

Enter and View Follow Up Report

UHNM Renal Satellite Unit at County Hospital, Stafford

Surveys collected on
14th May 2024



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Follow on Report from Survey left on the Renal/ Dialysis Unit at the Stafford County Hospital: UHNM

Context of Visit:

On the 10th of April 2024, Healthwatch Staffordshire reached out to the Renal unit to carry out a regular statutory Enter and View visit. Healthwatch has received feedback from patients regarding issues with the non-emergency transport service. As a result, we aimed to investigate how these issues were affecting the patients and departments that rely on this service. Our objective was to work with the Patient/Hospital team to identify areas that were functioning well, as well as any improvements or measures that needed to be considered.

Review Method:

The visit to the UHNM Stafford County Hospital was conducted by a Healthwatch Staffordshire Engagement Officer and a volunteer colleague. Additional colleagues from Healthwatch Staffordshire also conducted a separate Enter and View at the UHNM Royal Stoke Renal unit.

On the day of our visit, we conducted a survey with the patients: <https://www.smartsurvey.co.uk/s/QR2FUQ/>. The results were analysed and shared within the [original Enter and View](#).

As part of the **Next Steps**, Healthwatch left a ballot box with some paper copies of the original survey and an additional poster containing a QR link on the unit. It was left on site from the 2nd of May 2024 and was collected on the 14th May 2024. This was to allow patients whom we did not get a chance to see to have their say.

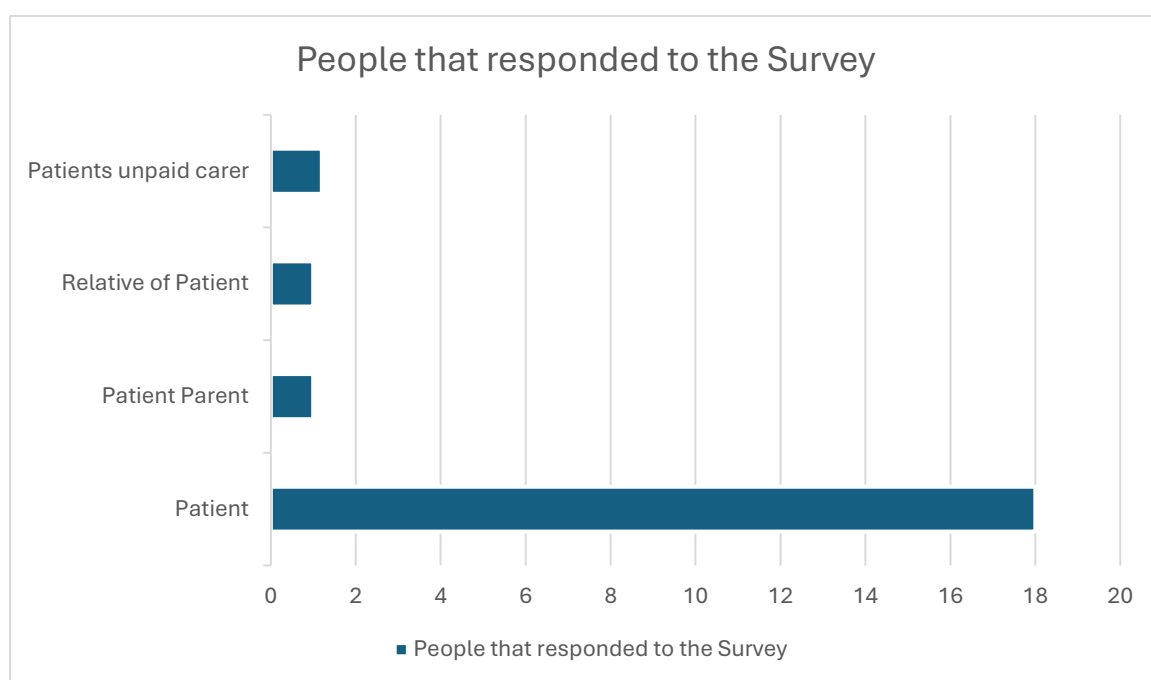
Christine Sherwood Engagement Officer analysed and completed the follow-up report.

Patient Experience and Feedback:

21 additional surveys were collected and once we analysed the feedback, we completed this separate report.

