made previously.

Helpfulness of explanation about prognosis

Respondents were then asked whether that explanation about prognosis was helpful.

Although all Relatives said that the explanation about prognosis was helpful, a half of responding Patients (50%) said that was not the case.

Respondent	Yes	No	No reply
Patient	8	4	1
Relative	12	0	2

The Ward split for this question was as follows:

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	6	6	8
No	1	2	1
No reply	1	0	2

Opportunity to ask questions following explanation about prognosis

Continuing, Respondents were asked whether they had the opportunity to ask questions, following explanation about prognosis.

All Relatives bar one said that they had the opportunity to ask questions at this stage. There were only two negative answers from Patients.

Respondent	Yes	No	No Reply
Patient	10	2	1
Relative	13	0	1

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The ward split for this question was as follows:

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patients	Relatives	Patients	Relatives	Patients	Relatives
Yes	4	2	5	4	1	7
No	1	0	0	0	1	0
No Reply	1	0	0	0	0	1

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RESPECTING THE PATIENT AS AN INDIVIDUAL

Form of address

Respondents were then asked whether NHS Staff address individual Patients in the way in which they prefer, for example, by their first name or Mr/Mrs

The vast majority of Respondents, on the part of both Patients and Relatives, reported that this was indeed the case.

Respondent	Yes	No	No Reply
Patients	23	1	1
Relatives	18	1	0

With only one exception each for Daedalus and Dryad Wards, Respondents reported that Patients were respected as individuals; this appears to be a very commendable result.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	14	15	12
No	0	1	1
No Reply	0	1	0

Cultural Preferences

The taking into account of the cultural preferences of Patients was questioned, for example, any food preferences, whether there was a suitable place to pray, etc..

The majority of those responding indicated that was the case. Those who replied "No" did not qualify their answers with a reason.

Respondent	Yes	No	Not Applicable	No Reply
Patients	14	2	8	1
Relatives	13	0	6	0

Again, satisfaction levels were high across all three Wards.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	9	11	7
No	1	1	0
Not Applicable	4	5	5
No Reply	0	1	0

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Personal preferences

Patients and Relatives were then asked whether the personal preferences of Patients had been taken into account, for example, whether they preferred to sit in the day room, listen to the radio or watch TV, or, to sit quietly in the Ward.

Again, the majority of Respondents confirmed that was the case.

"Sometimes we have to have lunch in the day room, I would prefer to stay here [in the ward]."

Respondent	Yes	No	Sometimes	Not Applicable	No Reply
Patients	22	1	1	0	1
Relatives	16	2	0	1	0

High levels of satisfaction overall were reported throughout the three Wards surveyed.

Ward	Yes	No	Sometimes	Not Applicable	No Reply
Sultan	12	1	1	0	0
Daedalus	15	1	0	1	1
Dryad	11	1	0	0	0

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INFORMATION ON ADMISSION AND REGARDING DISCHARGE

Information given on admission to hospital

Patients and Relatives were asked about information given on admission to hospital, in respect of various aspects of their stay.

Respondent	Yes	No	No Reply
Patients	23	1	1
Relatives	13	3	3

Patients responses were almost 100% positive, whilst only two thirds of the responses received from Relatives were. Again, satisfaction levels were high across all three wards.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	11	15	10
No	2	2	0
Not Applicable	1	1	2

Patients and Relatives were asked what information they had been given on admission:

Respondent	Where the bathrooms are	How to call a nurse	Meal times	Visiting times	Where the day room is	How to access the telephone	I had to ask	No Reply
Patients	18	22	18	18	21	12	1	1
Relatives	11	12	10	13	12	10	3	3

The Ward split for these responses was as follows:

Ward	Where the bathrooms are	How to call a nurse	Meal times	Visiting times	Where the day room is	How to access the telephone	I had to ask	No Reply
Sultan	9	11	9	9	10	7	3	2
Daedalus	13	13	11	12	12	9	1	1
Dryad	7	10	8	10	11	6	0	1

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Hospital Discharge Policy

Here, Patients and Relatives were asked whether the Hospital's discharge policy had been explained.

From the responses, it would appear that the information is given more readily to Patients than to Relatives.

"Lack of clear, concise co-ordination of a care package with time schedule."

Respondent	Yes	No	Not Applicable	No Reply
Patients	12	9	4	0
Relatives	5	10	4	0

When looking at this on a Ward basis, there appears to be a fairly level split with a half or more of Respondents saying that they had not had the Hospital's discharge policy explained to them.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	5	8	4
No	6	8	5
Not Applicable	3	2	3

Support and Equipment at Home

Patients and Relatives were asked if NHS Staff had discussed with them whether the Patient would need any support at home.

In this case, Relatives responding replied positively that discussion had taken place, although it should be noted that this is based on only a few definitive replies to this question.

Respondent	Staff have discussed support at home	Staff have not discussed support at home	Not Applicable	No Reply
Patients	11	4	6	4
Relatives	5	0	10	4

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The figures here would appear to be reasonable, bearing in mind the purposes of the Wards concerned. Daedalus shows as the unit with the majority of Respondents saying that support and equipment at home had been discussed, followed by Sultan, with few applicable cases from Dryad.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	5	9	2
No	2	2	0
Not Applicable	4	4	8
No Reply	3	3	2

Next, Patients and Relatives were asked if NHS Staff had discussed with them whether the Patient would need any special equipment at home.

As in the previous question, the responses received were positive overall.

Respondent	Staff have discussed special equipment	Staff have not discussed special equipment	Not Applicable	No Reply
Patients	9	3	9	4
Relatives	6	0	9	4

The ward split for these responses was as follows:

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	5	7	3
No	2	1	0
Not Applicable	4	7	7
No Reply	3	3	2

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NAMED NURSE

Patients and Relatives were asked whether there was a "Named Nurse" allocated to the Patient.

Respondents giving a definite answer to this question gave the result that 20% of Patients said that they had a Named Nurse, although Relatives were more positive in their replies, with a little under 75% saying that their Relative had a Named Nurse.

"Nurses always so busy but very co-operative."

Respondents	Yes	No	Don't Know
Patients	5	17	3
Relatives	14	1	4

Interestingly, differences appear between Respondents answers in respect of the three Wards. Whilst more than half said that they did not have a Named Nurse on Sultan Ward, this figure fell to a little under a sixth for Dryad, with Daedalus - which also accounted for the majority of "Don't know's", falling in between

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	4	6	9
No	9	7	2
Don't Know	1	4	2

Then, those Respondents who understood that there was a Named Nurse were asked if he/she had been introduced to them.

