

Medical and Surgical Dressing Services



District

Nursing



Services

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Introduction and Reason for the Survey

Healthwatch Barking and Dagenham are the voice of local people, groups and networks. We are independent and therefore do not have a pre-set agenda or a pre-determined interest in influencing the outcome of the results of consultations and surveys we undertake.

This document represents a collective public response to a survey and is a random sample. This has been conducted impartially - Healthwatch Barking and Dagenham have no organisational view.

Some people contacted Healthwatch and told us that their experience of using the district nursing service was not a positive one. To gauge wider opinion and feedback from people who access the service, we asked to find out:

- **How well the district nursing service was working for people that use it.**
- **How well supported patients felt to enable them to get better as soon as possible.**
- **How easy it is to contact the service team and get help during evenings and weekends.**
- **Whether district nursing staff have enough of the right supplies and equipment to treat patients properly during each visit.**
- **The overall experience patients have of using the services.**

To get the necessary information, Healthwatch contacted the NELFT Integrated Community Services Manager, Julie Myles. Julie provided assistance, via her team, to distribute a Healthwatch questionnaire to patients using the wound dressing service.

Healthwatch would like to thank Julie and her staff at the District Nursing Team for their assistance.

Summary

- This report was sent to Julie Myles, NELFT Integrated Community Services Manager. We received an in-depth response that also included responses and input from Melody Williams, NELFT Director for Integrated Care in Barking & Dagenham.

A number of observations and comments for changes to specific matters of fact have been considered by Healthwatch and added.

All other comments are in the **Appendix** on page 14. Where a response refers to a specific part of the report, it is noted.

- Out of 100 surveys distributed to patients in their homes; Healthwatch received only 33 completed responses back.
- 94% of respondents said that their nurse spent enough time with them on each visit.
- Over 90% of patients said that communication with the service is good to excellent. For example, 100% of respondents were told they would be having treatment, however, only 85% of them indicated they were given a written care plan.
- For access to the service out of hours, 30 (91%) people indicated that they were given contact details; 2 (6%) people did not respond and 1 (3%) person said they were not given contact details for the out of hours service. Of those that did contact the service out of hours; the level of satisfaction was lower, as some patients said they didn't get any response either to their call or any answer phone messages they left.
- Some people - 7 (21%) - say that when nurses have visited them, equipment and dressings were not available for when it was needed during their appointment; rendering the visit a waste of time and the patient not getting the service they should have received.
(See Appendix - NELFT response 1)

Feedback and Responses to the Questionnaire

How long using the service?	Weeks 12 (36%)	Months 21 (64%)				
Why using the service?	Leg Ulcer/Wound 18 (55%)	Post-Op 4 (12%)	Pressure Sore 1 (3%)	Accident 1 (3%)	Dressing 1(3%)	Other 8 (24%)
Made aware of treatment?	Yes 33 (100%)	No 0 (0%)				
If yes, did you receive a care plan?	Yes 28 (85%)	No 4 (12%)	Don't Know 1 (3%)			
Rate the overall Communication	Not Good 3 (9%)	Good 8 (24%)	Very Good 13 (39%)	Excellent 9 (28%)		
Contact details for evenings and weekends?	Yes 30 (91%)	No 1 (3%)	No Response 2 (6%)			
How long for 1 st appointment?	Days 26 (79%)	Weeks 4 (12%)	No Response 3 (9%)			
Are appointments long enough?	Yes 31 (94%)	No 1 (3%)	No Response 1 (3%)			
Does nurse arrive on time for you?	Yes 21 (64%)	No 6 (18%)	No Time 6 (18%)			
Any other comments?	None 21 (64%)	Excellent 7 (21%)	Continuity 2 (6%)	Inconsistent 2 (6%)	Prefer 1 (3%)	

(1) Participants were asked if they were made fully aware of the treatment they were being given and if this included a care plan:

(a) *“Sometimes my care plan is changed without telling me.”*

(b) *“Although I was provided with a care plan for my treatment, I did not get a copy of the information straight away.”*

(2) Patients were asked to comment on their overall view of the communication with the service:

(a) *“Generally, I have had good dealings with the district nurse team.”*

(b) *“I am very happy with the wonderful service the lovely nurses give me - could not wish for better!”*

“I am happy with the service my nurse gives me.”

“I am very pleased with the service I get.”

