

CHAPTER 8 COMMUNICATION

This chapter considers how the trust communicated with and established relationships with its patients and relatives, its staff and the wider NHS.

PATIENTS, RELATIVES AND CARERS

The trust had an undated user involvement in service development framework, which sets out the principles behind effective user involvement within the national policy framework described in the NHS National Plan. It is unclear from the framework who was responsible for taking the work forward and within what time frame. Given the dissolution of the trust, a decision was taken not to establish a trust wide Patient Advice and Liaison Service (PALS), a requirement of the NHS Plan. However, work was started by the trust to look at a possible future PALS structure for the Fareham and Gosport PCT.

The Health Advisory Service *Standards for health and social care services for older people* (2000) states that “each service should have a written information leaflet or guide for older people who use the service. There should be good information facilities in inpatient services for older people, their relatives and carers”. CHI saw a number of separate information leaflets provided for patients and relatives during the site visit.

The trust used patient surveys, given to patients on discharge, as part of its patient involvement framework, although the response rate was unknown. This was one of the action points arising from a complaints workshop in February 2001. Issues raised by patients in completed surveys were addressed by action plans discussed at clinical managers meetings. Ward specific action plans were distributed to ward staff. CHI noted, for example, that as a result of patient comments regarding unacceptable ward temperatures, the relevant ward purchased thermometers to address the problem. CHI could find no evidence to suggest that the findings from patient surveys were shared across the trust.

COMMUNICATION AND SUPPORT TOWARDS THE END OF LIFE

Staff referred to the Wessex palliative care guidelines, which are used on the wards and address breaking bad news and communicating with the bereaved. Many clinical staff, at all levels spoke of the difficulty in managing patient and relative expectations following discharge from the acute sector. “They often painted a rosier picture than justified”. Staff spoke of the closure of the Royal Haslar acute beds leading to increased pressure on Queen Alexandra and St Mary’s hospitals to discharge patients too quickly to Gosport War Memorial Hospital. Staff were aware of increased numbers of medically unstable patients being transferred in recent years.

Both patients and relatives have access to a hospital chaplain, who has links to representatives of other faiths. The trust had a leaflet for relatives “Because we Care” which talks about registering the death, bereavement and grieving. The hospital has a designated manager to assist relatives through the practical necessities following a death.

STAFF COMMUNICATION

Most staff interviewed by CHI spoke of good internal communications, and were well informed about the transfer of services to PCTs. The trust used newsletters to inform staff of key developments. An intranet is being developed by the Fareham and Gosport PCT to facilitate communication with staff.

TRANSFER INTO THE COMMUNITY

CHI talked to staff from the nursing homes that most frequently received patients from the Gosport War Memorial Hospital. Nursing home staff spoke of good, collaborative relationships with ward staff. Patients admitted into local nursing homes recently, were thought by staff to have been well cared for at Gosport War Memorial Hospital. For example, no concerns were raised with CHI regarding skin integrity (pressure sores) or nutritional status. District nurses echoed these positive views.

Key findings

CHI found evidence of good communication within the trust, both with staff and partner organisations in the local health community.

The trust had a strong theoretical commitment to patient and user involvement.

There are systems in place to support patients and relatives towards the end of the patients life and following bereavement.

Recommendations

1. Both PCTs must find ways to continue the staff communication developments made by the Portsmouth Healthcare NHS Trust.
2. Within the framework of the new PALS, the Fareham and Gosport PCT should, as a priority, consult with user groups and consider reviewing specialist advice from national support and patient groups, to determine the best way to improve communication with older patients and their relatives and carers.