Respondents	Yes	No	Don't Know
Patients	5	0	0
Relatives	10	4	0

It would appear that all patients who said they had a Named Nurse also knew who he/she was, whereas two Relatives each, from Daedalus and Dryad Wards had not met the Named Nurse.

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patients	Relatives	Patients	Relatives	Patients	Relatives
Yes	2	2	3	2	0	6
No	0	0	0	2	0	2
Don't Know	0	0	0	0	0	0

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Respondents were also asked how frequently they had been able to speak to the Named Nurse.

Respondent	Daily	Every Other Day	Every 2 or 3 Days	Less Frequently	Whenever he/she is on shift	No Reply
Patients	0	0	0	0	2	3
Relatives	1	0	1	1	6	1

The responses to this question appear to show that both Patients and Relatives have a low expectation of how often they hope to be able to speak to the Named Nurse.

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patients	Relative	Patients	Relative	Patients	Relative
Daily	0	0	0	0	0	1
Every Other Day	0	0	0	0	0	0
Every 2 or 3 Days	0	0	0	0	0	1
Less Frequently	0	0	0	0	0	1
Whenever he/she is on shift	2	2	2	2	0	0
No Reply	1	1	2	0	0	0

Then, Respondents were asked whether they thought that was sufficient.

All bar one Respondent said that the frequency with which they could speak to the Named Nurse was sufficient.

Respondents	Yes	No	No Reply
Patients	4	1	0
Relatives	10	0	0

Only one Patient (from Sultan Ward) answered that the frequency with which they could speak to the Named Nurse was not sufficient, the reason given was that the Nurses are so busy; all Relatives who responded were satisfied with the frequency.

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patients	Relatives	Patients	Relatives	Patients	Relatives
Yes	1	2	3	2	0	6
No	1	0	0	0	0	0
No Reply	0	0	0	0	0	0

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AVAILABILITY OF NURSES TO TALK TO

Patients and Relatives were asked whether Nurses were generally available to speak to.

This question elicited the response that, on the whole, Nurses were available to talk with Patients and Relatives, the positive response overall being about ten out of eleven.

Many Respondents added that although they believed Nurses to be very busy, they were available when needed.

Respondent	Yes	No	No Reply
Patient	21	3	1
Relative	18	1	0

It appeared that Patients and Relatives concerned with Daedalus Ward were quite positive that Nurses were available to talk to, although the figures were marginally just less for Dryad and Sultan Wards.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	12	15	12
No	2	1	1
No Reply	0	1	0

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TALKING WITH DOCTORS

Patients and Relatives were asked how often they expected to speak to a Doctor about their condition.

Most Respondents indicated that they were content to speak to a Doctor on an occasional basis, as the need arose.

"I wish Doctor had more time to talk." [Relative.]

Respondent	Daily	Every 2 or 3 Days	Once a Week	Other	No Reply
Patients	2	2	6	15	0
Relatives	2	0	3	14	0

The Ward split for this question was as follows:

Ward	Daily	Every 2 or 3 Days	Once a Week	Other	No Reply
Sultan	1	0	3	10	0
Daedalus	2	2	5	9	0
Dryad	1	0	1	10	0

Respondents were asked whether a Doctor had approached the Patient or Relative or if they had been left to approach the Doctor.

Here, whilst all responding Patients said that the Doctor had approached them, in the case of Relatives only half reported that as being the case.

Respondent	Doctor approached me	I had to approach doctor	No Reply
Patients	21	0	4
Relatives	9	8	2

Whilst a minority of Respondents commenting in respect of Sultan and Daedalus Wards said that they had to approach the doctor, half reported that being the case with regard to Dryad.

Ward	Doctor approached me	I had to approach doctor	No Reply
Sultan	11	2	1
Daedalus	11	3	4
Dryad	8	3	1

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Then, Patients and Relatives were asked if they had the chance to ask further questions of the doctor after having had time for reflection.

There appeared to be little difference in perception between Patients and Relatives with regard to having the opportunity to ask further questions following time for reflection, just over two-thirds of those giving a definite response saying that this had been the case.

"I feel I can talk to them anytime." [Relative.]

"Doctors and Nurses very helpful at any time they were approached, giving support and confidence to both the patient and relatives."

Respondent	Yes	No	Not Applicable	No Reply
Patients	12	3	4	6
Relatives	14	3	0	2

The balance between Wards on this occasion appeared potentially interesting. In the case of Sultan, 50% of Respondents stated that they had the opportunity to ask further questions. For Daedalus, the figure from definite responses was 72%, but if the "No Replies" were taken into account as part of the total response, that figure reduced to 44.44%. With regard to Dryad, comparable (to Daedalus) figures were 100% and 91.67% respectively.

Ward	Yes	No	Not Applicable	No Reply
Sultan	7	3	4	0
Daedalus	8	3	0	7
Dryad	11	0	0	1

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STAFF HAVING TIME TO TALK

Then, Patients and Relatives were asked if they felt that Staff had time to talk to them.

One Patient did not respond to this question but all other Respondents did do so, with the results as shown in the following table. Also, although one Patient and one Relative indicated that they felt that some other type of Staff member had time to talk to them, they did not say from what Staff group that person came.

"Good communications, sometimes have to wait for attention but appreciate staff are extremely busy."

"Due to the nurses being so busy, they do not have time to voluntarily give information to the relatives."

Staff Group	Patients - "Yes"	Patients - "No"	Relatives - "Yes"	Relatives - "No"
Doctors	14	11	10	9
Nurses	20	5	17	2
Physiotherapists	17	8	6	13
Occupational Therapists	7	18	6	13
Chaplains	8	17	6	13
Domestics	15	10	12	7

Whilst there appeared to be little difference between Wards, it is interesting to note the high rankings for Physiotherapists on Sultan and Daedalus. (The type of Patients for whom care is given on Dryad Ward might account for the lower number of references to Physiotherapists there.)

Staff Group	Sultan Ward		Daedalus Ward		Dryad Ward	
	Yes	No	Yes	No	Yes	No
Doctors	8	6	9	9	7	5
Nurses	14	0	12	6	11	1
Physiotherapists	9	5	10	8	4	8
Occupational Therapists	5	9	4	14	4	8
Chaplains	5	9	2	12	7	5
Domestics	9	5	8	10	10	2

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HELPFULNESS OF STAFF GROUPS

Patients and Relatives were asked to say which group of Staff had been most helpful and in what way.

