

## **Your experience of District Nursing Services**

### **District Nursing Review – Healthwatch Lewisham report on service user feedback April 2014**

#### **Introduction**

Professor Ami David, Nurse Governing body member of Lewisham Clinical Commissioning Group (CCG) presented “Community Based Nursing- A vision for 2014 and beyond” at the CCG board meeting on 6 March 2014. The presentation provided an update of the development of a community based nursing strategy for NHS Lewisham CCG. The work also supports the Community Based Care strategy, Integration with social care and workforce development for nursing across community and primary care.

Healthwatch Lewisham agreed to conduct a review of patient experience to inform and influence the Community Based Nursing Strategy.

#### **Healthwatch Lewisham’s Mission Statement**

Healthwatch Lewisham will enable people, communities and organisations in Lewisham to have a say and influence the planning, commissioning and delivery of health and social care services to improve the health and wellbeing of patients, public and service users.

#### **Our Aims and Objectives**

1. Gather views and understand the experiences of people who use services, carers and the wider community
2. Make people’s views known
3. Promote and support the involvement of people in the commissioning and provision of local care services and how they are scrutinized

4. Recommend investigation or special review of services via Healthwatch England or directly to the Care Quality Commission (CQC)
5. Provide advice and information about access to services and support for making informed choices
6. Make the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national champion
7. Support any complaints function by signposting people to NHS Complaints Advocacy services

## **Purpose**

This report presents the findings of a review of service user feedback about the district nursing system in Lewisham.

The purpose of the report is to assess the data collected about patients' and carers' experiences of the district nursing system. The report will highlight good practice and good quality care, and draw attention to issues and problems that should be addressed. It will provide recommendations where possible to improve the service for service users.

## **Background**

Healthwatch Lewisham highlighted the lack of service-user engagement and consideration of the patient user experience in a recent review of the current district nursing system being undertaken by the CCG. Healthwatch Lewisham has previously received negative feedback concerning some aspects of the district nursing services and was happy to partner with the CCG to undertake this review to ensure that the patient voice is heard in the commissioning and planning of health care services in Lewisham.

District Nursing comes under one of Healthwatch Lewisham's top priorities, 'Enablement', working to ensure people; especially older people get the care they need following hospital treatment.

## **What we did**

Two members of the Healthwatch Lewisham team undertook interviews between April and May 2014.

Healthwatch Lewisham was given a list of current and previous service users and carers of service users to contact by the CCG.

Healthwatch Lewisham was able to speak to 6 people on the list of names given by the CCG and additionally spoke to 6 more people either over the phone or face to face.

Interviews on average took between 15-20 minutes.

A questionnaire designed to receive quantitative and qualitative responses had been compiled beforehand and agreed with the CCG. This was used as a template for the interviewers undertaking the interviews.

## What we found

### Quantitative Data Responses

Below is some of the data that can be analysed quantitatively, adding service users' comments where appropriate to offer further insight.

*Do you have a regular named District Nurse?*

None of the twelve respondents questioned said that they had one named district nurse.

*What is your experience of the district nurse phone system?*

Three out of the nine people who had experiences of the district nursing phone system rated their experience as good. Six out of eleven rated the experience as poor. This is double the number of negative to positive experiences of the call centre and the operation system.

All three of the respondents who rated their experience as good were on the original list provided by the CCG.

2. What is your experience of the district nurse phone system?	On the CCG list?
Poor	yes
Good	yes
No experience	Yes
Poor	Yes
Good	Yes
Good	Yes
Poor	No
Poor	No
Poor	No
no experience	No
Poor	No
no experience	No

Participants had a chance to give additional comments about the district nursing phone system. Here are the comments. It also states whether or not they are on the CCG list.

Do you have any additional comments about the district nursing phone system?	On the CCG list?
It's frustrating when you want to call and get through to someone and can't. Not been happy with the experience; long wait; just rings and rings, waiting for 20 minutes. for three months was really unhappy but it has improved recently.	yes
I do get through on phone to someone	yes
I haven't tried, if I have an issue I call the doctor.	Yes
They don't pass messages on, don't pick up, I have to chase. There should be a system or mechanism that someone picks up if it's urgent.	Yes
always good. I have phoned recently to come out.	Yes
Appalling, total lack of communication. Inability to answer calls, put through on hold, 12 minutes on one occasion. Massive contrast between phone staff and actual staff, phone staff totally unhelpful, unsupportive, didn't listen, weren't caring, weren't friendly or respectful.	No
It just rings and rings. noone ever answers, in the end the doctor had to call for me and they got through, sorted it and the district nurse came.	No
Dreadful trying to get hold of them. They say they open at 9am but you can't get through, noone answers, what if it's an emergency? Can't guarantee if you leave a message that it will get through - I resent that.	No
different nurse every time, never knew who was going to come	No
When I phone they say we leave a message to district nurse. I wait all day and night and I get no answer from them.	No