“The nurses are all very pleasant and helpful.”

“This service is excellent!”

“The nurses I have seen have been extremely caring, helpful and kind.”

“The service has been excellent; all the nurses I have seen are professional and care about their patients. I have nothing but high praise for them.”

(3) Patients were asked if they were given contact information for out of hour's times like evenings and weekends:

"I got contact details but couldn't get hold of the nurses because they were out. Most of the nurses are very good, but some not so."

"They should be given more available time during evenings and weekends."

(See Appendix - NELFT response 2)

(4) Patients told us how long they waited for their appointments; if they were given an appointment time and whether the time they receive for the visit is long enough:

"I never know if they are going to turn up. Sometimes I have gone 4 or 5 days without them turning up, so my son does my legs for me. They are meant to come Mondays, Wednesdays and Fridays."

"I wish they could come regularly in the morning as I have to go out in the afternoon."

"They do not give me a time, they just say see you on whatever day. Previous to seeing them, they would come either weekly or fortnightly, but for some reason and without any explanation, they stopped coming."

"The district nurse does not give a specific time for when they will arrive."

"No appointment time given."

"No agreed time, they come whenever they turn up."

"Nurses seem stretched - they do not have much time for me. I see different nurses at different times - there is no continuity. They do not take time to read my notes."

"I have never been given an appointment time; this doesn't seem to apply to me."

(See Appendix -NELFT response 3)

(Healthwatch asked how many staff are working in the team and providing this service, to which there has been no response)

(5) People were asked to give their views and comments about other aspects of the service and their experiences of using it:

“There have been problems with the delivery of medical supplies which only they can order. Sometimes there have been shortages of dressings. I was also informed I should be having my blood pressure taken during each visit - this has been done twice. I was told they do not always carry the equipment with them. Apart from these issues, the nurses are very nice and helpful.”

“My doctor never seems to get the prescriptions done on time, so I don't have the dressings when the nurse comes - I have to ask my doctor myself. Just as my legs start to get better, they don't turn up and then they get bad again.”

I do not always hear them if they gently knock on the door; they need to ring the bell or knock on the door more loudly.”

Generally, we have good dealings with the District Nursing Team. They should be given more available time during evenings and weekends, but overall I am happy with the service they give.”

(See Appendix - NELFT response 4)

Healthwatch needed to find out a number of points about how the services should be delivered from the perspective of the Integrated Care Team.

The following information was provided by the Service Manager for points raised by Healthwatch:

The number of district nursing staff that cover the wound dressing service in the borough:

There is not a specific wound dressing service commissioned in Barking and Dagenham. The district nursing service provides nursing care to housebound patients over the age of 16 years old. It covers a wide range of nursing care functions and wound dressings are only a small part of the work undertaken during visits.

Different teams serving different areas of the borough and how this is organised:

The district nursing teams are based in 6 locations in the borough. Each location is aligned to a number of GP practices - usually 6 or 7 practices within each locality. District nurses are part of a multi-disciplinary community health and social care team (CHSCS). The teams also include GPs; Social workers; Occupational and Physiotherapists and Community Matrons. Each fortnight, the teams meet to discuss patient care.

Patients contacting the service during evenings and weekends and how it should be working:

The district nursing service is commissioned to work 24 hours a day; 7 days a week. The number of staff available at weekends, evenings and bank holidays is less than week days. Any patient on a district nurse's case load that requires wound care are assessed and informed about how often the wound requires dressing.

(See Appendix - NELFT response 5)

Under the current system, the responsibility for ensuring that patients have the appropriate medical supplies for when a nurse visits:

When admitted to the district nurse case load every patient is assessed and a treatment plan agreed with them and/or their carer. A prescription is either ordered from the GP practice or if a prescribing nurse, will themselves write the patient a prescription for the dressings. The patient or the family are responsible for arranging either to collect or have the items delivered. Nursing records held at the patients house states that it is the patient's responsibility to obtain dressings and any other prescriptions from the chemist. When dressings need to be replenished, the nurse may request a repeat prescription from the GP. Delays occur if the GP Practice does not issue the prescription in a timely way to the Pharmacy.

