

**Patient Experience Workshop
Volunteer Rooms, Irvine
14 December 2009
9.30am – 1.30pm**

Small Group Discussion – Group 1

Bad Experiences

- Crisis Situation – no response from service which was being paid for. Failure in services when tried to clarify the situation – no answer on phone, but eventually did get through. Person very vague regarding contact details. No real assurance over phone that issue would be dealt with.
- Lay representation not sought before first meeting of ADHD pathway meeting. No communication. Disparity between what organisations say/advocate and what they actually do.
- Delay in diagnosis. Poor communication from staff. Staff unclear about policies/procedures.
- Difficult to know complaints procedure.
- Automated messages, waiting ages on the phone with lots of options.
- Poor Communication. Staff failed to pass on vital information.
- First point of contact with service didn't know/wasn't able to deal with the issue.
- Staff disbelieving of customer. Knock on effect in other parts of the person's life. Time taken out of person's life having to deal with the issue.
- Dr failed to turn up to meeting. Person felt that they meant nothing – they weren't an individual in their own right. Wasted time for all concerned. Delays for all. Person afraid to make written complaint. Worried that it has implications for future care.
- Dealing with utilities – day off work – no one turned up. Poor communication. Threatening letters. No apology from the company, no explanation 'Standard' letter sent. Left feeling that you're not an individual.
- Rude staff.
- Feeling that you are not being listened to.
- Minimising/trivialising your problem.
- No reassurance from staff.
- No compassion when needed.
- Carers not taken into consideration.

Good Experiences

- GP came out to visit – went above and beyond. Researched issue. Honesty, being treated as an equal.
- Hairdresser – knows your name, got record of information and is knowledgeable, friendly, approachable, cup of coffee, understanding.
- Contact/involvement from head of service.
- Consultant – information at hand before appointment, read patients notes thoroughly. Takes information from carer, but child is central.
- Being sincere.
- Personal touch. Feeling that someone cares.
- Being treated as an individual.
- Praise, encouragement, personal letter.
- Feel good factor – little things make a huge difference.
- Friendly greeting/face.

Bad Experiences

One member stated that a friend with no relatives was taken to hospital. Although member was treated by the patient as *de facto* next of kin, she did not have any formal status and encountered barriers:

- Difficult to get any information, as not a formal next of kin;
- Just kept getting told “Patient confidentiality means we can’t tell you anything”;
- When she eventually traced her friend and visited her, friend was overjoyed;
- No-one had asked friend if she wished the enquirer to be given any information;
- No complaint made, as member didn’t know her rights.

Most common features of bad experiences:

- Not being listened to (everyone);
- Not knowing rights;
- Believing “professionals must know best” (particularly older people).

Comments:

- Important that people are made aware of their rights as a matter of routine, not by having to fight to find out;
- Too many complaints can be counter productive. This shouldn’t be the case, but often is;
- Sometimes, a face to face complaint at the time of a problem can be more effective than a formal; written complaint later, but only if done positively;
- Important that people are able to have a sense of their value, and not be made to feel a nuisance because they have grounds for complaint;
- In cases such as the specific one above, an advance statement would have been helpful;
- Members considered that advance statements could be considered as a “lifestyle” issue, and discussed with people, perhaps by their GP, before health becomes an issue. Get people to think of advance statements as a routine thing to do.

Out of six people in the group, four gave instances of poor experiences (three in NHS), and none had submitted formal complaints. A few reasons for this were:

- Didn’t know rights;
- Believe that staff generally try to do their best, and that poor experience is usually a fault of the “system” rather than an individual;
- Frightened to complain, in case it would lead to the patient suffering worse treatment.

Good Experiences

Two members gave specific examples of good experiences, one with NHS and one with customer care at an airport. The NHS case involved a relative falling ill in England, and arrangements made for transfer back to Scotland, and care here in hospital. The member had been given all the information she requested (she was next of kin), and the care her relative received at all stages of the illness was exemplary. She wrote a letter of thanks, and also bought the front line nursing staff a box of biscuits.

In the other case, the member had overlooked a piece of luggage in the transfer from aircraft to airport car park. The transport driver arranged for a colleague to find the luggage, which was reunited with its owner. The member thanked the individual staff at the time and wrote a letter of thanks to the airport management.

In subsequent discussion, the following points arose:

- In all cases an experience was made good through the care of an individual;
- In NHS cases, it is important that staff understand a patient's condition – even more important in mental health;
- People skills are important and, especially in a clinical situation, and should not be neglected. This is different from professional skills, and involves understanding individuals, and the ability to deal sympathetically with people.