It is interesting here to consider these responses in connection with those related to the provision of information and explanation. Although the former results from Patients were favourable, here the "helpfulness" of those contacts appears to be worth further investigation.

"All Staff very kind but very busy."

"Staff can't be faulted."

"Most are kind and pleasant although there are exceptions."

NHS Staff	They have time for me	In the care they give me	They answer my questions
Doctors	2	1	2
Nurses	8	8	6
Physiotherapists	4	2	0
Occupational Therapists	2	0	1
Chaplains	1	0	0
Domestics	1	0	1
Others	0	0	1
All equally as good	0	2	1

When comparing the perceived helpfulness of Staff groups with having the time available to talk, differences appear to occur. For example, whilst Nurses retain a fairly high ranking, that for Doctors seems to fall quite sharply.

If the numbers reporting that Doctors and Nurses have time to talk are compared with those from whom most help had been received, the percentages fall by 70.27% for Nurses and 25% for Doctors. However, this is a fairly crude comparative measure and allowance should be made for that fact.

Staff Group	Sultan Ward	Daedalus Ward	Dryad Ward
Doctors	1	3	2
Nurses	9	9	8
Physiotherapists	2	6	1
O.T's	0	1	2
Chaplains	0	0	1
Domestics	0	1	1
Others	1	0	0
All equally as good	3	3	3

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ATTITUDES OF STAFF

Patients and Relatives were asked how they found the attitudes of the Staff at the Hospital.

"Spoken to in what I consider a rude way at times" [Patient.]

"Very friendly, caring and patient." [Relative]

"They try to be very helpful but can be patronising in some cases." [Relative.]

"All very nice people. If I wanted something special they would help me" [Patient.]

"Staff can't be faulted" [Patient.]

"Efficient and friendly as can be" [Patient.]

"Quite good" [Patient.]

"All right" [Patient.]

"Wished doctor had more time to talk" [Patient.]

"Understanding my Mother & her needs"

"Pleasant, perhaps sometimes "laissez-faire" so that discharge has been delayed" [Relative.]

"Most helpful and understanding" [Relative.]

"Keeping us informed of any progress & informing us of any deterioration" [Relative.]

"Normally very co-operative in all respects" [Relative.]

"Very pleasant but always so busy" [Relative.]

"I cannot fault them they have all been most helpful, had time in spite of being busy" [Relative.]

The wording of the headings in the table is based on the responses received.

Respondents	Excellent	Friendly	Good	Helpful	Caring	Poor	No Reply
Patients	2	4	7	6	2	0	4
Relatives	3	3	6	7	2	0	0

These figures appear to be fairly balanced across Wards and indicate positive satisfaction levels overall.

Ward	Excellent	Friendly	Good	Helpful	Caring	Poor	No Reply
Sultan	2	2	4	4	1	0	1
Daedalus	1	1	5	6	1	0	3
Dryad	2	4	4	3	2	0	0

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EXPLANATION BEFORE TREATMENTS CARRIED OUT

Patients and Relatives were asked whether they were satisfied that any treatments or investigations had been fully explained to the Patient before being carried out.

Overall, the majority of Respondents (89.19%) giving an answer to this question felt that treatments and investigations were explained fully before they were carried out

Of those four Respondents who said that treatments or investigations had not been fully explained, the reason given by one person was because he/she was too unwell whilst the other three said it was because the Staff were too busy.

"Time taken in explanation" [Patient.]

"They are so busy - they just do it" [Patient.]

"Not enough allowance is made for the fact she doesn't hear properly"

"My husband has dementia and cannot understand"

"None given" [Relative.]

Respondent	Yes	No	Not applicable	No Reply
Patients	18	1	1	5
Relatives	15	3	1	0

The Ward split for these responses was as follows:

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	11	12	10
No	2	1	1
Not Applicable	0	1	1
No Reply	1	4	0

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CONSISTENT APPROACH TO INFORMATION

Patients and Relatives were asked whether there had been a consistent approach to information received from NHS Staff.

Whilst just over two thirds (68.18%) of Respondents - both Patients and Relatives - said that information had been consistent, the other third was either unsure (20.46%) or - in just over a tenth of responses (11.36%) - considered that was not the case.

"Communication couldn't be better, always courteous but they have too much to do."

"All branches co-operate well in spite of chronic shortage of nursing staff."

Respondents	Yes	No	Unsure	No Reply
Patients	17	2	6	0
Relatives	13	3	3	0

Here, Patients and Relatives seemed more unsure with regard to the position on Daedalus Ward but overall most people were satisfied that it appeared that information was consistent. The figures for Dryad and Sultan Wards, comparing "Yes" against "No" answers were 90.91% and 76.92% respectively, with Daedalus also reaching 90.91% in this context.

Response	Sultan Ward	Daedalus Ward	Dryad Ward
Yes	10	10	10
No	3	1	1
Uncertain	1	7	1

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ADEQUACY OF INFORMATION

There were only five Respondents who said that they had not received all the information they would have wanted and all of them would have liked Staff to have more time to talk to them or to answer their questions.

Respondent	Yes	No	No Reply
Patients	18	1	6
Relatives	13	4	2

Looking at the responses by Ward, there appeared to be little dissatisfaction from Respondents in respect of Dryad and, whilst the negative responses remained the same, potentially slightly less satisfaction in respect of Daedalus, due to several no replies. In respect of Sultan Ward, whilst affirmative responses outweighed negative answers by two to one, there were almost as many non replies as Respondents confirming that the information provided was adequate.

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patients	Relatives	Patients	Relatives	Patients	Relatives
Yes	6	2	10	4	2	7
No	1	1	0	1	0	2
No Reply	4	0	2	1	0	1

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SUMMARY OF DATA REGARDING EXPLANATIONS GIVEN

Throughout the Questionnaire, Patients and Relatives were asked whether they were given an explanation of the processes taking place.

Response	Patients				Relatives			
	Yes	No	Don't Know	No Reply	Yes	No	Don't Know	No Reply
Explanation for Admission Given	68%	20%	12%	0%	89.47%	10.53%	0%	0%
Explanation for Diagnosis Given	76%	20%	4%	0%	84.21%	10.53%	5.26%	0%
Explanation for Treatment Given	84%	12%	0%	46%	89.47%	10.53%	0%	0%
Explanation for Prognosis Given	52%	28%	20%	0%	73.68%	26.32%	0%	0%
Explanation of Discharge Policy Given	48%	36%	16%	0%	26.32%	52.63%	21.05%	0%

The Ward split for the same group of questions is as follows.