*Does your nurse/s arrive at the time they say they will?*

A trend found upon analysing the data was that most patients weren't given a specified time in which to expect the district nurse. The majority of the respondents said they were told only which day to expect the nurse however there were some issues around nurses not arriving at all, "They didn't turn up at all, the call centre had no knowledge of when they were going to arrive or call back." One respondent from the list provided by CCG said the timings worked well and that the nurse could call if she was going to be late. Several patients communicated that it was the 'not knowing' when nurses were going to arrive that had a negative impact on their daily routine.

There was a strong correlation between the arrival times being agreed and adhered to and whether a patient's overall experience of the service was good.

*How do nurses respect your privacy and confidentiality?*

All of the respondents questioned said they thought their privacy and confidentiality had been maintained although two noted that this was difficult to judge.

*How did you find the staff?*

The responses in the chart below indicate that overall service users find the staff helpful, kind, supportive, friendly, and respectful. The majority said that they do feel listened to. These questions were difficult for some participants to answer about all the nurses that had cared for them because there had been some discrepancies with one or two nurses which altered their overall experience.

6. How do you find the staff? [Are they helpful?]	6. How do you find the staff? [Kind and Caring]	6. How do you find the staff? [Supportive]	6. How do you find the staff? [Friendly]	6. How do you find the staff? [Respectful]	6. How do you find the staff? [Do nurses listen to you?]
Yes				Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
Yes	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes
No	No	No	No		No
	Yes				

*Do you feel your/care/treatment/medication has been fully explained to you?*

Seven out of ten people said that they felt their care/treatment/medication had been fully explained to them, although it was noted by some participants that the care was straight forward and had been agreed previously with doctors.

*How do you find the quality of your care?*

Out of the 12 participants, eight said that they found the quality of care good compared to four who said that they found the quality of care as poor. Five of the respondents who rated the care as good were on the listed provided by the CCG.

9. How do you find nursing quality of care?	On the CCG list?
Good	yes
Good	yes
Good	Yes
Poor	Yes
Good	Yes
Good	Yes
Good	No
Poor	No
Good	No
Poor	No
Poor	No
Good	No

The comments given about the quality of nursing care were quite varied but the majority were positive in their nature.



Comment
Pretty good, they come three times a week and look after his legs and dressing.
Clean and helpful. Sometimes my dressings have fallen off and the carers are not allowed to redress you so they have to wait until the nurse comes next.
The service is marvellous.
Excellent
Good except for when the bandage came off the next day - didn't stick
The first was more caring, knew about bed sores and brought cream. The second didn't seem to recognise the signs of bed sores, lack of knowledge, wont be calling on them again.
Very poor, legs weren't getting better but they said they are.
Sometimes it sounds like I'm listening to a cassette.
Nurse used to pop in on the way back from work, couldn't praise her enough, she fought against them stopping the treatment.

### *How long do nurses spend caring for you?*

The time a nurse spent with a patient varied considerably depending on the treatment the patient was following. The least time noted was 10 minutes in one case this included writing notes. The longest time spent was around 45 minutes. Six out of nine participants said they felt this was sufficient time, two said it was not and one person responded 'don't know'. Three people commented that as long as the nurses spent the necessary time needed to treat the individual then they were satisfied and didn't require any additional time. *"As long as they spend as long as they need that's okay, whether it's 10 minutes or 20 minutes."*

## Top Themes overall:

Here is a summary of the top themes identified through the interviews. There are actions and recommendations for Healthwatch Lewisham and the Lewisham CCG to take forward.

Theme	Summary	Follow Up Actions and Recommendations
Coordination of Services: Telephone System	<p>One of the main themes identified through the interviews was the coordination between the district nursing central call centre, the district nurses, and the service users.</p> <p>Difficulties getting through to someone, long waiting times on hold, messages not getting through to the nurses, and unreturned phone calls were the main complaints.</p> <p>One carer commented that individuals felt more vulnerable after 6pm when doctors were no longer on call. Not being able to get through to someone on the phone when they had a genuine worry increased feelings of isolation and vulnerability. <i>"Being a carer is isolating, when you need help you need to get through and talk to somebody, you need to get through quickly and get a response - contact is really important."</i></p> <p>One person noted that she thought the system had improved recently.</p> <p>Communication between the district nurses and the supply department for medical supplies was another issue highlighted.</p>	<p>Improving coordination between the central service, district nurses and patients would increase service user satisfaction. Service users and family members expressed a need to be able to get hold of someone when it was important. They would like reassurance that messages would get through and that either the nurses or the call centre workers would reply with an update or response when required.</p> <p>HWL to signpost to 111 for non- emergency calls to service user. The 111 number should be given to patients and family members at the start of the care. The number could be provided on an informational sheet for patients and their carers.</p> <p>Being able to contact the district nurse directly rather than the call centre was a recommendation given by service users.</p>
Coordination of Services: Timing of visits	<p>Two or three of the people questioned had commented that on occasions the nurses had not arrived, and after inquiring it had resulted that they were not even on the list to be visited that day. They had unnecessarily</p>	<p>Useful suggestions were offered by some of the interviewees. Most did acknowledge and take into account that there was a need for</p>