Policies and Practices set in place as a standard to monitor and safeguard levels of service for patients and carers:

Within each district nursing team there is a team leader who is a qualified district nurse. The district nurse leads a team of community nurses; health care and rehabilitation assistants. It is the role of the district nurse to monitor the practice of their staff. Practice is also monitored by a random, monthly patient satisfaction audit that is carried out in each locality. There are other audits that include infection control and a 3 monthly clinical audit which the staff are required to complete. There is also an annual record keeping audit completed where a particular area may require improvement and an action plan to be developed.

(See Appendix - NELFT response 6)

- All the staff receive 1:1 monthly clinical supervision and annual appraisal with their line manager.
- All the staff have to complete mandatory training which is monitored regularly.
- All patients are provided with a complaints leaflet when they receive their first visit. Complaints are taken seriously and investigated.

Responsibility for ongoing assessment:

When a patient is discharged home from hospital and they are rendered housebound, a district nurse will visit them to assess if they need ongoing district nursing support. If the patient meets the criteria for the service and is admitted to the case load, the district nursing team will visit to assess and evaluate any care provided. If the patient is mobile and able to visit their GP practice, then they are referred to the practice nurse for ongoing care.

How a GP is informed about their patients need to receive a wound care service at home:

The GP or Acute Trust would refer patients directly to the district nursing service. Once a patient has been assessed the district nurse would, at that point in the pathway, request dressings to be prescribed from the practice.

(See Appendix - NELFT response 7)

Time limits for how long district nurses should spend with each patient and how it relates to the service key performance indicators (KPI):

There are no set time limits for any patients - all patients are initially assessed and this assessment can take up to 2 hours. For ongoing care, a nurse would spend whatever time is necessary to redress a wound. There is no set KPI to measure this as the needs of each patient are different.

(See Appendix - NELFT response 8)

Patients requiring ongoing care for their wound dressing, their needs are communicated to their informal carers:

Where a patient has a family carer living with them at home, the nurse should discuss proposed care with them if the patient has given their consent. Where consent is given, the needs of the patient should be discussed with the family member too. If the carer is an informal carer, the nurse would communicate issues when it is necessary to do so i.e. if the patient is bed bound and the nurse needs to meet with the carers to enable the treatment to take place. Wound care may not interfere with any other care being provided. There are also records for the treatment within the patient's home; these are a short record of the care and plan for what will take place. These can be shared and accessed by other professionals who maybe visiting the patient, if the patient is happy for them to see them.

Conclusions

Many patients said the service they received has been meeting their needs and that they were positive about their experience - the majority indicated that it was very good or excellent; especially during their interactions and dealings with the nursing staff. There were individuals who had negative experiences in relation to a lack of continuity; where they were not comfortable with having to see different nursing staff.

(See Appendix - NELFT response 9)

It has emerged from feedback that some patients are given appointment times and others are not. Whilst recognising that the district nursing service seeks to be flexible and personalised in their approach to giving care for each individual patient - there is some concern that patients that might prefer and need their care at specific times are not receiving it.

(See Appendix - NELFT response 10)

Having contact information for evenings, weekends and bank holidays is good for patients and can provide peace of mind if they need support during these times. It does however, become ineffective if the calls and contacts are not responded to in a timely way. Having sufficient levels of staff to provide the service - especially during out of hours times to maintain standards - is important for patients. The team manager did not provide Healthwatch with an answer concerning the number of staff that carry out the wound dressing service as it is deemed to be only a small part of the nursing visit work load. The district nursing team is a 24/7 nursing service; there is concern that during vulnerable times for patients, the reduced numbers of nurses available and working at those times puts a strain on the service.

(See Appendix - NELFT responses 11 & 12)

Having the correct medical supplies ready for a nurse's visit is crucial for the service to work well and fully meet the needs of individual patients. Without them, the service cannot be adequately provided and visits become a waste of time. The current process has a GP or a nurse prescriber ordering the first dressings for patients. The patients or family members are responsible for arranging to collect or have the prescriptions delivered. Healthwatch were advised that the patients are given written information about their responsibility to get the dressings for when they need them. There are concerns that some patients and their families are not being made aware of and understand this.

When patients are discharged from hospital, if they are house bound, the district nurse should visit them to assess their needs for an on-going service. Healthwatch were sent details of the process. It appears to refer to assessment criteria and evaluation but doesn't describe much about the measures in place to monitor the ongoing service. The district nurse Team Leader is responsible for monitoring how well the service is working for the patient. For patients who can get out of their homes, their treatment should be monitored by their GP practice.

