

Report of the CHC's survey on communication between Patient's and their Relatives and Staff at the Gosport War Memorial Hospital.

Initially the report goes through the Introduction and Methodology, which explains the reasons for carrying out this survey and the way in which it was done.

The survey was carried out following discussions with the F & G 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 GWMH.

We started by conducting a pilot to test the questionnaire and after some minor adjustments, we went ahead with the full survey.

The wards to be surveyed were Sultan, Daedalus and Dryad, throughout the report you will see tables which display our findings for both the Patient / Relative split and then the ward split.

The figures may not always total the full number of responses, as not all questions were applicable to all respondents or, on a few questions, respondents could tick more than one answer.

Several Patients had been transferred to GWMH from another hospital and so had already received explanations for admission / diagnosis / treatment and it was not always clear whether their answers to this questionnaire related to GWMH or another hospital.

44 responses were received in total, of which 25 were patients, 14 were 1st relatives and 5 were from 2nd relatives. There were no responses from friends of patients.

Due to the low number of 2nd relatives responding, the data obtained could not be treated as statistically significant, therefore those responses have been included along with the 1st relatives.

We did not receive any complete sets of responses, that is Patient, 1st and 2nd relative.

Although we received some completed questionnaires from both a patient and their relative, there was no significant information to be drawn from them in terms of comparable or dissimilar responses.

Sultan ward is GP managed and has the capacity for 24 patients, at the time of this survey only 15 were occupied, of which 11 patients were well enough to answer.

Daedalus ward cares for elderly general medicine and stroke re-hab, it has the capacity for 24 patients, was occupied by 23 at the time of this survey but only 12 were well enough to complete the questionnaire.

Dryad is an elderly continuing care ward and has the capacity for 20 patients, being occupied by 19 with only 2 well enough to complete this questionnaire.

You will see on page 8, the breakdown of the responses received from each ward.

Page 9 shows the age breakdown, there were no patients under the age of 41.

We also sent out a further letter to those relatives who did not respond, asking for their reasons for not completing the questionnaire.

The response rate for this was a little under 50%, with most people saying it was because they don't do surveys

Admissions - page 10

A high positive response to this question, one person identified their negative reply as being because they didn't get a full explanation of why they were moved to this hospital.

GP's and "someone else" were the main people who had given an explanation to patients, whilst for relatives, it was someone else. Someone else was often a member of staff from another hospital.

In the ward split for this question, you will note that Daedalus ward has the higher number of someone else explanations, whilst Sultan's responses favoured the GP - this may be down to the category of patients being cared for on those wards.

Helpfulness of explanation (pg11)

All relatives gave a positive answer, whilst 25% of responding patients said that the explanation was not helpful.

When asked if they had had an opportunity to ask questions, most respondents said that they had, with only 3 patients (one from each ward) giving no reply and 3 relatives, all from Daedalus who said they had not had this opportunity.

Diagnosis (pg 13)

Patients and Relatives were asked if they had received an explanation of their diagnosis, again a mainly positive response with only 5 patients and 2 relatives saying no and 2 no replies.

When asked who it was that had given that explanation, most patients said it was the GP whilst most relatives said it was the consultant - it would appear that there may be some confusion over whether they are talking to a GP or a consultant.

Moving on to the helpfulness of the explanation of the diagnosis, only 4 out of the 35 routed to this question did not say that the explanation was helpful.

When asked about the opportunity to ask questions regarding the diagnosis, all responding relatives said they had been given this opportunity with only 1 patient (from Sultan) did not consider this to be the case.

Treatment (pg16)

Again this shows a highly positive response, with only 3 patients and 2 relatives saying that they did not receive an explanation of treatment. All respondents from Dryad gave a positive response.

When asked who it was that had given the explanation, Hospital Nurses ranked highly, particularly in Dryad, and again, it would appear that there is some confusion surrounding GP's and consultants.

When asked about the helpfulness of this explanation, all relatives said it had been helpful and only 1 patient (from Sultan) said that it was not. There were also 3 no replies.

Once again, all relatives said that they had had the opportunity to ask questions and whilst the majority of patients said this was the case, 2 said no and 5 gave no reply (this was one third of responses).

Explanation of changes in treatment - page 18

It would appear that relatives were given more information than patients, however, most respondents said that this question did not apply to them.

In respect of Sultan Ward, no one said changes in treatment had been explained but most said that this was not applicable to them.

Prognosis (pg 19)

A little under half of patients and just under 2 thirds of relatives said that they had received an explanation of prognosis, all responses from Dryad ward were positive.

When asked who it was who had given this explanation you will note once again the confusion surrounding GP's and consultants and also that the Hospital Nurse ranked highly, particularly for relatives.

