

How you would like the Queen Elizabeth Hospital to communicate with you

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Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.



Summary

This report shares the results of Healthwatch Norfolk's project about how people within the Queen Elizabeth Hospital catchment area would like to be communicated with. This project was commissioned by the Queen Elizabeth Hospital (QEH) in Kings Lynn and was supported by local voluntary organisations.

The project aimed to find out about views on how the QEH should communicate with patients and the public about their health, the hospital and how they could be involved in making changes. To find out about these views a public survey was created and shared. The survey was open from September 2021 to January 2022 and was available online, in paper form, and in Easy Read format. We received completed responses from 335 members of the public. Feedback was also gathered from public focus groups and engagement with the QEH workforce.

Healthwatch Norfolk analysed survey responses and focus group transcripts and found out:

- The importance of sharing information in a variety of ways to reach people not only in a way that they prefer but also in a way that's accessible.
- There is an unmet need to record communication preferences centrally, so patients don't have to repeatedly request correspondence in different formats.
- Most people don't mind what kind of appointment they have if they don't need to visit the hospital in person. A third of respondents would prefer to have a phone or video appointment.
- Most people would like to be involved in future hospital changes and it was important that they could see the results of their feedback.



1. Why we looked at this

1.1. Background

As part of the development of a community engagement strategy, the Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust (QEH) asked Healthwatch Norfolk to carry out a dedicated piece of engagement with the public. The project would explore how residents within the hospital catchment area would like to be involved in shaping the service the Trust provides.

1.2. Aims and objectives

Healthwatch Norfolk worked with the Queen Elizabeth Hospital to find out how people within the hospital catchment area would like to be communicated with about their health, the Queen Elizabeth Hospital and how they could be involved in making changes.

1.3. About this report

This report provides a summary of our findings from engagement activities, completed surveys and feedback gathered from specifically targeted focus groups. We looked at how residents living in the Queen Elizabeth catchment area wanted the hospital to communicate with them. We gathered feedback from as many groups of people as possible including those who may have particular communication requirements.



2. How we did this

2.1. Methodology

To find out about patients' experiences and expectations of how the QEH communicates with them, feedback was gathered via different qualitative methods. The project had a number of key areas to focus on:

- A survey for the public within the QEH catchment area exploring how they would like the hospital to communicate with them.
- A series of focus groups with members of the public who are seldom heard
- Engagement with QEH workforce to hear their points of view

2.2. Survey

In order to hear the patient voice, an online survey was compiled with questions to meet the aims and objectives of the project (see appendix 9.1 for the survey). The survey was hosted online via the platform SmartSurvey and was live from 25th September 2021 to 31st January 2022. The survey was also available in print and Easy Read formats. A website landing page, social media assets and a press release were devised to promote the project. The project was promoted as widely as possible through Healthwatch Norfolk networks and links to the survey were shared with key local stakeholders including the hospital, GP surgeries in the west and voluntary sector organisations who may support local residents. Respondents to the survey were given the opportunity to enter a prize draw to win a £50 voucher for taking part.

2.3. Focus groups

Focus group methodology was used to gather more in-depth information from participants. Although a pre-determined set of questions was established (see appendix 9.2 for focus group and interview guide), the nature of the focus group and way the discussion flowed allowed the team to ask follow-up questions and explore some areas in more detail. Healthwatch Norfolk conducted three focus groups with members of the public through Scope (disability equality charity) and Vision Norfolk (charity that supports people who are visually impaired). Focus groups were held in person, which was deemed the most accessible for participants. Attendees were not reimbursed for their time. The organisation of focus groups was heavily supported by Scope and Vision Norfolk and where possible, Healthwatch Norfolk was able to join existing group meetings. Focus group participants were fully informed about how their feedback was recorded for transcription purposes and how it would be used in the final report. Participants were not financially compensated for their time.



2.4. Staff engagement

We wanted to speak with staff working at the Queen Elizabeth Hospital to ensure a balanced view. The hospital is a large employer in the area, with lots of staff who may also use the hospital services as members of the public. Our hope was that in speaking with staff we would also provide the opportunity for feedback from those who may have more experience of how the hospital runs on a day-to-day basis, and whether this has any impact on their experiences.

The original methodology planned for this was to conduct a series of small focus groups and interviews at the hospital. Unfortunately, as noted in the project limitations, we had to adjust this due to a rise in COVID-19 cases which meant we were unable to engage on-site. Instead, we advertised a virtual focus group to staff, which was also incentivised with a voucher. The group received three sign ups but only had one attendee an interview was conducted instead.

We attempted to organise a follow up round of focus groups by different means, hoping to be put in contact with the internal BAME staff network, thinking that going via an existing network might increase uptake. Unfortunately, no response was received.

2.5. Analysis

The survey comprised of a range of question types, including multiple choice, close and open ended. Survey responses were analysed using Microsoft Excel. Focus group transcripts were analysed thematically. The qualitative analysis software NVIVO was used to analyse the transcripts. As discussed, we were only able to conduct one staff interview therefore their interview is summarised into the main points covered.

Comments in this report are direct quotes from surveys, focus groups, or the interview and these have been left unchanged and unedited to preserve originality.

Any numbers in this report have been rounded to the nearest whole number.