Small Group Discussion – Group 3

Bad Experiences

- Nursing staff sitting at the nursing station and ignoring you. You feel as though you are annoying them.
- The people who get the attention are those who shout the loudest.
- Poor attitude of staff.
- Inflexibility in the system, and by staff members.
- Different rules for them than service users.
- There is not enough staff - firefighting.
- Poor environment.
- Bad 1st Impression.
- Our time less valuable, assumption of lack of knowledge. Institutionalised staff. Some services are efficient. Lack of face to face contact. Lack of humanity.
- It's not easy to complain. You should be able to complain routinely i.e. getting service user feedback routinely. People should be asked for suggestions for improvement routinely as opposed to a complaint.
- Complaint was made, nothing done. Husband dealt with this and eventually saw the doctor.

Good Experiences

- Staff have listened and cared.
- Consistent care.
- Got more than expected.
- It's the little things that matter.
- New appointments system at the GP practice. Appointment drop in clinic between 11am and 12noon. This reduces non attendances and allows for patients to be seen when symptomatic.
- Good interpersonal skills/not just a target.
- Younger doctors seem to be more caring and better at communicating. This may be due to training at University being updated.
- Good information given/signposting.
- Staff know their stuff.
- Well informed.
- Staff valuable.

- Nice environment.
- Volunteers are always well mannered and treat you with respect. A lesson could be learned from them on how to deal with people.

Small Group Discussion – Group 4

Bad Experiences

- Going into a shop and shop workers talking amongst themselves. Make you feel ignored and delay you. It is disrespectful.
- Sales people being too pushy.
- Mobile phone tariff change. Left without any phone/internet for 9 months.
- Mis-selling of deals.
- Ruthless selling, especially to vulnerable individuals.
- Experience call-out charges for essential services.
- Companies using scare tactics to keep your custom.
- Selling on debt, and then having to deal with another company.
- Complaint to MWC about care in hospital. Felt too restricted. Unsure about outcome, but felt better after making complaint.
- Breakdown of communication between patient and staff.
- Complaint made to shop, paper and publisher - resulted in free papers for a year, book token and free copy of a book.

Good Experiences

- Good facilities at hospital made for a good experience.
- Letter of thanks for efforts put into health in partnership seminar.
- Good follow-up post discharge - feeling like social worker actually cared.
- Good customer care at garage – not charging to check over car.
- Sending flowers when brand new car broke down numerous times.
- Money taken from bank account and bank were very helpful and rectified the problem very quickly.
- Credit card monitoring your spending to stop fraud.
- Internet banking confirming changes with you to ensure people aren't fraudulently accessing your account.
- Better service in restaurants for specific dietary requirements.
- Good service from North Ayrshire MH Services. Very encouraging and supportive. Accessing services easily.
- Duty CPN assisting a patient quickly and seamlessly in a 'crisis' situation in the absence of regular CPN.
- Crisis Team supporting someone through a situation at home instead of them going into hospital.

What do you value most in a Mental Health Service?

Response	Total
Accessibility – quickly and easily, and local services.	18
Good quality and continuity of care	18
Holistic care. Support relevant to patients needs. Working in partnership with patient and associated carers.	13
Staff interpersonal skills – caring, listeners, pleasant, sense of humour, accountability and communication.	13
Staff understanding and knowledge in specific conditions and knowing how to access information. Confidence in staff abilities and skills.	11
Inclusive services – not being bounced around.	5
Value for money = equity of service. Services for older people.	3
Good multi-disciplinary working. Sharing of information.	0

How would service users like to be asked about their experience?

- Variety of information gathering mechanisms.
- Technology – emails/online surveys.
- Face to face interviews.
- Same questions, service wide.
- Suitably trained peer group asking service users about experience.
- Questionnaires.
- Has to be un-biased – can't be the member of staff you've been seeing.
- Telephone interviews.
- Staff perspective should also be taken into account.

How would service users like to receive feedback?

- Feedback at regular interviews would be good.
- Written or verbal feedback.
- Variety of feedback methods – internet, GP surgeries, noticeboards, email.
- Should highlight both positive and negative feedback.
- Should be jargon free and easily understandable.
- Carers to get feedback.
- GPs to get feedback.

What do you value most in inpatient services?

- Good quality interaction with staff.
- Feeling safe.
- Having a structured day.
- A lot of reassurance at initial stage of admission when feeling particularly anxious.
- Privacy.
- Environment fit for purpose.
- Respect.
- Innovative and forward thinking staff.
- Dynamic and proactive leadership.
- Carers involved in discharge planning.
- Access to technology – emails, etc.