Please see findings below.

Q1 Please Specify who you are:



Q2 & 3 –

These questions have not been included as all responses related to the Renal/dialysis unit at Stafford Hospital.

Q4 – How many times per week do you attend treatment?

We received feedback from an additional 21 patients. 19 informed Healthwatch they received treatment 3 times per week, 1 patient received treatment 4 times a week and 1 patient skipped the question.

Q5 - What transport do you use to travel to the hospital?

All of the 21 patients surveyed responded to this question. Some patients reported using a range of methods to get to the hospital, with 10 using their own transport, 13 using Non-Emergency transport as an option and 2 using friends/relatives on occasion to collect them.

Q6 - Why do you use this method of transport?

Out of the 21 patients surveyed, 3 patients did not leave a comment.

11 patients used the non-emergency transport for the following reasons:

"It's my only option", "Can't drive", or "Just in case post dialysis issues mean it would not be safe to drive, or be incapable to drive so NEPT is preferred "

The remaining patients surveyed who chose to drive commented:

"Non-emergency transport are unreliable", "Long waiting times for Hospital Transport ERS", "Unreliable too early or too late or not at all"

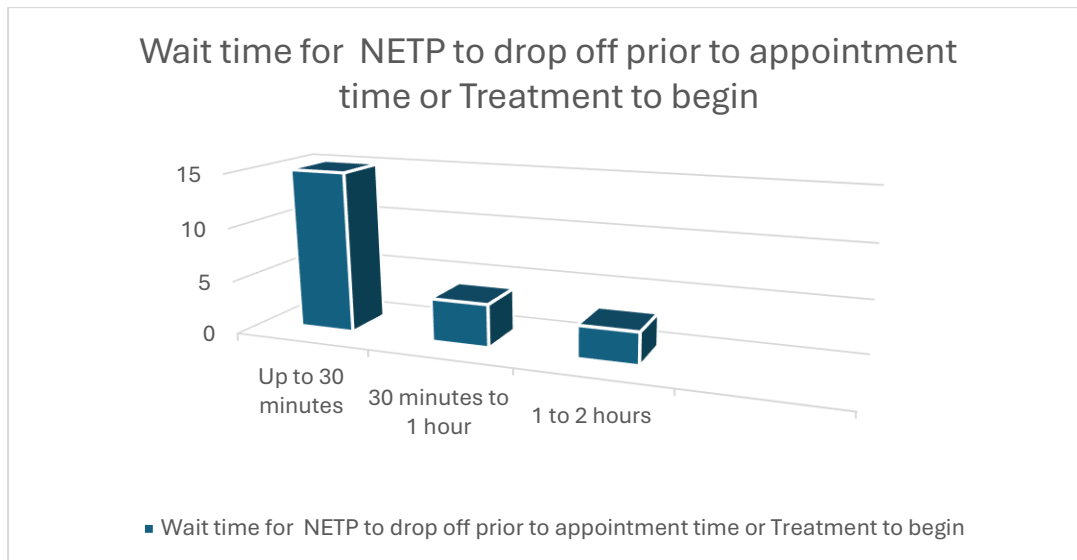
Q7 - If you use your own vehicle, do you have accessible parking at the hospital? For example, parking issues at the hospital etc

Only 11 out of the 21 patients answered *this* question; 9 patients responded yes and 2 responded no.

Feedback comments included:

"Dedicated car park", "There is a reserved area for Dialysis patients and a pass is supplied by the hospital", "We have our own parking spaces, but staff from other parts of the hospital keep taking spaces who have parking permits", We have allocated spaces, but sometimes they are full"

Q8 – On average, how long do you wait for treatment to begin once you arrive at your appointment? / If you use Non-Emergency Patient Transport, how many minutes early are you dropped off prior to your entry time/appointment time?



Q9 – If you arrive late for your appointment, how does this impact your treatment?

Out of the 21 survey's, 1 patient skipped the question and 4 replied *"not applicable"*.

The remaining answers were:

4 patients said that it puts their treatment behind, so they get off the machines later.

1 patient said that getting off the machine late has an impact on the transport going home due to pick-up times.