Please note that questions were not compulsory and consequently number of respondents will vary question by question.

2.6. Limitations

Healthwatch Norfolk acknowledge that there are some limitations in this report.

- COVID restrictions led to two focus groups being cancelled, possibly limiting the scope of qualitative data collection. A third focus group with Queen



Elizabeth Hospital staff was poorly attended with only one participant and consequently became an interview.

- Some focus group participants attended more than one of the focus groups. We do not believe that conversation was repeated, however it is worth noting that these participants may be over-represented in giving their feedback.
- Some group differences and comparisons have been presented in this report, however this is only for information purposes and statistical analysis has not been used to confirm any differences. In addition to this, other factors may have influenced these differences for example, young people were targeted by the Healthwatch Norfolk team at an in-person event while other respondents would have seen the survey through different channels.
- Around a third of survey responses were collected at the College of West Anglia using paper surveys. The remaining respondents mainly completed this survey online, therefore it is likely that those responses may reflect the choices of those who are more confident with technology.



3. What we found out: Survey

3.1. Who we heard from

The survey received responses from 335 local people, Figure 1 displays where respondents lived based on the first half of their postcode. The most common postcode area was PE30 with 107 respondents.

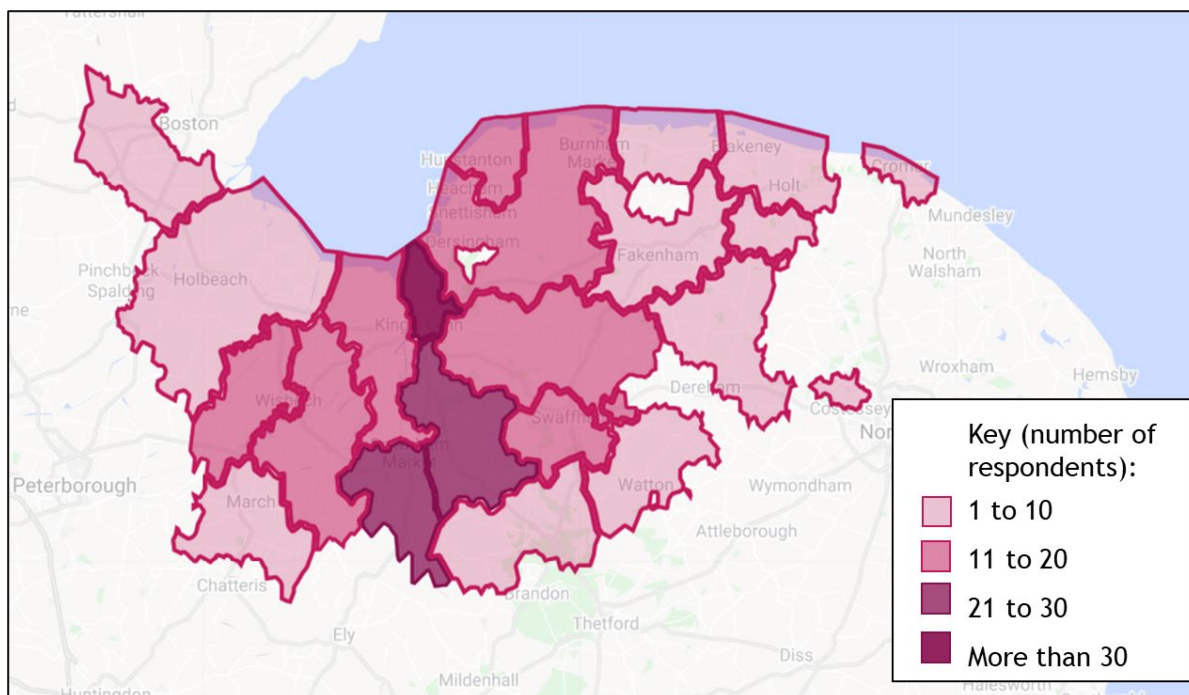


Figure 1. Where respondents lived based on first half of their postcode (e.g. PE30)

To collect survey responses the Healthwatch Norfolk team visited the College of West Anglia, 111 responses were collected at the event. This consequently contributed over a quarter of responses to the survey being received from those aged 16 to 25 (26%, 82 respondents).

The age and gender distribution of respondents is displayed in Figure 2. We received more responses from people who were female (61%, 197 respondents) than male (35%, 113 respondents) and non-binary people (2%, 8 respondents). As the graph displays, it is worth acknowledging that we received responses from very few people who were male between the ages 36 to 55.