At the times when the district nurse is not present, some patients needs may require other carers/family members who support them, to have the knowledge to change dressings correctly. Any person being asked to perform a dressing on behalf of a district nurse would be shown how to do this as well as discussing infection control, preventing infection and reporting mechanisms. It is policy that district nurses will not discuss a patient's care needs with anyone else unless the patient has given their consent.

(See Appendix - NELFT response 13)

Recommendations

1) To provide a wound dressing service for patients during evenings and weekends; although out of hours contact information is made available so that patients can telephone during those times; patients have told us that they do not get a response in a timely way. There should be a system in place for all calls from patients to be responded to at a time when they need the support. Without it, having a contact number for evenings and weekends is not enough if the response is not effective.

(See Appendix - NELFT responses 14 & 15)

2) To ensure adequate supplies of dressing items are available for district nurse visits and to prevent wasted visits with unnecessary risks to patients; a regular prompt from the visiting nursing staff, as part of their monitoring of the service could be helpful for some patients and their carers.

Appendix – Responses from NELFT

Response 1 - *“If a patient has been referred to a district nurse by a GP, then the patient should have been given a small supply of dressings until the district nurse completes an assessment and orders the appropriate dressing. The hospital has a duty to provide enough dressings for 3 visits. I feel that the statement is unfairly negative to our service as this is out of our control. As previously stated, at times dressings that are ordered from the practice are not processed in time and when the nurse arrives they do not have the dressings. This can be frustrating for the nurses and the patients alike.”*

Response 2 - *“The district nursing service are out all morning and all afternoon visiting patients - therefore we have a message system in place at each clinic where a clinic clerk takes a message (all patients have the contact details) and these are passed to the district nurses when they return to the office for handover in the afternoon. If the message is urgent then the clinic clerk will contact the nurse directly. We perform necessary visits at the weekend due to a reduced work force.”*

Response 3 - *“The survey results demonstrate that 64% of patients stated that the nurses arrived on time and 94% of patients stated that the appointments were long enough. The service has had a number of vacancies during the last year and this does have an impact on service delivery. However, the nurses endeavour to contact patients and inform them of any cancellations or appointment changes.”*

Response 4 - *“The report needs to reflect that it is very difficult to provide appointment times for patients due to the changing needs of the client group - this can mean that some patients require an urgent visit or a visit due to specific medication times which would then impact on anyone else given a specific time. We do try, where possible, to indicate an AM or PM visit. We also try to tie in visits with carers and other professionals that are visiting, to ensure we can do things in a joined up way. We are aware that patients would like to have pre-arranged and timed visits and will continue to explore how this might be developed by learning from other areas.”*

“As per previous comment about ordering, this maybe out of the District Nurses’ hands and is a combination of provision at the point of discharge, as well as the prescription supply route.”

Response 5 - *“All patients are given details in a written format, on how to contact the service out of hours. The service is based on how much demand there is within the case load at any given time. Routine visits would typically be planned for week days as there are more staff available and the out of hours team concentrate on urgent, regular daily visits for those patients that need these.”*

Response 6 - *“The patient satisfaction audit indicates high levels of satisfaction and where problems are identified we act immediately to investigate them and put in place actions to improve things”*

Response 7 - *“A discharge summary letter is sent to all GPs for any of their patients who are admitted to hospital - this letter would include details about any onward referrals.”*

Response 8 - *“Our District Nurses have regular meetings with the GP and other practice staff as part of a Multidisciplinary Team (MDT) where information is shared and professionals work together to support a patient’s needs and care.”*

Response 9 - *“This is not always ideal and we strive to ensure that patients would receive their required visits from one team of nurses. However, this is not always possible due to staff shortages and in this case we would book agency staff to ensure patients receive their care where we could.”*

Response 10 - *“Some patients require a timed visit for medication i.e. Intravenous (IV) antibiotics; syringe pump (palliative care). Other patients would be given AM or PM as you are unable to give every patient a specific time due to the fact that if you have complications with one patient, this then has a knock on effect for the rest of the patients that the nurse is due to visit.”*

Response 11 - *The service manager still responds to this by saying “I would like to state I did provide an answer to the question ‘How many district nursing staff covers the wound dressing service in Barking and Dagenham?’ which was, the nurses carry out a variety of care during the day and part of that care may be wounds.” Healthwatch is not in a position to inform about the numbers of staff providing this service in the borough - this information on request, has not been provided.*

