



Hospital Admissions Avoidance

Focus Group with
retired people in Haringey
November 2017

Who we spoke to

We held a focus group with retired people from Haringey in November 2017 at Tottenham Town Hall. We asked about their general experience of recent admissions to hospital.

Key themes

- Poor, uncoordinated experience of A&E at the Whittington Hospital, was told twice to wait in the wrong place for examination after hitting head/eye and had to ask for results, resulting in several hours' extra waiting, did not need or expect to be admitted
- Son was admitted to North Mid Hospital with malaria, this went smoothly because the paramedics who brought him in communicated well with A&E staff so that he got the right treatment, was admitted overnight and would have expected and wanted this
- Concerns that doctors and nurses in A&E no longer have the expertise to treat people on the spot
- Concerns that there is a government push to keep people with dementia out of hospital
- Concerns about lack of appropriate housing options for people with dementia
- Concerns that the poor quality of domiciliary care for older people with dementia (and abuse and neglect by carers) is resulting in more people needing to be admitted (e.g. with dehydration, malnutrition, pressure sores)

Quotes



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Specific questions

We asked: What do you think about providing carers from A&E to stay with the patient to go home with them, ensure they are safe at home and help organise any follow-ups?

Key themes

- This would not work for people who lack mental capacity (e.g. dementia, severe learning difficulties), in these cases it would be important to have a family member present to liaise with the A&E carers, but not everybody has a family member who could do this
- A&E carers accompanying the person home could be helpful to family carers, helping set them up to handle their care going forwards (e.g. showing them how to do things)
- Agreed that this model could work for most people with mental capacity/memory, but would have to be an alternative model for people with dementia etc.
- In instance of son with malaria (who had lived and worked in Africa), this would not have helped him as he would have had more expertise on his illness than the carers
- Better use of money to pay a nurse to do this than to admit someone to hospital, which is more expensive

Quotes



"This is all very well for people who are compos mentis, but for people who are not compos mentis... Because they sent my mother home who has severe dementia, who had lost her memory... we are talking about thousands of people here who are sent home, even though the people in the hospital know that they have severe dementia, they will continue to send them home."

We asked: What do you think about having treatment at home rather than at hospital? For example what do you think about having intravenous antibiotics (medicine given via a drip directly into your vein) at home?

Key themes

- Two people happy to be triaged by a nurse when they first arrive, as long as they see a doctor eventually
- In case of son with malaria, acknowledged that intervention of paramedics helped and that paramedics are very well trained
- One person (retired A&E nurse) disagreed and thought that doctors should see people first, as they would have more authority to turn people away if they did not need to be admitted, mentioned that she had read a positive article about this [think this must be about GP triage?], acknowledged that would need to train and recruit more doctors to be able to do this

Quotes



“Personally I think doctors should triage, because symptoms can be quite complex and nurses are not doctors, and I think doctors could then immediately prioritise quicker and say this patient has just dementia, the relatives have brought her in [because they are struggling to cope].”

“Doctors could say sorry, we will treat the urine infection or whatever she has come in with and then the bed would not be blocked. Doctors would have more authority to say that, whereas nurses – we don’t diagnose patients, full stop, because we are not trained to do that. I think it would ease the A&E situation immensely.”

We asked: When you get information about health services, do you prefer it to be:

- Face to face
- On a leaflet
- On an app
- Something else?

Comments:

- 3/3 people said preference was face-to-face for consultation and diagnosis
- Need to see someone face-to-face first to ask them about their communication preferences
- For general health information (e.g. self-care, local services), fine for this not to be face-to-face
- Objected strongly to everything only being available online, as this would not reach people at the highest risk of hospital admission
- Questioned who is being targeted with this information – younger, fitter people who could be kept out of hospital more easily or older, frailer people with long term health problems – people who need information, who are able to, can pick up their smartphones or computers, they are able to do it themselves

- One person said that leaflets were helpful because they can be taken to groups and handed out to people when they ask questions (i.e. outreach and signposting), people can take away leaflets to pass on to others. However, it is important that this is in the context of a face-to-face interaction - they will read the leaflet but they also need to talk about the leaflet

About this report and the work involved

This work was done as part of a programme of engagement on the North London Partners Urgent and Emergency Care programme.

North London Partners is the sustainability and transformation partnership for North London, formed of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington. The five local Healthwatch in the North London area are collaborating to promote citizen engagement in the work of the partnership. This includes an extensive programme of engagement on urgent and emergency care, led by Healthwatch Camden.

The work was funded by the Healthy London Partnership which brings together the NHS in London (Clinical Commissioning Groups and NHS England) and other partners to deliver better health and care for all Londoners. Partners include the Mayor of London, Greater London Authority, Public Health England, London Councils and Health Education England. Their ambition is collectively to make London the healthiest global city in the world by uniting all of London to deliver the ambitions set out in 'Better Health for London: Next Steps and the national Five Year Forward View'.