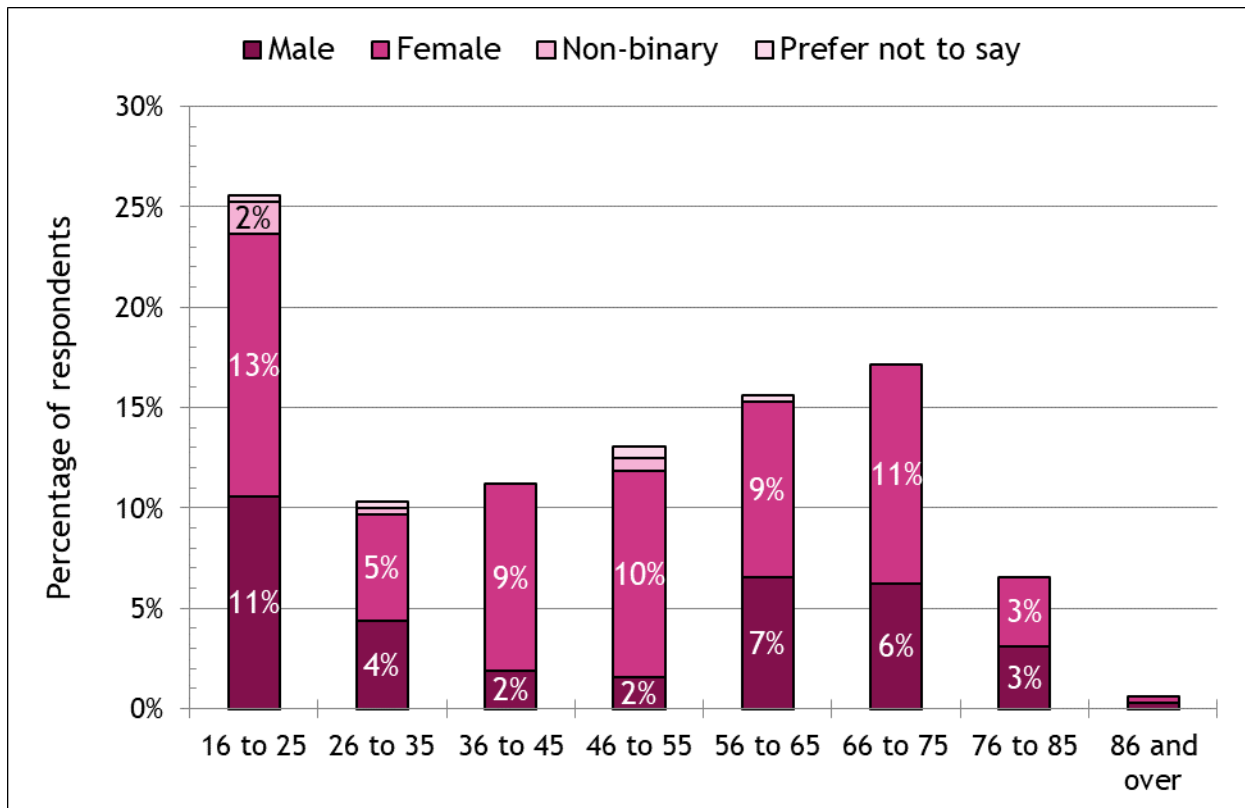


Figure 2. Age and gender distribution of survey respondents.

Most respondents reported that they were White British (91%, 288 respondents). Table 1 displays the ethnicity of respondents.

Table 1.

Ethnicity of Survey Respondents

Ethnicity	Percentage of respondents	Number of respondents
White British	91%	288
White Irish	1%	4
Black African	1%	3
White Gypsy or Irish Traveller	1%	2
White and Asian	<1%	1
Indian	<1%	1
Chinese	<1%	1
Prefer not to say	5%	17



Over a quarter of respondents (26%, 83 respondents) told us that they consider themselves to have a disability. It is worth noting that those in the age group 16 to 25 were less likely than other age groups to consider themselves to have a disability; only 13% (10 respondents) of respondents aged 16 to 25 told us they considered themselves to have a disability.

Finally, most respondents (94%, 314 respondents) told us they were answering the survey about their own experiences, while the remaining 6% (21 respondents) shared that they were answering the survey on behalf of someone else's experiences.

3.2. Contact about health or appointments

Figure 3 displays the ways in which respondents would prefer the hospital to contact them about their health or their appointments. The most popular way of contact was email with 88% (260 respondents) of respondents sharing that they would either prefer to be contacted this way or that they don't mind being contacted this way. This was closely followed by text message with 86% (254 respondents) of respondents sharing that they would either prefer or did not mind being contacted by text message.