Response 12 - *“This is a difficult statement and perhaps the wording could be adjusted to reflect that capacity in this type of service is demand led, we know that the growth in population and the increasing needs of patients has placed additional demands on this service. The Clinical Commissioning Group (CCG) has recognised this and is currently undertaking a review to look at what capacity needs to be commissioned for Barking and Dagenham to ensure that there is a safe and high quality service for all those who need to access it.” Healthwatch has adjusted the statement to reflect that reduced number of nurses puts a strain on the service. Without further evidence we cannot identify where some patients could be at risk.*

Response 13 - *“If a patient requests their carer to provide this treatment, the district nursing team would provide training and discuss this with the carer. If a patient refuses to provide consent for a district nurse to discuss care with the carer, but is insisting they provide wound care - then this could be a safeguarding issue and would be escalated to the safeguarding team. The district nurse is an advocate and would never put a patient at risk.”*

Response 14 - *“Perhaps Healthwatch may like to consider re-framing this recommendation in light of the CCG undertaking a review of capacity and therefore urge the CCG to share their findings of their review and therefore their commissioning intentions.”*

Response 15 - *“Each patient has a set of notes/records with the out of hour’s number on the front page for ‘in-hours’ and ‘out-of- hours’. This is discussed with each patient on the first visit. There is a system in place for all calls to be taken, recorded and responded to.”* Healthwatch reviewed responses from patients concerning this issue - feedback confirms that although a system may be in place, not all calls and contacts are being responded to.

Demography – Medical and Surgical Dressings

Age

18-24 years old	25-34 years old	35-44 years old	45-59 years old	Over 60 years old
		1 (3%)	5 (15%)	27 (82%)

Gender

Male	Female	Transgendered	Prefer not to say
11 (33%)	18 (55%)		4 (12%)

Sexual Orientation

Heterosexual	Bisexual	Homosexual	Lesbian	Gay	Prefer not to say
27 (82%)					6 (18%)

Do you consider yourself to have a disability?

No	Yes	Prefer not to say
11 (33%)	16 (49%)	6 (18%)

If 'Yes' would you describe your impairment as...

Visual	Speech	Hearing	Learning Disability	Mental Health	Mobility
2 (6%)	1 (3%)	1 (3%)		2 (6%)	21 (64%)

Other	Prefer not to say
5 (15%)	1 (3%)

What is your religion, Faith or belief?

Buddhism	Christianity	Hinduism	Muslim	Jewish	Sikh
	27 (82%)		1 (3%)	1 (3%)	

Other	No Religion	Prefer not to Say
1 (3%)	2 (6%)	1 (3%)

How would you describe your ethnicity?

White British	White Irish	Gypsy/Irish Traveller	Any other white background
31 (94%)	1 (3%)		

Black or Black British - African	Black or Black British - Caribbean	Black or Black British – Other Black background	Traveller - Romany	Traveller – White Irish

Asian or Asian British - Bangladeshi	Asian or Asian British - Indian	Asian or Asian British - Pakistani	Asian or Asian British – Other Asian Background	Asian or Asian British - Chinese
		1 (3%)		

Mixed - White and Asian	Mixed –White and Black African	Mixed –White and Black Caribbean	Mixed - Any Other Mixed Background	Other	Prefer not to say

For comparison, this information is taken from the Barking and Dagenham Census 2011

	Census
Males	48.0%
Female	52.0%
16-24yrs	12.0%
25-59yrs	47.0%
60+yrs	14.0%

Ethic Group	Census
White British	49.0%
White English	Not on Census
White Irish	0.9%
White Gypsy or Irish Traveller	0.1%
White Welsh	Not on Census
White – any other white background	7.8%
Mixed –White and Black Caribbean	1.4%
Mixed -White and Black African	1.1%
Mixed -White and Asian	0.6%
Other mixed	0.9%
Asian/Asian British : Indian	4.0%
Asian/Asian British : Pakistani	4.3%
Asian/Asian British : Bangladeshi	4.1%
Asian/Asian British :Chinese	0.7%
Other Asian	2.7%
Black or Black British :African	15.4%
Black or Black British : Caribbean	2.8%
Black or Black British : Other Black background	1.7%
Any other Ethic Group:	1.0%