Ward		Explanation for Admission Given	Explanation for Diagnosis Given	Explanation for Treatment Given	Explanation for Prognosis Given	Explanation of Discharge Policy Given
Sultan	Yes	71.43%	71.43%	71.43%	57.14%	35.71%
	No	21.43%	28.57%	21.43%	35.71%	42.86%
	Don't Know	7.14%	0%	0%	7.14%	21.43%
	No Reply	0%	0%	7.14%	0%	0%
Daedalus	Yes	83.33%	83.33%	88.89%	50.00%	44.44%
	No	16.67%	11.11%	11.11%	38.89%	44.44%
	Don't Know	0%	5.56%	0%	11.11%	11.11%
	No Reply	0%	0%	0%	0%	0%
Dryad	Yes	75.00%	83.33%	100%	83.33%	33.33%
	No	8.33%	8.33%	0%	0%	41.67%
	Don't Know	16.67%	8.33%	0%	16.67%	25.00%
	No Reply	0%	0%	0%	0%	0%

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SUMMARY OF DATA REGARDING HELPFULNESS OF EXPLANATIONS

Helpfulness of Explanations

Throughout the Questionnaire, Patients and Relatives were asked whether the explanations at each stage had been helpful.

The results are shown as a percentage of those routed to this question.

Response	Explanation for Admission Helpful		Explanation for Diagnosis Helpful		Explanation of Treatment Helpful		Explanation of Prognosis Helpful		Explanation of Discharge Policy Helpful	
	Patient	Relative	Patient	Relative	Patient	Relative	Patient	Relative	Patient	Relative
Yes	70.59%	100%	78.95%	100%	80.95%	100%	61.54%	85.71%	91.67%	100%
No	17.65%	0%	10.53%	0%	4.76%	0%	30.77%	0%	0%	0%
No Reply	11.76%	0%	10.53%	0%	14.29%	0%	7.69%	14.29%	8.33%	0%

Were the levels of helpfulness of explanations to be combined across all the aspects of enquiry, the outcome by Ward would be that 84.21% of Sultan Patients were satisfied, 94.34% of Daedalus, and 97.99% of Dryad.

Ward		Explanation for Admission Helpful	Explanation for Diagnosis Helpful	Explanation of Treatment Helpful	Explanation of Prognosis Helpful	Explanation of Discharge Policy Helpful
Sultan	Yes	60.00%	77.78%	80.00%	75.00%	100%
	No	20.00%	22.22%	10.00%	12.50%	0%
	No Reply	20.00%	0%	10.00%	12.50%	0%
Daedalus	Yes	92.31%	92.86%	86.67%	75.00%	85.71%
	No	7.69%	0%	0%	25.00%	0%
	No Reply	0%	7.14%	13.33%	0%	14.29%
Dryad	Yes	100%	91.67%	100%	72.73%	100%
	No	0%	0%	0%	9.09%	0%
	No Reply	0%	8.33%	0%	18.18%	0%

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SUMMARY OF DATA REGARDING OPPORTUNITY TO ASK QUESTIONS

Throughout the Questionnaire, Patients and Relatives were asked whether they were given an opportunity to ask questions about the Patient's diagnosis, treatment, etc.

Again, the results are shown as a percentage of those routed to this question.

"If people want to know something the Staff find out for you."

"Any worries/queries raised in person or on the telephone have been dealt with quickly and efficiently." [Relative]

Response	Question opportunity regarding admission		Question opportunity regarding diagnosis		Question opportunity regarding treatment		Question opportunity regarding prognosis		Question opportunity regarding discharge policy	
	Patient	Relative	Patient	Relative	Patient	Relative	Patient	Relative	Patient	Relative
Yes	73.68%	82.35%	68.42%	93.75%	66.67%	100%	76.92%	92.86%	75.00%	100%
No	5.26%	17.65%	5.26%	0%	9.52%	0%	7.69%	0%	0%	0%
Don't Know	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
No Reply	21.05%	0%	26.32%	6.25%	23.81%	0%	15.39%	7.14%	25.00%	0%

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It is interesting to note that while there were few negative responses overall, there were none at all from Dryad Ward.

Ward		Question opportunity regarding admission	Question opportunity regarding diagnosis	Question opportunity regarding treatment	Question opportunity regarding prognosis	Question opportunity regarding discharge policy
Sultan	Yes	72.73%	66.67%	60.00%	75.00%	80.00%
	No	9.09%	11.11%	20.00%	12.50%	0%
	Don't Know	0%	0%	0%	0%	0%
	No Reply	18.18%	22.22%	20.00%	12.50%	20.00%
Daedalus	Yes	66.67%	80.00%	81.25%	90.00%	87.50%
	No	20.00%	0%	0%	0%	0%
	Don't Know	0%	0%	0%	0%	0%
	No Reply	13.33%	20.00%	18.75%	10.00%	12.50%
Dryad	Yes	100%	90.91%	100%	88.89%	75.00%
	No	0%	0%	0%	0%	0%
	Don't Know	0%	0%	0%	0%	0%
	No Reply	0%	9.09%	0%	11.11%	25.00%

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

PATIENTS AND RELATIVES EXPECTATIONS BEFORE ADMISSION

Patients and Relatives were asked if they had any expectations before Patients being admitted to hospital and, if so, whether those expectations had been met.

Eighteen Patients and five Relatives had no expectations, mainly because their original admission had been as the result of an emergency and therefore unplanned.

The following table gives the answers obtained from those who responded.

"I expected it to be like a workhouse, it surpassed my expectations and is much improved"
[Patient.]

"Advisable not to have very high expectations" [Patient.]

"My Mother has found this ward at Gosport War Memorial much more friendly and less stressful than St Mary's."

Respondent	To be well cared for	To get better	Single sex ward	Other
Patients - expectations met	3	1	0	2
Patients - expectations not met	0	1	0	0
Relatives - expectations met	10	0	2	4
Relatives - expectations not met	1	0	0	1

The Ward split for this question was as follows.

Respondent	To be well cared for		To get better		Single sex ward		Other	
	Patient	Relative	Patient	Relative	Patient	Relative	Patient	Relative
Sultan	2	1	1	0	1	1	8	1
Daedalus	0	4	1	0	0	1	11	1
Dryad	0	6	0	0	0	0	2	4

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. January 2003.

OTHER EXPECTATIONS OF PATIENTS AND RELATIVES.