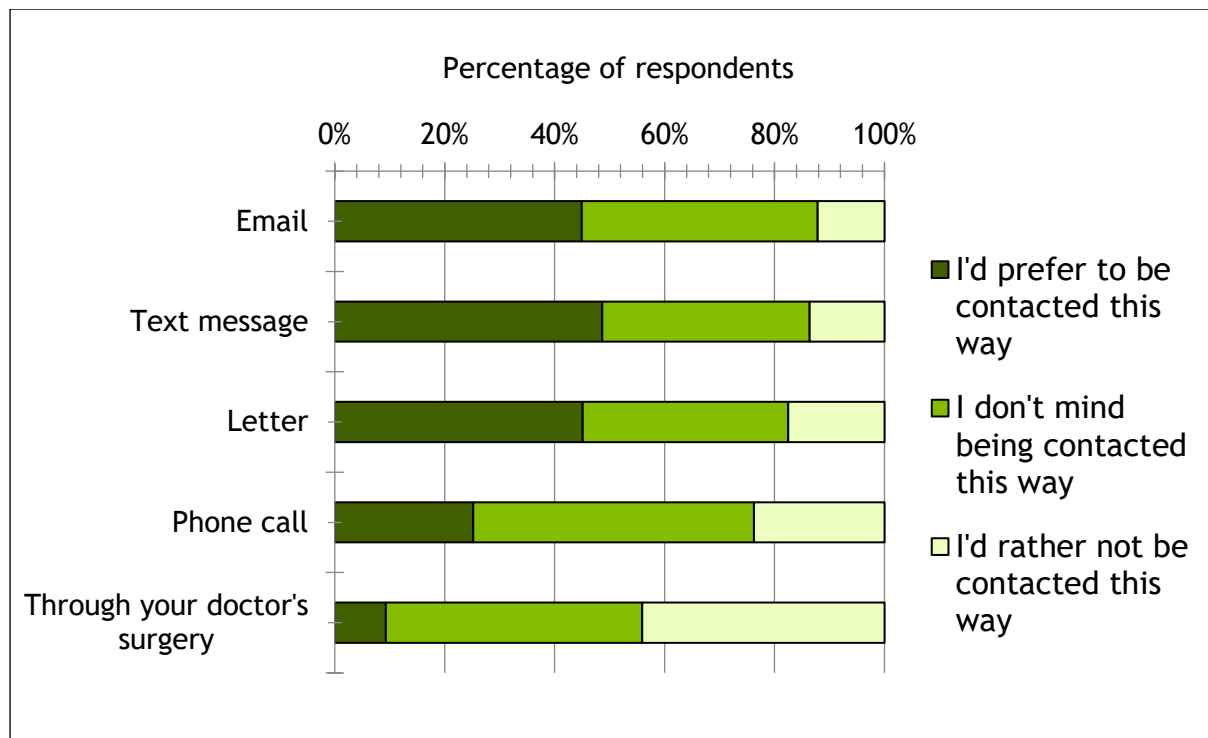


Figure 3. Responses to the question 'How would you prefer the hospital to contact you about your health or your appointments?'.



It is worth highlighting some group differences in responses to this question. People in the age group 16 to 25 were more likely than other age groups to prefer to be contacted by text message; 76% (51 respondents) of respondents aged 16 to 25 told us that they would prefer to be contacted by text. Conversely, only 30% (20 respondents) of people who were 66 or older told us they would prefer to be contacted by text message. However, it is also worth noting that nearly half of respondents 66 or older still shared that they do not mind being contacted by text (49%, 33 respondents).

People in the age group 16 to 25 were also more likely than other age groups to share that they would rather not be contacted by letter, 40% (28 respondents) of respondents in this age group shared that they would rather not be contacted this way. Only 6% (9 respondents) of respondents who were aged 46 or older shared that they would rather not be contacted by letter.

People who were male were also slightly more likely than those who were female to share that they would rather not be contacted by letter, 25% (26 respondents) of male respondents shared they would rather not be contacted this way compared with 13% (22 respondents) of female respondents.

Finally, those who considered themselves to have a disability were more likely to prefer to be contacted by letter (60%, 46 respondents) compared to those who did not consider themselves to have a disability (39%, 76 respondents).

3.3. Phone and video appointments

Respondents were asked about their views towards phone and video appointments, views are displayed in Figure 4. Most respondents shared that if they did not need to visit the hospital in person, then they would either prefer to have a phone or video appointment (35%, 115 respondents) or they would not mind either an in person, phone, or video appointment (42%, 139 respondents).