7 patients answered that it doesn't impact them at all, 1 patient stated it impacts the next patient, 2 stated it can mean less treatment time and 1 said that they don't get seen

Q10 – Do you feel well informed about your treatment plan, for example, the number of weeks of the treatment, the outcome of the treatment, and how the treatment will affect you?

16 patients responded 'yes'.

1 patient responded that *"they don't have a weekly consultant & they get to meet a renal consultant once every 4 months"*.

1 patient commented *"In the main yes, however there are times when we may not be advised of small changes to treatments or renal plan"*

2 patients responded, *"very little information or not at all"*.

1 patient states *"Dialysis is not short term. It is for life it affects you every day not just dialysis days"*

Q11 – Do you feel that as a patient you are listened to and respected by all staff involved in your care, for example, consultants, healthcare assistants, nurses, and transport staff? Are you treated in a friendly and caring manner and feel that your privacy and dignity are respected?

Out of the 21 patients surveyed, 14 patients responded "yes", however, 6 patients commented:

"How some staff can be better than others", "Staff appear busy and can tend not to keep patients informed" and "drivers can be late and don't explain why". 1 patient also mentioned "that doctors don't listen to how dry weight is affecting the patients".

Q12 – Do you feel your needs are accommodated whilst undergoing treatment?

16 patients surveyed answered 'yes'.

1 patient related to dry weight needs assessing.

2 patients stated, *"most of the time, but not by all the staff"*.

1 patient commented *"The selection of food offered is not as per dietician suggestions, tends to be processed meat and cheese"*

and 1 answer did not apply to the question.

Q13 – Do you feel that as a patient you are engaged and communicated with throughout your visit to the hospital and involved in all stages of your care/transport needs?

Out of the 19 responses to the survey question, 16 patients surveyed agreed that they feel engaged and communicated with, 3 patients disagreed, and 2 patients skipped the question.

“The nurses and other staff are brilliant. I have full faith in all of them, for their care and consideration in my treatment and wellbeing”

“Transport is sometimes late with no explanation, and they don't appear to communicate with the venue/office effectively. The organisation of transport seems unsatisfactory”

Q14 – If you are having treatment do you feel that your nutritional/hydration/cultural needs are adhered to, and are you able to communicate them to the staff if there are any issues?

18 patients responded 'yes', 2 responded 'No' and 1 skipped the question.

“Food issued is not suitable for all patients: Re diabetics, Dialysis patients should restrict processed foods.”

“Not all the staff listen”

“Communication between renal unit staff and the visiting Renal Consultant could be better on occasion. This is not easy however due to the low frequency of the consultant visits and relies on entries in the unit staff diary. The absence of a permanent renal secretary at County does not help the situation”.

Q15 – Do you feel safe while undergoing treatment/using non-emergency transport (NEPT)?

16 patients said they 'felt safe'. 2 responded 'No' and 3 patients skipped the question.

However, the following comments were noted.

“Concerning the NEPT on the odd occasion there is the need to ask the driver to slow down to minimise travel discomfort” & “ some drivers can be erratic”

“Sometimes I feel unsafe as I am on my own and suffer from epileptic seizure- Driver stated he would be unable to stop if this was to occur”.

Q16 – Is there space to speak to staff confidentially?

19 patients responded to the question, 15 said ‘yes’. 4 other patients said, *“Staff can be busy”/“Staff don’t always have the time or space to do this if rooms are being used ” etc.*

Q17 – If applicable, on average, how long do you wait for non-emergency transport to and from the hospital?

Out of the 12 patients that left comments, 4 stated *‘up to 30 minutes’*, 6 stated *‘30 minutes – 1 hour’*, and 2 stated *‘1-2 hours’*.
9 patients skipped the question.