Respondents were invited to identify anything else that they would have wanted or expected.

Comments included the following remarks.

"Staff to have more time, they are very busy." [Patient.]

"Worried about being expected to pay for treatment/accommodation." [Patient.]

"More details of diagnosis and prognosis. Clearer time schedules for discharge and who does what and when for care package and how in some cases." [Relative.]

"The true reason what is definitely wrong." [Relative.]

"At this point in time, given [the Patient] has reached a "crunch point" in his rehabilitation, an overview of the way ahead, time scales and the most likely outcome (eg. going home or care home) would be helpful." [Relative.]

"Would have liked more info re physiotherapy and [the Patient's] walking problems. Also info re treatment of hand (affected by stroke). [Relative.]

"I would prefer that a member of staff was designated to be aware of a particular patient's history to enable family to easily gain updated information on a regular basis without continually having to ask." [Relative.]

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

QUALITY OF COMMUNICATIONS

Patients and Relatives were asked about the quality of communications and the way in which information was given.

Overall, Relatives giving an answer rated the communication of information between "Satisfactory" and "Excellent", with the largest component assessing them on that highest ranking. Patients assessments were less favourable but still only three said that the communications were less than "Satisfactory", although nine out of the twenty-five (36%) did not reply.

- "I'm quite happy, if I ask a question there is always someone there to answer. [Patient.]*
- "We talk about what I want and what they think I should be doing and then we come to an arrangement." [Patient.]*
- "Staff are busy sometimes but when they have time its alright." [Patient.]*
- "Would have liked more time." [Patient.]*
- "Staff have time to talk and listen. I am happy to be addressed by my Christian name." [Patient.]*
- "All information given very good." [Patient.]*
- "Generally content." [Patient.]*
- "Only a number." [Patient.]*
- "Always so busy, but very co-operative." [Patient.]*
- "Alright - if you had any questions you asked." [Patient.]*
- "Couldn't be better. Too much to do." [Patient.]*
- "Good. Sometimes has to wait for attention but appreciate not everything can be done at once." [Patient.]*
- "Not enough allowance is made for the fact that she does not hear properly." [Relative.]*
- "Any visitors are made warmly welcome by all the staff." [Relative.]*
- "Nursing staff seem dedicated to help all patients and are usually very caring." [Relative.]*
- "In general the nursing staff try to be very helpful and I found very kind, as does [the Patient]. This is however spoilt to a degree by the communication process. For example "My relative is deaf and tends to answer 'yes' to questions without I believe staff ensuring that she has understood properly." [Relative.]*
- "All the staff have been most helpful and informative. We appreciate they cannot always stop what they are doing (in the case of emergencies for instance) but will always spend as much time as we need under normal circumstances." [Relative.]*
- "Doctor to be more talkative about case." [Relative.]*
- "Because I live [more than 100 miles away] and am only daughter I have phoned sometimes with concerns and found the staff always helpful - sometimes speaking to the doctors for me and telling me the results. As far as I know [the Patient] has been very happy with the way the staff have treated [him/her]." [Relative.]*
- "Nursing staff seem dedicated to help all patients and are usually very caring where circumstance require ie. [the Patient's] frequent bouts of deep depression by holding her hand and trying to reassure." [Relative.]*

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

"Staff always busy but always had time to talk, giving their full attention. Staff did listen." [Relative.]

"The quality of communications where very good, the Doctors and nurses very helpful, at any time they were approached, giving support and confidence to both the patients and the relatives." [Relative.]

"I find communication with staff to me and me to staff very good." [Relative.]

"All the staff were very helpful and made time to give us any information we needed, especially the nurses who gave so much care to the safety and well being of the patient." [Relative.]

"My Mother being of the older generation would prefer to be called Mrs rather than her first name. However this is a small point in relation to the whole picture of care. Some staff can be accused of talking over her, rather than to her, but again this is probably down to those staff with the least experience of care." [Relative.]

"Overall the problem is as experienced at other hospitals, lack of communication, due to the nurses being so busy that they do not have time to voluntarily give information to the relatives." [Relative.]

"A short diagnosis/prognosis note on case notes from Q/A would be helpful to GWM staff as well as relatives. It would help continuity from shift to shift of information so all are familiar with detail and accurate history." [Relative.]

Respondent	Excellent	Very good	Good	Satisfactory	Poor	No Reply
Patients	2	5	2	4	3	9
Relatives	10	3	3	1	0	2

The Ward split for this question was as follows:

Response	Sultan Ward		Daedalus Ward		Dryad Ward	
	Patient	Relative	Patient	Relative	Patient	Relative
Excellent	0	1	2	3	0	6
Very Good	4	0	1	1	0	2
Good	0	1	1	1	0	2
Satisfactory	2	0	2	0	1	0
Poor	2	1	0	0	0	0
No Reply	3	0	6	1	1	0

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

PATIENTS AND RELATIVES FURTHER COMMENTS

Finally, Patients and Relatives were asked if they had any further comments they would like to make.

"If I had to come back into hospital, I would be happy to come back here." [Patient.]

"I only have praise." [Patient.]

"Has difficulty eating - meals put in front told what is there - clock system - but has a lot of difficulty most often. More related to sight. Cant think of any way to help." [Patient.]

"Very pleased with all staff and care." [Patient.]

"Objects to lack of privacy eg curtains being drawn back when still naked." [Patient.]

"Marvellous." [Patient.]

"Staff kind to my mother - no one is perfect! Very considerate to me and my mother (this included the excellent locum doctor)." [Relative.]

"Single sex ward was important for my Mother." [Relative.]

"Some over zealous security staff can appear quite rude." [Relative.]

"I am quite satisfied with the staff generally." [Relative.]

"[The Patient] has only been on the ward for Re-Hab and mobilisation after falls at home. After stays in 3 different wards at St Mary's which left [the Patient] a little confused, [the Patient] has found this ward at Gosport WM much more friendly and less stressful." [Relative.]

"As always things could be much improved by more staff being available, but I don't expect it in our time." [Relative.]

"I was extremely happy about everything in the hospital - an excellent establishment." [Relative.]

"I was visiting the day they had a bomb scare and I could not praise them enough in the way they handled the situation for patients and relatives, everyone was marvellous." [Relative.]

"In spite of a large sign on [the Patient's] wardrobe "Patients washing taken home" and all her clothes being properly marked she was always losing clothes and wearing clothing other than her own." [Relative.]

"I think all staff I have had communications with are doing a very good job and long may they be supported in there good work." [Relative.]