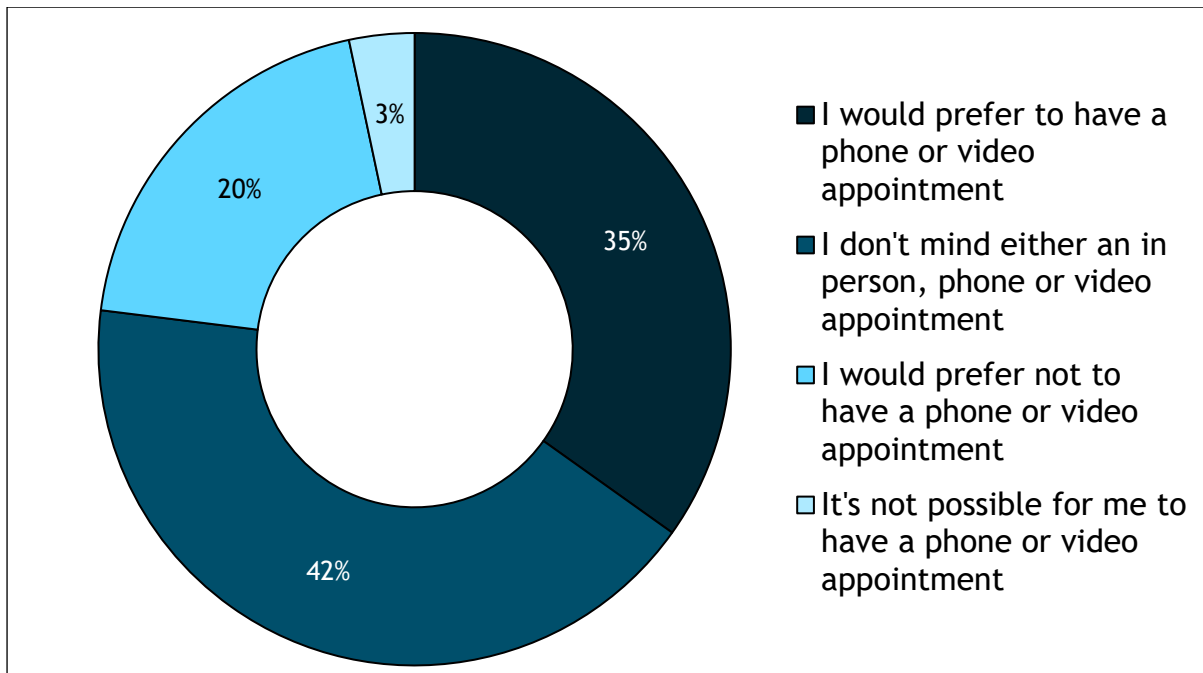


Figure 4. Responses to the question 'Which of the following statements do you agree with most, "If I didn't need to go to hospital in person, then...."'.

Respondents in the age group 16 to 25 were interesting, only 24% (19 respondents) of respondents shared that they would prefer a phone or video appointment. However, 55% (44 respondents) of respondents in this age group shared that they do not mind the type of appointment.

People who considered themselves to have a disability were more likely to say that they would prefer to have a phone or video appointment (49%, 39 respondents) than those who did not have a disability (29%, 65 respondents). However, as displayed in Figure 5 below, the opposite was true for those who said they did not mind the type of appointment, with those who did not have a disability more likely to say they did not mind (49%, 108 respondents) compared to those who did have a disability (26%, 21 respondents).



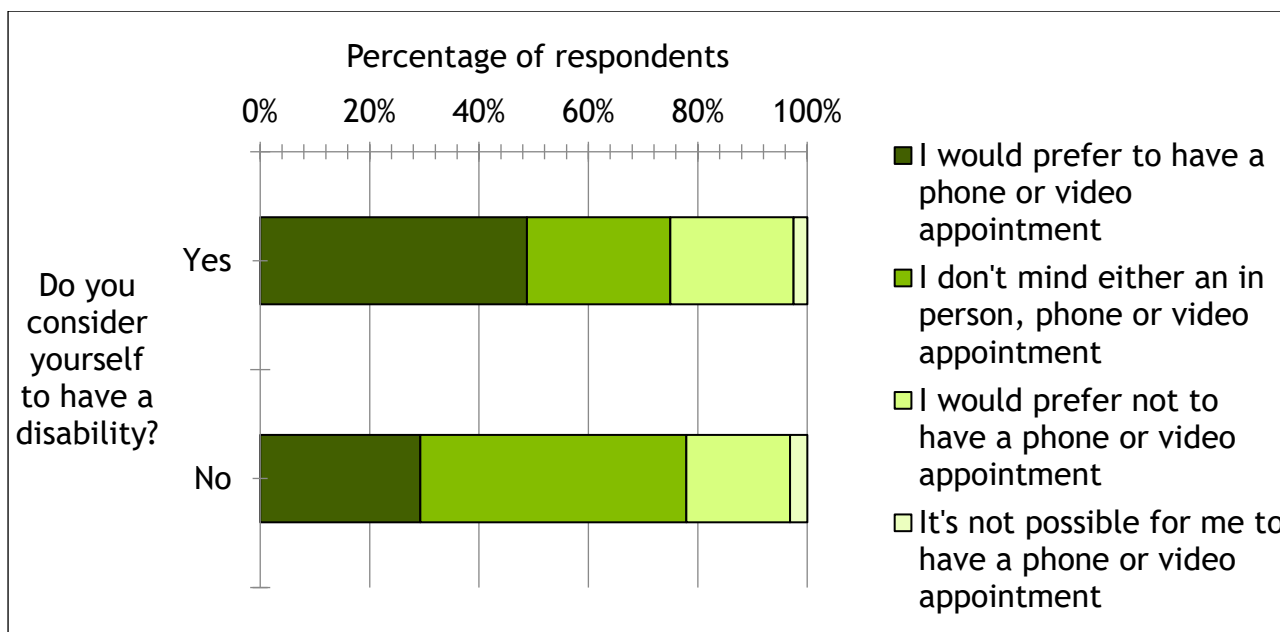


Figure 5. Responses to the question ‘Which of the following statements do you agree with most, “If I didn’t need to go to hospital in person, then....” split by whether people considered themselves to have a disability or not.

3.4. Other services or support available

Respondents were asked how they would like to find out about other services or support available, which might be able to help them with their condition/s. Table 2 displays responses, respondents were asked to choose their top three methods. As the table shows, email was the most popular method of communication with 65% (218) of respondents choosing this option.

Table 2.

How Respondents Would Like to Find Out About Other Services or Support Available.

	Percentage of respondents	Number of respondents
Email	65%	218
Letter	47%	157
Text message	41%	138
During hospital appointments	37%	123
Through your doctor's surgery	18%	60
Leaflets or booklets	16%	53
Hospital website	14%	46



Social media	13%	43
I don't need to find out more information	5%	16

The main group difference in responses to this question was that young people aged 16 to 25 were more likely than other groups to choose to receive information through text; 61% (50 respondents) of this group shared they would prefer to receive information through text message. Despite this being more popular than in other age groups, email remained the most popular response in these young people with 68% (56 respondents) of respondents.