We asked whether this explanation had been helpful - although all relatives said that it was, half of the responding patients said that was not the case.

When asked about the opportunity to ask questions, all relatives but one said that they had been given the opportunity, and there were only two negative responses from the patients.

Respecting the patient as an individual (pg 22)

Only 1 patient and 1 relative said that they are not addressed in the way in which they prefer.

The taking into account of patients cultural preferences was questioned, the majority of those responding indicated that they were satisfied, those who replied "no" did not qualify their answers with a reason.

We then asked about personal preferences and once again, the majority of respondents said that their preferences had been taken into account.

Information on admission and regarding discharge (pg 24)

Patients and relatives were asked about information given on admission to hospital, again satisfaction levels were high across all three wards.

Overall, over two-thirds of Patients responded positively, with a slightly lower proportion of relatives saying the same.

Hospital Discharge Policy (pg 25)

We asked whether the hospitals discharge policy had been explained, from the responses, it would appear that the information is given more readily to patients than to relatives.

When looking at the ward split, there appears to be a fairly level split.

Support and Equipment at Home - page 25

We asked whether NHS staff had discussed whether the patient would need any support at home, here, the relatives responded positively that the discussion had taken place, although it should be noted that this is based on only a few definitive replies.

Bearing in mind the purpose of the wards, these figures would appear to be reasonable.

We then asked whether the patient would need any special equipment at home, as in the previous question, the responses received were positive overall.

Named Nurse (pg 27)

Patients and Relatives were asked whether there was a named nurse allocated to the patient, relatives were more positive in their replies.

Then we asked those respondents who said they had a named nurse, if he or she had been introduced to them - It would appear that all patients who said they had a named nurse also knew who he or she was, whereas 2 relatives each from Daedalus and Dryad wards had not met the named nurse.

Respondents were also asked how often they had been able to speak to their named nurse, the responses 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.

All bar one respondent (a patient from Sultan ward) said that the frequency with which they could speak to the named nurse was sufficient.

Availability of nurses to talk to - page 29

We asked patients and relatives whether they considered nurses to be generally available to speak to, overall about 8 out of 9 considered that to be the case.

Talking with Doctors (pg 30)

We asked how often patients and relatives 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.

Also, it would appear that all patients who responded said that the doctor had approached them, whereas only half of the relatives reported that this was the case.

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

Once again, we can see a positive response, with just over two-thirds of those giving a definite response saying that had been the case.

Staff having time to talk (pg 32)

We then asked whether patients and relatives felt that staff had time to talk to them; one patient did not reply to this question, the results are shown on the table on page 32

Helpfulness of staff groups (pg 33)

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

The report draws your attention to the responses related to the provision of information; 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.

Attitudes of staff (pg 34)

Patients and relatives were asked how they found the attitudes of the staff at the hospital; the answers received ranged through excellent, helpful, caring etc.

Explanation before treatments carried out (pg35)

Overall, the majority of respondents (89.47%) said that they felt that treatments and investigations were fully explained fully before they were carried out.

4 said this was not the case, the reasons given were - 1 person because he/she was too unwell whilst the others 3 said it was because the staff were too busy.

Consistent approach to information (pg 36)

Just over 2 thirds of respondents said that information received had been consistent, of those who were uncertain Daedalus Ward received the most answers.

Adequacy of information (pg37)

There were only 5 respondents who said that they had not received all the information they would have wanted,

In respect of Sultan Ward, whilst the majority of answers were positive, there was a relatively high number of non replies.

Summary tables (pgs 38 - 40)

These group together the data regarding explanations given / helpfulness of explanations and opportunity to ask questions which have already been addressed individually in this report.

Patients and relatives expectations before admission (pg41)

Patients and relatives were asked if they had any expectations before the patient was admitted to hospital, and if so whether those expectations had been met.

18 patients and 5 relatives had no expectations, mainly because their original admission had been as the result of an emergency and therefore unplanned.

Quality of communications (pg 44)

We asked about the quality of communications, and the way in which information was given; overall, relatives gave a higher rating than patients, although only 3 patients said that the communications were less than satisfactory, with 9 not replying.

Conclusions - page 47

To conclude, these results are based on the information supplied by the respondents, few patients declined to answer but a large number were not well enough to take part.

Most respondents are generally satisfied with communications between themselves and the staff at the GWMH, and many offered complimentary remarks about the staff at the hospital and the services provided there.

All comments made by respondents are listed anonymously in the report.

It would appear that patients and relatives are generally unclear whether they are speaking to a GP or a consultant, also different groups of staff seem not to be clearly identifiable to patients and relatives.

There is a lack of knowledge as to whether patients have a named nurse.

Relatives appear to have more difficulty in accessing hospital doctors for information about the patient.