"I would reiterate my comments about the day room (not enough privacy, noise of TV, too much responsibility for other patients etc - although [the Patient] also took on some of this responsibility him/herself). Also slowness in arranging discharge (admittedly, [the Patient] is not an easy case, but a summer discharge would have been far preferable and would have been possible." [Relative.]

"[The Patient] is in long term care at the hospital/ I am content that she is receiving the quality of care which far excels that of any nursing home in the area." [Relative.]

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

CONCLUSIONS

Basis of Conclusions

Conclusions are based on the information supplied by Respondents, in this case representing 43.86% of Patients on the Wards at the time of the survey, 24.56% of "First" Relatives (next of kin) and 8.77% of "Second" Relatives (second next of kin) of those Patients.

Few Patients declined to respond but a large number were not sufficiently fit to be able to communicate with those asking the questions.

It is not possible to assess why the other "First" Relatives did not respond; although 8 gave their reasons, the balance did not reply.

"Second" Relatives had not been either identifiable or directly contactable in all cases. As there were only five responses from the "Second" Relatives, their replies were included with the "First" Relatives responses as it was felt that there were not enough responses to assess them separately.

Satisfaction Levels and Issues Identified.

Most Respondents are generally satisfied with communications between themselves and the Staff at the Gosport War Memorial Hospital and many offered very complimentary remarks about the Staff at the Gosport War Memorial Hospital and the services provided to Patients there.

Many Respondents have noted how busy and understaffed the Wards appear to be.

It would appear that it is not clear to Patients and Relatives whether they are speaking to a GP or a Consultant.

There is lack of clarity as to whether information about reasons for admission, etc., is gained from Personnel at the Gosport War Memorial Hospital itself, or from other sources.

The different groups of Staff appear not to be clearly identifiable to Patients and Relatives.

There is lack of knowledge as to whether or not Patients have Named Nurses and, if so, which members of Staff actually fulfill that role for each Patient.

Relatives seem to have some difficulty in accessing Hospital Doctors for information about Patients.

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

RECOMMENDATIONS

Attention is given to clarifying the role of "Named Nurses" and, if the practice is considered to be of value and to continue, improvements made in dealing with communications relating to:

- how Patients might be adequately informed about the individual who is their Named Nurse
- how communication is maintained when that Named Nurse is not on duty on the ward; and,
- how Relatives are informed and may access the Named Nurse, at times when they seek information or advice.

Attention is given to the methods by which Relatives may access Doctors to speak to them and provision made:

- to inform Relatives about best ways and times to contact Doctors;
- to give Relatives more opportunities to communicate with Doctors; and,
- to create a culture whereby other Staff are able to offer Doctor contact to Relatives.

Consideration is given to the development of an agreed policy and practice between "admitting" hospitals and the Gosport War Memorial Hospital regarding communication of information to Patients and their Relatives, to ensure that (unless the Patient and/or Relative is too unwell to communicate):

- all Patients and their Relatives receive information about the Patients' health condition, treatment/care, and prognosis before admission to the Gosport War Memorial Hospital; and,
- the above information is repeated on admission.

Consideration is given to the ways in which information may be communicated to Patients and their Relatives, during their stay in Hospital, to ensure that the communications are handled in such a way that Patients and their Relatives find them to be:

- helpful, through the use of non-patronising but also non-"jargonistic" wording and unexplained medical terminology; and,
- responsive to the specific queries and concerns which are raised.

Recognition is given that part of the Staff's role is to talk with Patients and their Relatives in accordance with their needs by:

- ensuring the adequacy and appropriateness of staffing types, numbers and gradings, and,
- building this good practice into the appropriate policies and procedures.

Attention is given to ensure that all members of Staff, whenever talking with Patients or their Relatives, always:

- identify themselves both by name and their designation.

Report of the C.H.C's Survey on Communications between Patients and their Relatives and Staff at the Gosport War Memorial Hospital. April 2003.

Consideration is given to carrying out further surveys to provide:

- more detailed data regarding the issues relating to Patients and Relatives perceived "helpfulness" of communications;
- additional data in respect of information given to Patients and their Relatives prior to discharge from the Hospital; and,
- comparable surveys to the one covered in this Report at other Community Hospital facilities in the local area.

When addressing the above Recommendations, it is important to remember that overall Respondents reported satisfaction with the levels of communication and appreciation of the Staff at the Gosport War Memorial Hospital.

APPENDIX A

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE
COMMUNITY HEALTH COUNCIL
Admiral House, Second Floor, High Street, Cosham,
Portsmouth, Hampshire. PO6 3BZ
Tel: 023 9238 3832

COMMUNITY HOSPITALS
COMMUNICATION SURVEY

*We are interested in your views on the ways in which staff communicate with patients and their relatives and visitors here at the Gosport War Memorial Hospital. Please circle or tick the answer which applies to you and write your comments in the spaces provided.
Some questions may not apply to you; please ignore these and move on to the next one.*

About you

- 1. Are you: Male Female

- 2. Are you: Under 50
 51 - 65
 66 - 80
 81 - 95
 96 and over

- 3. Are you completing this form yourself or is someone else filling it in on your behalf?

 - Self
 - Friend
 - Relative (*Please specify how you are related to the patient e.g. spouse, daughter, son etc.*)
 - Carer
 - CHC Member

10. Can you explain why?

.....
.....

11. Were you given an opportunity to ask questions?

Yes No

Your treatment

12. Have you had an explanation of your treatment from: *(Please tick all that apply)*

- Your GP
- Your Consultant at this hospital
- Your District Nurse
- Your Nurse at this hospital
- Anyone Else - *Please specify*

Please go to question 13

- No explanation was given

Please go to question 16

13. Was the explanation helpful?

Yes No

14. Can you explain why?

.....
.....

15. Were you given an opportunity to ask questions?

Yes No

16. Have any changes in treatment been explained to you?

Yes No Not Applicable

Talking with Staff

24. As an in patient, how often do you expect to speak to a Doctor?
.....

25. Has a Doctor approached you to talk to you, or have you had to approach them?

Doctor approached me

I had to approach the Doctor

26. At any time, after having time for reflection (to think about what was said), were you given an opportunity to ask additional questions about the information you have been given,

Yes

No

27. Do you have a named nurse who is looking after your general care?

Yes *Please go to question 28*

No *Please go to question 32*

Don't Know *Please go to question 32*

28. Has he/she been introduced to you?

Yes *Please go to question 29* No *Please go to question 32*

29. How frequently have you been able to speak with your named nurse?
.....

30. Is this often enough?

Yes *Please go to question 32* No *Please go to question 31*

31. How often would you expect to be able to talk to your named nurse?
.....

32. Are nurses generally available for you to talk to?
.....

33. Has there been a consistent approach to explanations and information received about your condition, treatment and care from NHS staff?