Receiving information through a letter was less popular for those aged 16 to 25 than for any other age group, only 35% (29 respondents) of respondents wanted to receive information in this way. Letters were most popular in the age group 66 to 75 with 67% (14 respondents) of these respondents choosing it as a method of communication.

Social media was least popular in older age groups, only 1% (1 respondents) of respondents over the age of 66 chose this as a method of communication. Whereas 22% (33 respondents) of respondents 45 or younger chose this method.

The differences in gender were that male respondents were slightly more likely than female respondents to say that they would like to receive this information through their doctor's surgery, 25% (28 respondents) of male respondents chose this option versus only 14% (27 respondents) of female respondents. In addition to this, female respondents were slightly more likely to choose email (69%, 136 respondents) than male respondents (58%, 66 respondents).

Finally, differences in those who considered themselves to have a disability versus those who did not were similar to age differences. Since people with disabilities were less likely to be age 16 to 25 than other age groups, it is consequently worth noting that it is difficult to determine whether differences are related to age or disability. People who considered themselves to have a disability were less likely to choose text message as a form of communication (31%, 26 respondents) than those without a disability (45%, 101 respondents), they were more likely to prefer leaflets or booklets (24%, 20 respondents) than those without (13%, 28 respondents), and they were slightly less likely to choose social media (8%, 7 respondents) versus those who did not consider themselves to have a disability (15%, 33 respondents).

3.5. Keeping up to date

COVID-19 restrictions and hospital changes



Table 3 displays responses to how respondents have kept up to date about hospital COVID-19 restrictions and changes at the hospital, respondents could choose all that apply. The most common response was social media with 38% (125 respondents) choosing this method.

Table 3.

How Respondents Have Kept Up to Date with Hospital Changes

	Percentage of respondents	Number of respondents
Social media	38%	125
Hospital website	28%	93
Local TV news	28%	93
Friends and family	25%	82
Local newspaper	23%	76
Email	15%	49
Letters	14%	47
Text message	14%	45
Local radio	13%	44
I have not been kept up to date, but I did want to be	11%	36
I have not been kept up to date, but I didn't want to be	7%	24
Other	6%	20

Note: 'Other' responses included working at the hospital, "*when you telephone the hospital*", GP website, and the NHS website.

Due to the number of options and how split responses were, group differences were difficult to identify. However, ones to highlight included people aged 16 to 25 being more likely than other age groups to choose friends and family with 48% (39 respondents) in this age group choosing this method. Again, young people aged 16 to 25 were more likely than other age groups to choose text message (23%, 19 respondents).

People in the age group 36 to 45 were more likely to choose social media than those in any other age group (56%, 20 respondents). It is worth noting that there were very few male respondents in this group. Female respondents overall were slightly more likely to choose social media (41%, 81 respondents) than male respondents (30%, 34 respondents).



Hospital news

Respondents were then asked how they would prefer to be kept up to date with general hospital news, Table 4 displays responses to this question, respondents could select more than one option. The most popular response was email newsletter with 52% (174 respondents) of respondents choosing this method.

Table 4.

How Respondents Would Prefer to be Kept Up to Date with General Hospital News

	Percentage of respondents	Number of respondents
Email newsletter	52%	174
Social media	35%	116
Hospital website	33%	109
Local TV news	21%	69
Newspaper	20%	66
Text message	20%	68
Postal newsletter	17%	56
Posters/leaflets in waiting rooms	13%	42
Local Radio	12%	40
I don't want to stay up to date with general hospital news	7%	23
Local parish magazine	4%	15
Other	1%	5

Note: 'Other' responses included *"if it is applicable to me i.e I am an outpatient or visitor"*, *"I'd like it to be readily available and easy to find on the website, so I can look for it when I want to. I don't want a barrage of information generally"*, and family members.

Group differences included the fact that email newsletter was particularly popular for those in the age group 66 to 75 with 76% (41 respondents) of respondents in this age group choosing this method. People who considered themselves to have a disability were also more likely to choose email newsletter (67%, 56 respondents) than those who did not (47%, 104 respondents).

Social media was much more popular in those who were younger than those who were older. Nearly half of respondents 45 or below (49%, 74 respondents) chose social media versus only 18% of those 66 or over (14 respondents). As before, social



media was also slightly more popular for female respondents (40%, 79 respondents) than male respondents (28%, 32 respondents).

3.6. Accessibility of communications

Most respondents (73%, 236 respondents) reported that they did not need any of the adaptations to make communication from The Queen Elizabeth Hospital easier to understand. Figure 6 displays the format of information which respondents would like to make communication easier to understand. The most common response was Easy Read with 15% (49 respondents) of respondents choosing this. This survey did not receive any responses using the Easy Read version, therefore it is worth noting that it is possible that there was some confusion between Easy Read and documents which are easy to read. More clarification here would be beneficial.

