

Gathering views on integrated care Multi-Disciplinary Team pilots



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

As part of its work to gather views it has the right to visit services. It also gives local people information about local health, care and related complaints services.

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Aims and Context

Islington Clinical Commissioning Group (CCG) commissioned Healthwatch Islington to carry out interviews with users who have experienced integrated care through the Multi-Disciplinary Team pilots. These pilots are aimed at more intensive users of services. The model seeks to bring together professionals from primary care, community services and social care to deliver person centred care. This ensures that patients don't fall into the gaps between services, and avoids the duplication that comes when those responsible for different areas of a person's care are not working together.

Questions were based on a series of statements, known as 'I statements' that have been developed with resident input identifying what's important to them. We also asked patients about the sharing of patient data between healthcare professionals.

All interviews were treated as confidential and carried out by trained and experienced volunteers. Where patients needed additional information, Healthwatch Islington was able to provide this through its signposting service.

We identified participants through the CCG who provided a list of all those eligible to take part. Interviews were semi-structured and took place over the telephone.

Methodology

We were provided with a list of 67 patients who had given consent to be contacted to give feedback following their treatment. Staff and volunteers with qualitative research experience undertook telephone interviews with service users. So as to avoid creating any distress to potential participants, where respondents were struggling to remember their treatment we tried to speak to relatives. 15 respondents were service users, seven were the service user's child or niece/ nephew and in one case a partner responded.

We interviewed 23 people between 19th June and 9th July 2015. Of those on the list, several could not be contacted because their telephone number was not recognised, many could not be reached despite four calls being made at various times of day to the numbers they provided (we left our contact details on the fourth call and did not disturb them after that), some did not want to take part.

The findings

Table 1: The responses to the 'I statements'

Statement	Agree	Disagree	Don't know	No answer	Total
All my health needs were assessed	14	5	1	3	23
Staff listened to me and were empathetic to my needs	18	3	2	0	23
I had enough time in appointments to deal with issues I needed to	16	3	4	0	23
Health and social care staff were prepared for appointments. I didn't have to repeat my story	12	5	4	2	23
My care was co-ordinated	7	3	6	7	23
Staff thought about my mental well-being (as well as physical well-being)	13	2	5	3	23
I was given information about other organisations that I could go to for help	11	5	5	2	23
I felt respected and safe	16	2	2	3	23
I know who to ask if I have a my questions about my care/ support	14	3	2	4	23

The findings

We spoke to 23 respondents. 11 were female, ten were male and two did not wish to respond. One was aged 25-49, four were aged 65-79 and 12 were 80 or older (six respondents chose not to respond). Ten reported that they had a disability, five that they did not and 8 did not answer. Respondents were from a range of ethnic backgrounds. Of those interviewed at least 14 had some sort of input from the South Team Community Matron (seven were registered in the north of the borough) and two had not had additional input.

We asked respondents to agree or disagree with a series of statements and then explored their answers with them. What we report below is what patients could remember. For patients who really struggled with remembering we tried to speak to a relative (as long as the relative had been involved during the consultations and was in a position to answer).

Assessing needs

Just over half of respondents agreed that all of their health needs had been assessed. Respondents had a complex range of needs and in some cases treatment was ongoing.

‘That’s a tough question. Of course not all needs have been addressed. He has so many areas. More investigation is needed.’

Respondent 10

Some responses implied that respondents were not sure whether any further follow up was planned.

Of the 14 respondents who stated that all of their health needs had been assessed, 11 had received additional support from the South Team Community Matron.

Empathy of staff

Most respondents experienced attentive and sympathetic care from some if not all providers. There were reports of staff listening to patients and being ‘very kind’ and ‘asking my opinion sometimes’. However, several respondents had stated that this was varied across services with some staff having more patience, and being better at listening than others.