Yes No

34. Are you satisfied that any treatments or investigations have been fully explained to you before being carried out?

Yes Please go to question 36 No Please go to question 35

35. Can you explain why?

.....
.....

36. Have you given your consent before any treatments or investigations have been carried out?

Yes Please go to question 38 No Please go to question 37

37. Can you explain why e.g. you weren't asked, you didn't wish to consent, you were unconscious and therefore unable to consent?

.....
.....

38. Do you feel the staff generally have time to talk to you? (Please tick all that apply)

- Doctors
- Nurses
- Physiotherapists
- Occupational Therapists
- Chaplaincy Personnel
- Domestic Staff
- Others - Please specify

39. From the above list, who has been the most helpful?

.....

40. In what way has this person or group of staff been helpful?

.....
.....

41. Can you tell us how you have found the attitudes of the staff in this hospital?

.....
.....

Information you may have been given

42. On admission, were you told: *(Please tick all that apply)*

- Where the bathrooms and toilets are
- How to call a nurse
- Meal times
- Visiting times
- Where the day room is
- How to access the telephone

43. Has the hospitals discharge policy (i.e. what happens when you leave this hospital) been explained to you?

- | | |
|----------------|---------------------------------|
| Yes | <i>Please go to question 44</i> |
| No | <i>Please go to question 47</i> |
| Not Applicable | <i>Please go to question 49</i> |

44. Was the explanation helpful?

- | | |
|-----|----|
| Yes | No |
|-----|----|

45. Can you explain why?

.....
.....

46. Were you given an opportunity to ask questions?

- | | |
|-----|----|
| Yes | No |
|-----|----|

47. Have NHS staff discussed with you whether you will require any support at home. e.g. meals, carer, emergency button or medication etc?

Yes No Not Applicable

48. Have NHS staff discussed with you whether you will require any special equipment at home. e.g. raised chairs, commode, handrails?

Yes No Not Applicable

Your views

49. What expectations, if any, did you have prior to your admission to this hospital (consider aspects of the way you are cared for, your treatment, your condition, single sex wards and single rooms)?

.....
.....
.....
.....
.....

50. Has your stay in hospital met these expectations?

Yes No

51. Can you please explain what it was that made the difference; your answers could make a difference to the way in which services are delivered to better meet patients needs.

.....
.....
.....
.....
.....

52. During your stay in hospital, have you received all the information you wanted?

Yes Please go to question 54 No Please go to question 53

53. What else would you have wanted or expected?

.....
.....
.....
.....
.....

54. In your own words, can you tell us about the quality of communications (the way in which staff explain what is happening to you) and the manner in which information is given; consider whether staff have time to talk to you, do staff listen to you and are you happy with the way in which you are addressed?

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55. Do you have any further comments you would like to make?

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The Community Health Council would like to thank you for taking the time to complete this questionnaire; your help is appreciated.

APPENDIX B

PORTSMOUTH AND SOUTH-EAST HAMPSHIRE
COMMUNITY HEALTH COUNCIL

Admiral House, Second Floor, High Street, Cosham,
Portsmouth, Hampshire. PO6 3BZ
Tel: 023 9238 3832

COMMUNITY HOSPITALS
COMMUNICATION SURVEY

We are interested in your views on the ways in which staff communicate with patients and their relatives and visitors here at the Gosport War Memorial Hospital.

Please circle or tick the answer which applies to you and write your comments in the spaces provided.

Some questions may not apply to you; please ignore these and move on to the next one.

About you

1. Are you: Male Female

2. Are you: Under 25
 26 - 40
 41 - 50
 51 - 65
 66 - 80
 81 - 95
 96 and over

3. Are you a: Relative of the patient *(Please state how you are related to the patient)*

- Friend

Admission to Gosport War Memorial Hospital

4. Did you have an explanation of the reasons for your friend or relative's admission into this hospital from: *(Please tick all that apply)*

- Their GP
- Their Consultant at this hospital
- Their District Nurse
- Their Nurse at this hospital
- Anyone Else - *Please specify*

Please go to question 5

- No explanation was given

Please go to question 8

5. Was the explanation helpful?

Yes

No

6. Can you explain why?

.....

.....

7. Were you given an opportunity to ask questions?

Yes

No

Diagnosis

8. Have you had an explanation of your friend or relative's diagnosis (what is wrong with them) from: *(Please tick all that apply)*

- Their GP
- Their Consultant at this hospital
- Their District Nurse
- Their Nurse at this hospital
- Anyone Else - *Please specify*

Please go to question 9

- No explanation was given

Please go to question 12

9. Was the explanation helpful?

Yes

No

10. Can you explain why?

.....
.....

11. Were you given an opportunity to ask questions?

Yes No

Treatment

12. Have you had an explanation of your friend or relative's treatment from: *(Please tick all that apply)*

- Their GP
- Their Consultant at this hospital
- Their District Nurse
- Their Nurse at this hospital
- Anyone Else - *Please specify*
- No explanation was given

Please go to question 13

Please go to question 16

13. Was the explanation helpful?

Yes No

14. Can you explain why?

.....
.....

15. Were you given an opportunity to ask questions?

Yes No

16. Have any changes in your friend or relative's treatment been explained to you?

Yes No Not Applicable

Prognosis / Future

17. Have you had an explanation of your friend or relative's prognosis (how their health problem might affect their future) from: *(Please tick all that apply)*

- Their GP
- Their Consultant at this hospital
- Their District Nurse
- Their Nurse at this hospital
- Anyone Else - *please specify*

Please go to question 18

- No explanation was given

Please go to question 21

18. Was the explanation helpful?

Yes

No

19. Can you explain why?

.....

.....

20. Were you given an opportunity to ask questions?

Yes

No

Respecting the patient as an individual

21. Do staff address your friend or relative in the way in which they prefer; e.g. Mr/Mrs or by their first name?

Yes

No

22. Have your friend or relative's cultural and religious beliefs been taken into account; e.g. dietary preferences, prayer times, etc?

Yes

No

Not Applicable

23. Have your friend or relative's personal preferences been taken into account; e.g. whether they prefer to sit in the day room, if they prefer to listen to the radio or watch television or to sit quietly to read or knit etc?