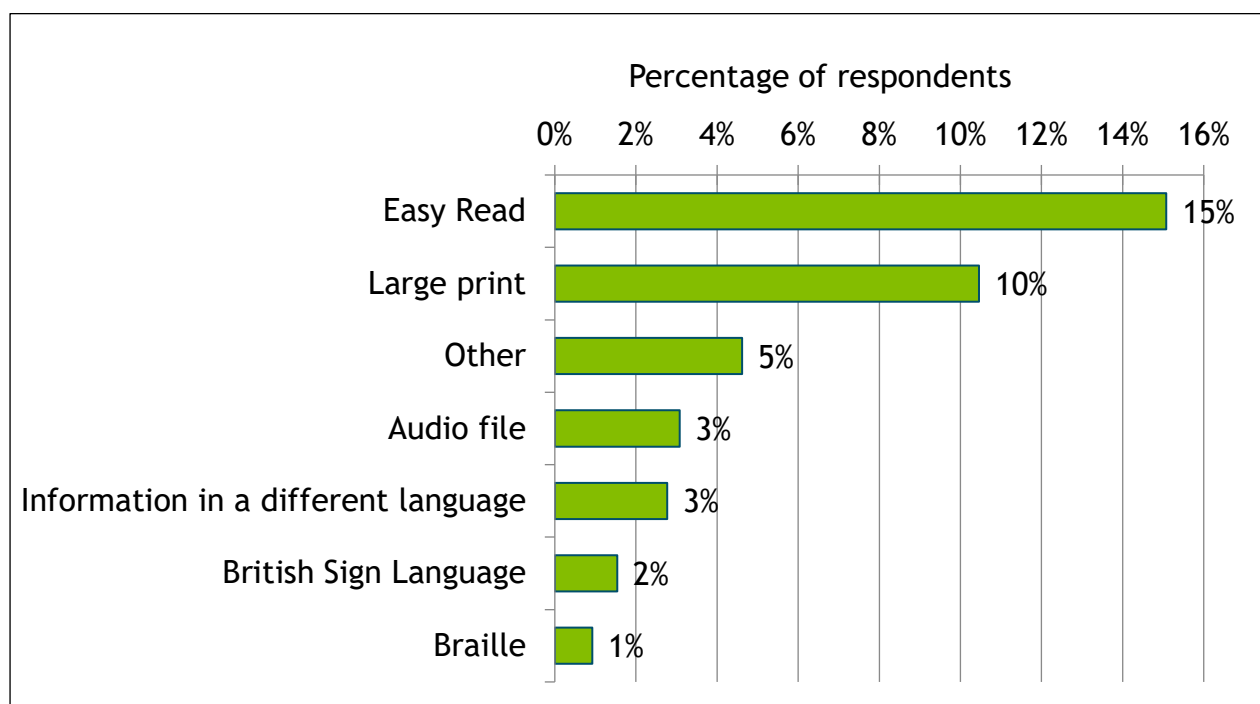


Figure 6. Responses to the question ‘Would any of the following options make communication from the hospital easier to understand for you?’. ‘Other’ responses included: “written info as I’m deaf”, “dyslexia print”, “Russian language is quite popular in Norfolk”, and “speaking to a person”.

Due to the low numbers it is difficult to identify group differences in responses to this question, however it is worth highlighting that Easy Read was selected by 28% (23 respondents) of people age 16 to 25 and large print was selected by 21% (17 respondents) of the same age group.



3.7. Involvement in future hospital changes

Table 5 displays how respondents would like to be involved in future hospital changes. As the table displays most respondents were interested in being involved in future hospital changes, only 18% (60 respondents) told us that they did not want to be involved.

The table also shows that answering surveys was the most common response with 63% (209 respondents) of respondents. This is likely to be an overrepresentation of the wider public due to the fact that all respondents completed this survey.

Table 5.

How Respondents Would Like to be Involved

	Percentage of respondents	Number of respondents
Answer surveys	63%	209
Provide feedback on appointments and treatment	41%	136
Help with research	22%	74
Take part in focus groups or patient panels	19%	64
Provide comments through social media	18%	61
I don't want to be involved	18%	60
Other	2%	5

Note: 'Other' responses included email and email consultation.

As previously, younger people aged 45 and under were more likely to choose 'provide comments through social media' (26%, 40 respondents) than older people 66 or above (8%, 6 respondents).

Male respondents were slightly more likely than female respondents to say that they do not want to be involved with 25% (28 respondents) choosing this versus 16% (32 respondents) of female respondents. People who considered themselves to have a disability were less likely to say that they did not want to be involved (10%, 8 respondents) versus people who did not consider themselves to have a disability (21%, 47 respondents).

Finally, people who considered themselves to have a disability were more likely to say they would like to provide feedback on appointments and treatment (52%, 43 respondents) than those who did not consider themselves to have a disability (37%, 83 respondents).



3.8. Any other comments

In this section where respondents were invited to share anything else about how The Queen Elizabeth Hospital communicates with them; some took this opportunity to report that they were happy with the communication:

I think what the QEH are doing with regards to communication is very good and hope they keep it going even when we get a new hospital.

The QEH contacted me to let me know that I had to shield and they phoned to talk about my health. I am very grateful to them for all they have done.

Concerns largely centred on communication around appointments. Respondents mentioned how communication from the hospital can be inconsistent or letters and phone calls are not always received: *“There’s been quite a few occasions when I’ve been told an appointment letter was sent out but I didn’t receive it”*. Respondents noted that this can vary between departments and doctors as illustrated below:

I was informed very promptly that my referral to the ophthalmology clinic was 42 weeks away. I know I’m on the cardiology dept list but have no idea how long it will be before I’m seen.