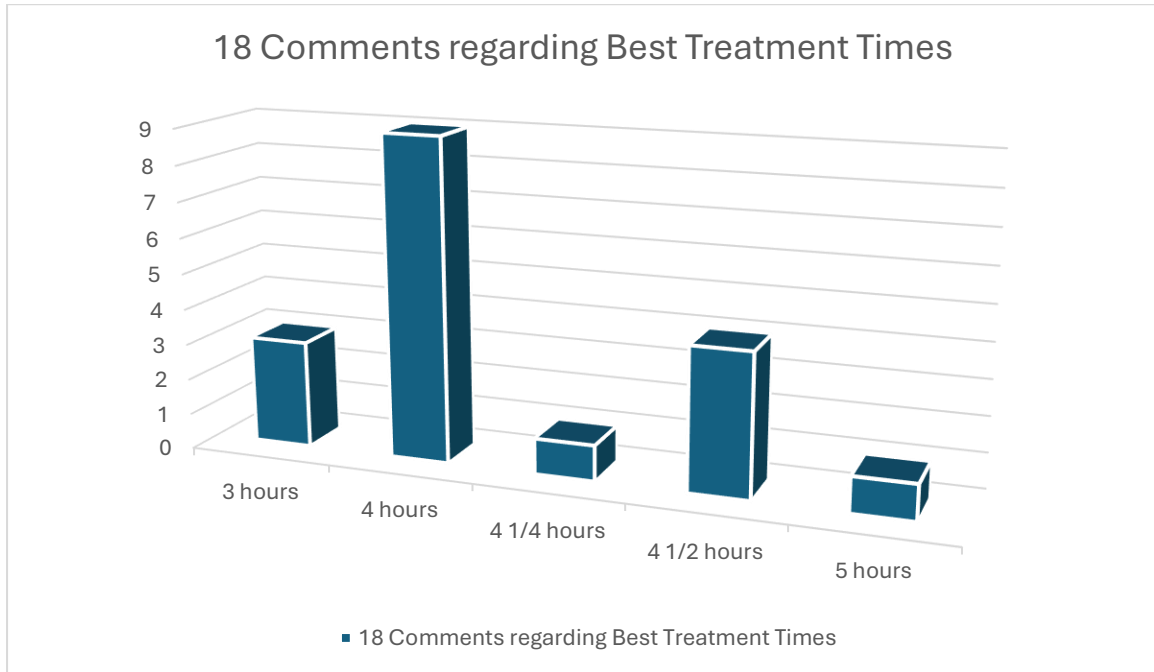
“On occasion, I have personally waited over an hour to be collected from home on other occasions transport has not materialised. I have also waited differing lengths of time to go home. Transport is an area that needs to be addressed I must add that personally for me transport times have improved just lately”

“Mainly 1/2 hour. It has been a long time on some occasions mainly Saturday and one time nobody turned up.”

Q18 – If applicable, generally on average, how many hours are you away from home? This question was broken down into 3 parts: Treatment Time, “Best & worse time”, then travel and waiting for transport: “best & worse time” and some people answered a generic total number of hours away from home. Please see the answers below.

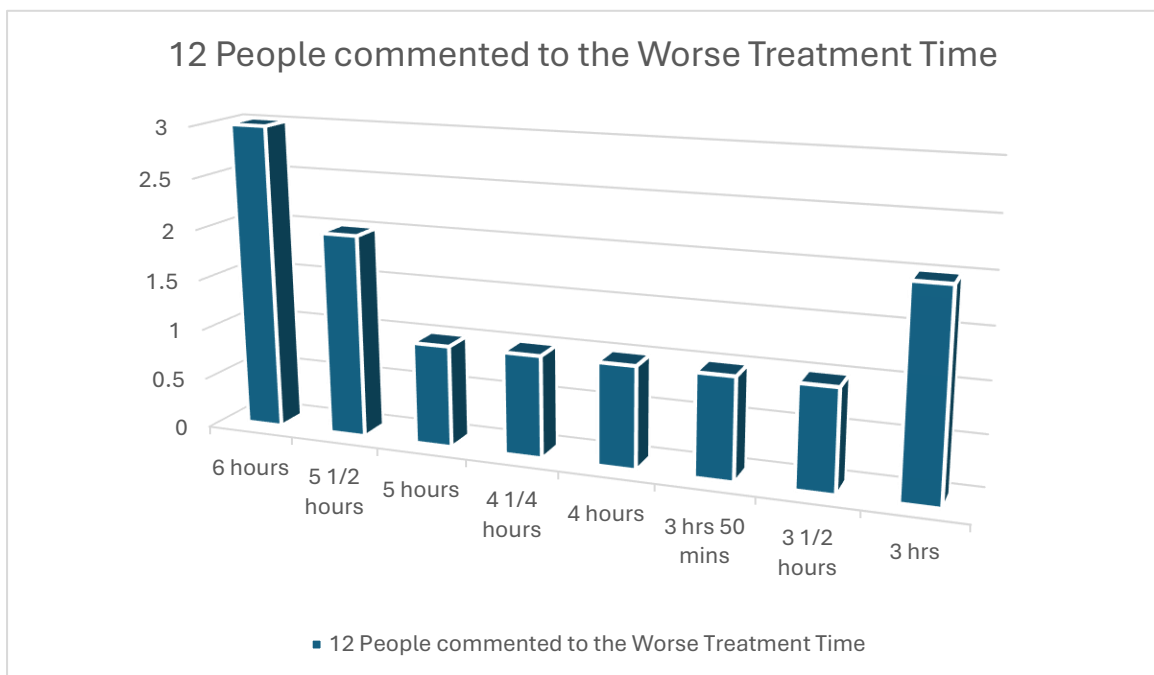
Treatment time:

Out of the 21 additional surveys we received, one patient skipped this question completely and two patients failed to supply an answer.



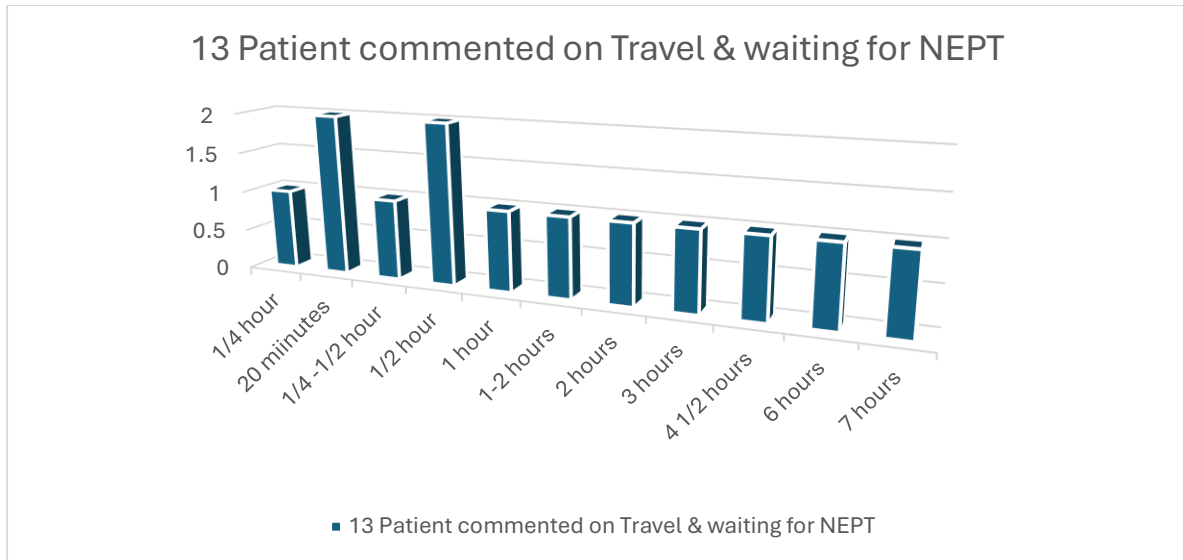
(need to consider that the majority of patients who responded to the survey stated their treatment is 3 hours and 1 patient had a 4-hour treatment plan)

In this section out of the 21 surveyed only 12 answered the worse treatment time:

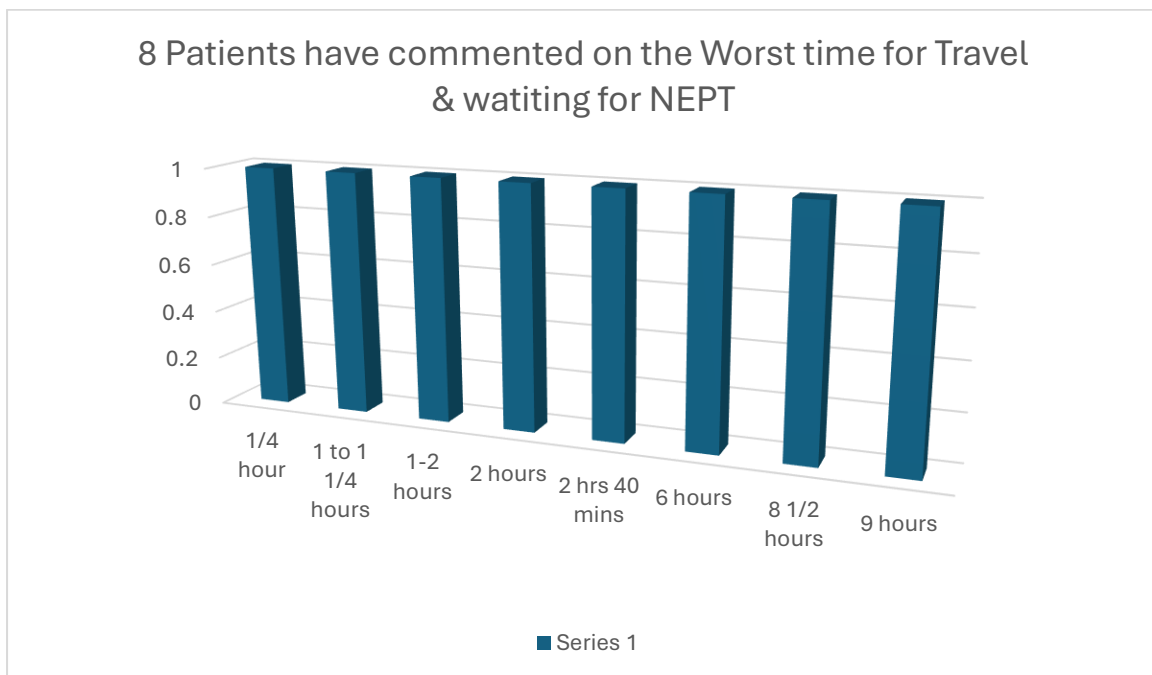


Travel and waiting for transport:

Out of the 21 surveys completed only 13 people made comments in this section regarding time for travel and transport and each person's answer was completely different:



In this section, only 8 people commented on the worst time for travel and waiting for transport.



Some people left a general comment on question 18 :

2 patients answered they were *'away from home for a total of 6 hours'* another patient commented *'5 ½ hours'* and 1 patient commented *"It can vary -can be more"* but no time was specified.

19 - If applicable, are your care needs accommodated after finishing treatment and while waiting for transport home?

Out of the 12 patients that responded, 9 said *'yes'*, 1 said *'No'*, 1 answered *'not applicable'* and 1 patient left the following comment.

"They can be left on their own in the waiting room area", "can be left without refreshment should transport pick up for homeward journey be up to 1 to 2 hours late for the morning shift (e.g. lunchtime missed) and same for the end of PM shift (treatment delayed)"

Q20 - If applicable, how does a delay in leaving the hospital impact your care/support needs/home life? for example personal care, medication, childcare, other family members Please specify.

Out of the 16 responses, 5 had either had no comments or it did not impact them. Patients who did answer the question stated that -

3 stated it *"affects their care packages"*,

2 commented it *"impacts them taking medication on time"*,

1 commented *"impacts the patient's anxiety,"*

1 commented it affects *"family members"*

another was *"I have to sit in the waiting room, and I just want to get home"*,

1 commented it *"Can cause you to be late for appointment following dialysis"* .

1 patient stated, *"has never been delayed other than when needed treatment and this was acceptable"*.

Another patient made the following points.

1. *"inability to commit to or arrange appointments, for other medical needs, including missing telephone consultations with GP".*

2. *"Inability to arrange tradesman visits or home deliveries if spouse or partner cannot be at home due his/her medical needs and appointments".*

3. *"Causes difficulties in meeting grandparent childcare needs for early years child collections and taking sick grandchildren if spouse/partner or mother cannot be there on most occasions".*

Q21 - If you have other health conditions, and attend other hospital departments or your GP, do you feel suitably supported by the health professional you see?

14 patients responded 'Yes' and 4 responded 'No' regarding GP.

Out of 16 patients that comment regarding the Hospital Department, 13 answered 'Yes' and 3 responded 'No'

Patient's feedback.