	<p>waiting around for the majority of the day which was frustrating for service users.</p> <p>The majority of people questioned were not given a specified time as to when the nurses would arrive. This was one of the biggest problems identified for service users in this inquiry. The people who had been given a specified time had a better overall experience.</p> <p>Many of the people we interviewed acknowledged that they cannot be given a specific time and that the arrival times will vary depending on how long the nurses need to spend with patients before them.</p> <p>Those that rated this area as good mentioned receiving calls from nurses when the nurses were going to be late or nurses providing specified time slots. Many of those that had a less positive experience felt frustrated that they had to wait, sometimes all day, not knowing when they were going to arrive. One carer mentioned that the times varied between 9-1pm so <i>“twice a week I can’t to do anything, it’s really bad.”</i></p> <p>There were instances when nurses had arrived during lunchtime and even so late in the day that the carer had attempted the treatment. This particular patient had continually communicated to nurses that she needed to be attended to first thing in the morning before getting into her wheelchair in order to continue with her daily routine. She said only one nurse had taken this into consideration and that her requests continued to go unmet.</p> <p>Another service user mentioned having to rush going to the bathroom all day because she was worried that the nurses would arrive when she was in the toilet. This was a source of stress for her.</p>	<p>some flexibility concerning arrival times:</p> <ul style="list-style-type: none"> <li>-Inform individuals as to whether they were on the list to receive a visit that day if visits are not on a daily or regular basis. Make this easy and accessible for patients and their carers to access.</li> <li>-Give service users a two hour time slot within which people could expect the nurses to arrive would be less disruptive for patients’ daily routine and improve their overall experience.</li> <li>-Take patients’ preferences and needs into consideration when planning the visit times.</li> <li>-Maintain communication between nurses and service users if they are running late.</li> </ul> <p><b>HWL signposted this particular service user to PALS at Lewisham Hospital. There was a quick response from the head of nursing and the patient seemed satisfied in how the complaint was being dealt with when HWL last spoke to her.</b></p> <p>Give service users a call 30 minutes before they arrive to let them know they are on their way.</p>
Fit for Purpose/ Meeting Needs: Equipment	Nurses arriving without the correct supplies had occurred on a number of occasions. One carer noted the constant anxiety that nurses would arrive	Ensure that the supply stock is well stocked and communication between nurses and the

	<p>without the needed supplies because they are out of stock. They had since started to request supplies from their doctor which had worked a lot better.</p> <p>Another service user commented that she was told “<i>just give it a try</i>” to use pads which she had already stated she did not like to use.</p> <p>Speaking to one unpaid community carer there had been confusion and a lack of communication and accountability in terms of who was responsible for cleaning, emptying and checking a patients’ catheter between the paid carers and the district nurses. This resulted in the patient contracting an infection through the catheter being too full.</p>	<p>stock department is maintained.</p> <p>Ensure nurses arrive with the necessary and appropriate supplies for every patient.</p> <p>Protocols to be written up in terms of who is responsible for maintaining equipment and medication to avoid confusion.</p>
Fit for Purpose/ Meeting Needs: Care Given	<p>The time nurses spent with patients varied largely depending on the care the particular individual required, which did vary over time.</p> <p>Time spent with patients varied between 10 minutes and 40- 45 minutes. The majority of people questioned felt that the nurses spend adequate time with them although some expressed that they did not.</p> <p>Generally it was felt as long as the nurses spent the necessary time needed to treat the individual then they were satisfied and didn’t require any additional time.</p>	<p>Ask the patient if they need anything else before they finish ensuring the patient is happy that all tasks have been performed and their needs adequately met.</p>
Continuity of Care	<p>All of the service users asked said that they didn’t have a named district nurse but a variety who came. Some said they didn’t know who was going to arrive.</p> <p>Two service users compared really positive experiences when they had an allocated nurse or a nurse that came on a regular basis with other less satisfactory experiences having a variety of nurses.</p> <p>Continuity of care through having one named nurse had a really positive impact on the way patients viewed their care. “<i>Having one named nurse made all the difference</i>”.</p>	<p>It is recommendable to have one assigned district nurse for patients where possible.</p> <p>Being able to contact the district nurse directly rather than the call centre was suggested by service users.</p>