In one case a respondent felt that their pain had not been taken seriously, in another that staff ‘just do the job and go’. In one case at University College Hospital (UCH) a patient reported being worried about falling again and having to return to the hospital as some of the nurses had not helped her with going to the toilet and had moved the buzzer when she had rung it in the night [Healthwatch Islington can provide further information to the provider]. This question seemed to be the easiest for respondents to answer.

Time in appointments

Most respondents reported having sufficient time in appointments across services. Respondents reported ‘not feeling rushed’, ‘the time being plenty’. One respondent felt they needed more time generally, and another felt that more time for discussion was needed. A further respondent did state that they could benefit with more visits from their carer.

Co-ordination of care

Half of respondents felt that the staff supporting them had been prepared for appointments and that they had not had to repeat their story to different professionals.

‘Everybody’s in contact with everybody. Everyone’s aware... I have disciplinary meetings where 6-7 agencies are involved at once, it’s really good. We draw up a plan together!’

Respondent 4

‘They were as well prepared as humanly possible. They had the notes that had been given to them, which they could also refer to afterwards.’

Respondent 10

‘There is a wait sometimes which is frustrating. They had all the details on their computer so I didn’t have to repeat myself.’

Respondent 11

Not all respondents reported the care being quite so co-ordinated. Several stated that their experience had been mixed and that they needed to repeat their story in some services and not in others (we were unable to draw conclusions about whether this was concentrated in particular service areas).

‘Staff were prepared but he did have to repeat his story but they made it clear they were sorry and he didn’t mind. They knew bits and pieces [about the patient] and gave us the information we needed. They needed more specific details, sometimes what they had was vague.’

Respondent 2

‘One doctor or nurse asking questions and then another one with their clipboard. Husband got irritated as he’d already answered.... a lot of what happened he had to say over and over which made his temper flare up.’

Respondent 16

‘I don’t see my social worker - they’re very hard to get hold of.’

Respondent 12

‘Sometimes it was not. There were different people at different times, not always the same person and that did not help. There were different district nurses and I think it would be much better if it was the same person. It can cause problems when different people turn up at different times.’

Respondent 23

There was a mixed response as to whether people had felt their care to be co-ordinated. Mostly these comments focussed on how information had been communicated.

‘Quite smooth but to be honest sometimes it wasn’t really clear why we were seeing different people but it was smooth. We visited the hospital, then someone came to the house, then [we] went to the GP then there was a matron but we didn’t know the relationship between the three. It seemed that the GP had spoken to one of the other staff but it wasn’t clear that she had spoken to both.’

Respondent 2

‘Sometimes there’s miscommunication but there was lots of contact and communication.’

Respondent 4

[My care was co-ordinated] ‘In most things. The hospital put me on certain pills and when I told my GP she was surprised and hadn’t wanted me on them.’

Respondent 11

Several of these comments reflected a need for more precise communication with patients, particularly around process and what they could expect to happen next, and when.

‘There’s one appointment that she’s still waiting for. It’s been a while. It would be nice to know that there’s an appointment coming up. There is a lack of communication. Orthotics.’

Respondent 19

‘They did co-ordinate home care. She needs treatment at Barts as well for her heart. Thought she would go straight there from UCH but she went home and it’s been 3 weeks now.’

Respondent 21

Of the seven respondents who reported that their care was coordinated, six had received additional input from the South Team Community Matron.

Integration of care

We asked respondents whether providers considered both their physical and mental health and whether they were signposted on to other organisations that could offer support. Generally respondents felt that both their physical and mental health were considered during their treatment.

‘They saw how she was - could tell she’s not herself - away from family and post-op.’

Respondent 14

‘Thought about his dementia.’

Respondent 15

However, some respondents did not feel that they got all the help they needed, or were not asked the right questions.

‘But they did not help with my back or social needs - I want to join a group.’

Respondent 18

(Healthwatch will try and follow up and signpost this individual)

‘At a certain age they don’t ask you the right questions. I can’t remember why I made the appointment and they don’t ask how I’m doing -nothing.’