"Never see the same GP, usually a locum, Dialysis doctor says go to GP, GP doctor says see your Renal doctor"

"I have a very good GP always supportive and the audio dept. at the hospital is marvellous"

Q22 - Are you or your relative aware of how to raise a complaint/concern, for example, hospital or transport?

Out of the 17 patients that responded, 16 said 'Yes' and 1 said 'No'. & 1 patient Commented *"Nothing seems to be done if you do complaint".*

Q23 – Additional comments.

Only 1 person left feedback the other 20 skipped the questions.

“There is no permanent secretary for the Renal unit at County now. This places extra pressure on the unit nurses where they need to support the visiting renal consultants in organising patient notes etc”

Summary

Based on the feedback from patients, it is evident that they are generally satisfied with most aspects of the Dialysis unit and the treatment they receive and have provided positive feedback.

However, there are areas for improvement, particularly regarding the nutritional value of the refreshments provided.

The main issue revolves around non-emergency transport, which seems problematic from the perspective of most patients due to limited communication from the provider. Patients who have access to their own vehicle or family support have chosen to use this option for its convenience. Delays in transportation have led to issues with care packages, scheduling of other appointments, and meal and medication timing.

Additionally, there have been mentions of the lack of a renal secretary at the County Hospital ward and understaffing at times. The Trust is already aware of these issues and is actively working towards improvements.

Some patients feel hesitant to burden the staff and have noted how busy the staff are.

Recommendations

Better communication & listening between professionals and patients has been highlighted within the feedback. This could be an area of improvement. Trust should also promote ways the patient can give feedback and make patients know that they can speak to staff regarding concerns/queries

Trust to consider healthier options for refreshments

Patient transport needs to be improved; lack of communication and understanding regarding operations is causing frustration. If patients were allowed to feed back to NEPT regularly, they would feel their voices were heard which would help. *(Consider locked ballot boxes that NEPT could collect weekly/monthly)*

FEEDBACK

Response from Matron Dani Burn from Renal- Royal Stoke/County/Leighton

“As a team we acknowledge we could make improvements regarding communication and education between patients and staff and will be focusing on the “shared care” initiative at the Haemodialysis Unit at County”.

“We can provide cold food provisions for patients with special dietary requirements. Patients are also able to bring in their own preferred cold food and drinks should they wish to do so.”

Response from R Pilling Head of Patient Experience

“The report is quite mixed- a lot of positive but some recommendations which are always good for our learning and improvement”.

“It is frustrating to read the on-going issues with the transport- both in the report and on the myth busting sheet.”

“It is disappointing to know that such a high proportion of patients didn’t know how to raise a concern however that is something we will definitely work on as a team”.

Response from the Team at the Trust shared with us by R Pilling.

- The transport contract is between the provider and ICB (not UHNM)
- There are a number of forums in place between UHNM, ICB and the provider, with representation from the Renal Department

- Because of the issues with transport there is a Patient Transport Liaison at County and Stoke
- Also, Clinical Nurse Specialist recently attended a System wide Non-Elective Patient Transport Service Action Plan event on behalf of the Renal team with various outputs/actions (some quick wins) and a follow-up meeting to be arranged

Healthwatch have now completed its Annual Report please see link with updates regarding Non-Emergency Patient Transport page 26 & 27.:
<https://healthwatchstaffordshire.co.uk/wp-content/uploads/2024/07/Annual-report-2023-24-Publish.pdf>

Thank you!

Dialysis is a condition that significantly impacts the patient's lifestyle and health. Healthwatch appreciates all the patients who took the time to complete the surveys and extends gratitude to you all & to the team that provides care/support.

The report will now be published on our website and copies will be forwarded to the relevant teams.

Demographic Questions

Q24 Please tell us your age?.

1 age 25-49

2 age 50-64

8 age 65 to 79

10 age 80 +

Q25 Please tell us your gender ?

7 Woman

14 Man

Q26 Is your gender identity the same as you sex recorded at birth?

21 Yes

Q27 Please tell us which sexual orientation you identify with?

2 Asexual

1 Bisexual

13 Heterosexual

2 Prefer not to say

2 Prefer to self-describe