Yes

No

Talking with staff

24. How often do you expect to be able to speak to a Doctor about your friend or relatives condition?
.....

25. Has a Doctor approached you to talk about your friend or relative, or have you had to approach them?

Doctor approached me
I had to approach the Doctor

26. At any time, after having time for reflection (to think about what was said), were you given an opportunity for additional questions about the information you have been given?

Yes No

27. Is there a named nurse who is looking after your friend or relative's general care?

Yes Please go to question 28
No Please go to question 32
Don't Know Please go to question 32

28. Has he/she been introduced to you?

Yes Please go to question 29 No Please go to question 32

29. How frequently have you been able to speak with your friend or relative's named nurse?
.....

30. Is this often enough?

Yes Please go to question 32 No Please go to question 31

31. How often would you expect to be able to talk to your friend or relatives named nurse?
.....

32. Are nurses generally available for you to talk to?
.....

33. Has there been a consistent approach to explanations and information received about your friend or relatives condition, treatment and care from NHS staff?

Yes No

34. Are you satisfied that any treatments or investigations have been fully explained to your relative or friend before being carried out?

Yes Please go to question 36 No Please go to question 35

35. Can you explain why?

.....
.....

36. Have you been asked to give your consent before any treatments or investigations have been carried out?

Yes Please go to question 38 No Please go to question 37

37. Can you explain why; e.g. your friend was unconscious and therefore unable to consent?

.....
.....

38. Do you feel the staff generally have time to talk to you (Please tick all that apply?)

- Doctors
- Nurses
- Physiotherapists
- Occupational Therapists
- Health Care Support Workers
- Chaplaincy Personnel
- Domestic Staff
- Others - Please specify

39. From the above list, who has been the most helpful?

.....

40. In what way has this person or group of staff been helpful?

.....
.....

41. Can you tell us how you have found the attitudes of the staff in this hospital?

.....
.....

Information you may have been given

42. When your friend or relative was admitted, were you told: *(Please tick all that apply)*

- Where the bathrooms and toilets are
- How to call a nurse
- Meal times
- Visiting times
- Where the day room is
- How to access the telephone

43. Has the hospitals discharge policy (i.e. what happens when your relative or friend leaves this hospital) been explained to you?

- | | |
|----------------|---------------------------------|
| Yes | <i>Please go to question 44</i> |
| No | <i>Please go to question 47</i> |
| Not Applicable | <i>Please go to question 49</i> |

44. Was the explanation helpful?

- | | |
|-----|----|
| Yes | No |
|-----|----|

45. Can you explain why?

.....
.....

46. Were you given an opportunity to ask questions?

- | | |
|-----|----|
| Yes | No |
|-----|----|

47. Have NHS staff discussed with you whether your friend or relative will require any support at home; e.g. meals, carer, emergency button or medication etc?

Yes No Not Applicable

48. Have NHS staff discussed with you whether your friend or relative will require any special equipment at home; e.g. raised chairs, commode, handrails,?

Yes No Not Applicable

Your views

49. What expectations, if any, did you have prior to your friend or relative being admitted to this hospital (consider aspects or the way they are cared for, their treatment, their condition, single sex wards and single rooms)?

.....
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50. Has your friend or relative's stay in hospital met these expectations?

Yes No

51. Can you please explain what it was that made the difference; your answers could make a difference to the way in which services are delivered to better meet patients needs.

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52. During your friend or relative's stay in hospital, have you received all the information you wanted?

Yes Please go to question 54 No Please go to question 53

53. What else would you have wanted or expected?

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54. In your own words, can you tell us about the quality of communications (the way in which staff explain what is happening to your friend or relative) and the manner in which information is given; consider whether staff have time to talk to you, do staff listen to you and is your friend or relative happy with the way in which they are addressed?

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55. Do you have any further comments you would like to make?

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The Community Health Council would like to thank you for taking the time to complete this questionnaire; your help is appreciated.



PORTSMOUTH AND S.E.HANTS
COMMUNITY HEALTH COUNCIL

APPENDIX C

Admiral House
2nd Floor
High Street, Cosham
Portsmouth, Hampshire
PO6 3BZ
Telephone: (023) 9238 3832
Facsimile: (023) 9221 5014
e-mail: portsmouth.chc@dial.pipex.com
Chief Officer: Mrs. Margaret E. Lovell
M.H.S.M. Dip.H.S.M., M.R.S.H.

October 2002

The Portsmouth and South-East Hampshire Community Health Council (CHC) is conducting this survey to determine the perceived levels of communication between Patients and their Relatives and Staff at the Gosport War Memorial Hospital.

The CHC is interested in finding out about your views regarding communications in this hospital and also to hear your thoughts about any improvements you feel could be made or any areas where praise is due.

It would be appreciated if you could spare the time to complete this questionnaire, with the CHC Member present.

You will be given a leaflet containing information about the CHC.

Any information that you provide will be treated in the strictest confidence and no identifiable data will be released. All results will be produced in anonymised statistical form.

Should you have any questions or comments about this questionnaire, please do not hesitate to contact myself or my colleague, Mrs Ellen Cocks.

With thanks for your co-operation.

Yours faithfully

Margaret E Lovell
Chief Officer



PORTSMOUTH AND S.E.HANTS
COMMUNITY HEALTH COUNCIL

APPENDIX C

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October 2002

The Portsmouth and South-East Hampshire Community Health Council (CHC) is conducting a survey to determine the perceived levels of communication between Patients and their Relatives and Staff at the Gosport War Memorial Hospital.

The CHC is interested in finding out about your views regarding communications in this hospital and also to hear your thoughts about any improvements you feel could be made or any areas where praise is due.

It would be appreciated if you could spare the time to complete the enclosed questionnaire, returning it in the freepost envelope provided no later than 11 November.

A leaflet giving some information about the CHC is enclosed, also our latest newsletter.

Any information that you provide will be treated in the strictest confidence and no identifiable data will be released. All results will be produced in anonymised statistical form.

Should you have any questions or comments about this questionnaire, please do not hesitate to contact myself or my colleague, Mrs Ellen Cocks.

With thanks for your co-operation.

Yours faithfully

Margaret E Lovell
Chief Officer



**PORTSMOUTH AND S.E. HANTS
COMMUNITY HEALTH COUNCIL**

*'Representing the public interest in
National Health Services locally'*

*For further information about the CHC
or this publication, please contact:*

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