Respondent 22

‘I’ve got nobody - don’t know. Want to make a complaint about evening care and social worker but no one does anything about it. Fell in the garden, no one else comes to do it, so I tried to do it myself.’

Respondent 12

(Healthwatch will try and follow this up)

‘We were told a full care package was available, but nothing more specific.’

Respondent 10

They ‘leave that to us (my sister and I) Just say “how are you?” general stuff. Mum’s not forthright, so maybe it’s not their fault. She has dementia.’

Respondent 19

Responses showed that respondents had been signposted to a range of services from both the statutory and voluntary sector. One respondent had felt that services didn’t listen to her when she told them that she didn’t need help.

Respect and safety

The majority of respondents felt respected and safe, and generally they had found this to be the case consistently across services. There were some exceptions to this.

‘I’m in this flat - waiting for my personal alarm to come. It’s been a 3 month wait and I’ve had several bad falls since and been hospitalised.’

Respondent 12

‘In February when the surgeon was trying to operate and I didn’t want it was the only time I didn’t feel respected and safe. I was shocked at his lack of understanding.’

Respondent 4

‘I think when you’re a certain age you become a cast off.’

Respondent 22

Follow up

Most people felt that they did know who to ask if they needed further help. Examples listed included GPs (six respondents), Community Matron (three respondents), Social workers (two respondents) and the Navigator (one respondent).

One respondent felt there was no-one to help them and some respondents were not sure who to follow up with. Where appropriate, Healthwatch Islington will follow up these queries.

Data sharing

Islington CCG has Pioneer status for its work developing integrated care. This means that it’s good work has been recognised by the Department of Health and it is receiving some additional help with integrating services. Some of this work is focussed on how our data is shared between care professionals within our local area to improve communication about our needs and treatment (this does not include sharing data more widely). Whilst speaking to patients we also took the opportunity to ask them about how their data is shared.

Most did not know that health care professionals could not always share their data readily. One respondent stated ‘I thought the NHS was one whole system’ and another ‘assumed they could share data’.

Furthermore, most stated that they would be happy for this data sharing to take place and could see the benefits for their care. ‘Really yes because I’m a whole person might help them to link one thing and another thing’. ‘I have no objection - that would help me, that’s all I ask, to be helped’, ‘so long as they are open about this and so long as its beneficial for my father’s help that is fine’.

For those that stated that they would not be happy for data to be shared, they didn’t specify an objection, but noted that they weren’t sure about their reasons.

Table 2: Data sharing

Question	Yes	No	No answer	Total
Did you know that different care professionals can sometimes not share your data without your consent	4	15	4	23
Would you be happy for professionals to share data relating to treatment that you are undergoing	16	3	4	23

Summary and recommendations

Praise for staff:

Generally patients (and relatives/ carers) had a lot of praise for the care delivered and understand the pressures that staff are working under. At this stage it is difficult from these findings to draw conclusions about whether additional community matron input has improved the overall experience.

Clear and constant communication:

From this snapshot of interviews, communication came out as a strong theme. Both communication between professionals, and communication between staff and patients/ carers. Perhaps technology can help with this, but we also need to ensure that staff have time to read and record patient notes despite the huge time pressures they are under.

Information about appointments:

When waiting for access to a service it is easy to underestimate how much this can raise anxiety for patients. The service knows the system for appointment allocation, patients don't and therefore worry that they have been forgotten.

Data sharing:

Due to other work being undertaken at national level around data sharing, this has the potential to be contentious. However, patients can see the benefits of their data being shared between relevant healthcare professionals managing their treatment. Work to look at data sharing should take in to consideration the different ways in which data can be shared and ask for consent at different levels (ie data sharing for a specific course of treatment, versus blanket data sharing).

The survey:

The statement 'My care was co-ordinated' was hard to respond to, and required supplementary prompting. It would be better to more precisely define the characteristics of co-ordinated care, so that respondents are able to understand what is meant. We would re-consider this wording for future work.