<p>Staff Attitudes</p>	<p>Overall people interviewed were positive about the staff attitudes although standards did vary.</p> <p>Nurses not introducing themselves; not engaging in conversation with the service user or asking how they are; and communication or language difficulties were reasons why people didn't feel satisfied with the attitude and behaviour of staff. Feeling that they were listened to and their concerns or problems taken seriously were important factors in service user satisfaction.</p> <p>Being kind, friendly, meeting the patients' needs and going 'that extra' mile to assist patients all were things that left a positive impression on the service user.</p> <p>It was noted by some interviewees that the district nurses were the only people they saw in a day, and when they felt the nurses were '<i>in and out as soon as possible</i>' without engaging with the patient it left them feeling unhappy with the experience. One lady commented that being bed bound left her in an extremely vulnerable position and felt her overall experience of care had been humiliating.</p>	<p>Ensuring that all nurses maintain the same high level of care while with patients is vital to improve the overall experience of the service.</p> <p>It is recommended that nurses always introduce themselves upon arrival, engage in conversation with the patient while there and asking if their needs had been met while providing them with information as to what to do if they have a problem.</p> <p>Some noted a difference in staff attitudes between the call centre staff and the district nursing staff.</p> <p>Consider providing district nurses with information around services and organisations to signpost or refer patients to who are affected by social isolation; this could include Community Connections, the home library service and Silver Line.</p>
<p>Quality of care</p>	<p>Overall the quality of nursing was considered to be good.</p> <p>The quality of care and patient experience varied largely depending on the nurse. Several participants mentioned one particular nurse with whom they'd had a very good experience, some saying their care had been '<i>excellent</i>'. "<i>His legs wouldn't have got better if it wasn't for her (the nurse)</i>".</p> <p>Many remarked that they were grateful for the care they did receive, especially being housebound and isolated. "<i>I'm glad I've got them, I'm</i></p>	<p>Ensuring that all nurses maintain the same high level of care while with patients is vital to improve the overall experience of service users.</p>

	<p><i>housebound</i>” They appreciated the visits and care but acknowledged that there were parts of the service that could be improved.</p>	
Access to Information	<p>The majority of participants felt they had been involved in decisions made about their care, and that their care and treatment had been explained to them in an understandable way.</p> <p>One example of good practice was a patient having a meeting prior to returning home which involved doctors, nurses, her family and herself to explain how care would work upon returning home, hygiene and the equipment she would need.</p> <p>The majority of service users had not been given resources on paper in terms of useful contact numbers. Some mentioned a blue book but noted this was for the nursing staff more than them in which to record their visits. The majority did not know how to make a complaint if they were not satisfied with the service.</p>	<p>Provide an information sheet with important contact numbers. This could include the call centre number, a number of the district nurse (if possible), what to do out of hours if in need of assistance, and when to use 111.</p> <p>Partner organisations should also be included so that patients know where they can find ongoing support if needed, this could be to overcome social isolation for example. This resource could also inform patient about the quality of care service users should expect to receive with instructions as to what to do if things go wrong or they are dissatisfied with their care. Healthwatch Lewisham and PALS details could be added to this document.</p>

## Conclusion

Responses from service users and their carers of the district nursing system in Lewisham in general rated the quality of the care given as good. There was a trend that when the nurses arrived the care was good, and that as long as district nurses spent the necessary time to complete the care of the patient to their standard this was adequate. There was some inconsistency in staff attitudes and their approach to the logistics around arrival times. These experiences had a lasting impact on the service users’ overall experience.

Coordination of services, communication and staff attitudes were the three main themes identified through the interviews. All these issues can be addressed with the implementation of clear processes, protocols and training.

## Overall Recommendations

- Provide patients with an allocated district nurse and a direct contact phone number for the nurse on duty where possible
- Write a protocol on the coordination of services between the call centre, district nurses and patients to ensure that all patients can get through to the call centre when needed, their messages are passed on, someone follows up, and then returns their call
- Provide a two-hour time slot for patients in which they should expect the nurses, agreed where possible with the patient beforehand
- Introduce a protocol to telephone patients 30 minutes prior to the nurses arriving or in the event that they are going to arrive late
- Provide patients and their carers with an informational pamphlet or sheet which includes important and useful contact information. This should include advice as to what to do in an out of hours emergency, 111, the process of how to make a complaint, PALS, Voiceability, Healthwatch Lewisham, and the contact details of community groups and organisations that may be useful for post-care support.
- Provide a best practice framework for staff around communication and staff attitudes with patients.

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