The information you get by letter after consultations depends on the doctor you speak with. Not all doctors send copy letters to patients.

Some ideas for improvements in communication from the hospital include the following:



It would be good if notifications by letter confirming appointments were all in the same format advising you of which department you will be visiting i.e. endocrinology for an appoint with Dr So and so or one of their team. I visit the hospital for more than one health condition. This would make it clearer.

When waiting for results of tests email or texts each week if they not available yet, people get annoyed through lack of information. if results delayed or back logged a text to say not available yet would let people know they have not been forgotten or missed.

Patient information leaflets require a substantial review in my opinion. My recent experience was less than optimal and could have been much improved through better information beforehand.

Most hospitals cc patients in to communications with their GP following appointments. I would like to be able to access letters & test results online.



4. What we found out: Focus Groups

We held three focus groups with groups of people local to The Queen Elizabeth Hospital. Two of these focus groups were with Scope (King's Lynn and Downham Market) and the third was with Vision Norfolk.

The below section highlights some of the main points discussed in the focus groups.

4.1. One size does not fit all

Across all discussions in the focus groups the theme of one size does not fit all and the importance of patient choice was crucial: *“as much as they want there is not going to be one thing that suits everybody”*.

This theme appeared across most questions including how patients would like to be contacted about appointments, preferences for phone or video appointment (see section 4.2), how they find out about news and changes, and how they like to give feedback. This was reflected in survey responses where communication preferences were spread out. Below are some examples of how communication preferences are not shared across everyone.

Being contacted about health or appointments

During the Vision Norfolk focus group a participant shared that *“they do telephone you, which is adequate to remind you of your appointment”*, this was immediately followed by a different participant noting *“personally I prefer them to text message or email me, because I have a setting on my phone that blocks unlisted numbers coming through”*.

Finding out about hospital news

Participants in the Scope Downham Market focus group noted how local news and radio stations may not cover all the areas where potential patients live.

I'm not sure if KLFM would be the best one, because we don't actually get it in Downham, we get interference from the Cambridgeshire ones. Same with the Tele, you can't get Look East for our area.

Other comments also noted how people who do not use the internet may be unable to access news this way: *“We don't really have a local station anymore, there's 2 online but if you don't use the internet you won't be able to access them.”*



Giving feedback

A participant in the Vision Norfolk focus group noted the different ways that a survey could be conducted to suit the needs of different people: *“it could be online, or large print, it could be a phone call. Just a brief survey, just asking people how their appointment was and how it went.”*

Recording preferences and accessibility needs

Within the theme of patient choice was that it was important that preferences and accessibility needs were recorded and consequently consistent across departments and all communications. This is illustrated in the following experience where a patient’s accessibility needs for communication were not met even after the hospital being informed.

I’ve asked for large print which doesn’t happen at all, but it’d be easier if it was on white rather than grey paper. I see lots of different departments, and some do large print and some don’t, or they do it for a while and then they go back to small print, grey paper again. It’d be nice if it was more centralised, so I only have to tell one person and it gets done.

It was highlighted by a focus group participant that it was important for the hospital to *“ask what they [access needs] are”*, and that this would be beneficial *“as they change it be good to be able to tell them”*.

It is worth noting that in these focus group discussions the recording of access needs extended beyond just communication needs and also mentioned needs such as hoists or having a carer attend appointments with the patient.

4.2. Phone and video appointments

Across projects and patient feedback, Healthwatch Norfolk are consistently receiving mixed feedback on the appropriateness and patient preferences for phone and video appointments. This was reflected in the focus groups, however there was a more reluctance than preference for phone or video appointments.

Participants discussed the benefits of in-person appointments and how *“professionals rely a lot on seeing you, visualising you, how you react to things. They certainly can’t examine you”*.



For one participant they noted how their *“partner was offered physio on the phone”*, this participant questioned *“how can they tell on the phone if you are doing the exercise correctly”*

One other concern was how some patients may have phone screening systems which do not allow unlisted numbers to come through or they may be suspicious of unknown numbers: *“I’ve had some funny calls, and the doctor, and I actually did forget he was calling me again [...] I said well who are you and I felt awful”*.

Despite these reservations, phone and video appointments were accepted by some participants with various caveats. One of the main caveats was the type of appointment, some participants noted that *“it’s dependent on what it’s for”* as illustrated in the following extract.

If it’s a quick check up or just to see how you are getting on or just to ask you a couple of questions or before a big appointment you know sometimes, they just want to know just a little bit of information before you go in, I don’t have an issue with that [...] it would sort of potentially waste an unneeded trip.

One participant shared that they felt a phone or video appointment was only appropriate for sharing *“an all-clear result then in which case I don’t care, I suppose a phone call would suffice or a letter”*.

It was also mentioned that patients needed a clear time for the remote appointment: *“I think it is alright as long as you are going to have an appointment time for them to call you”*.

Finally, one participant did share that they preferred video appointments to in-person due to face masks in the hospital making it difficult to lipread, once again highlighting the importance of patient choice and how one size does not fit all:

When you actually go to a hospital and they’re all wearing masks. Yet when I need a video call, it’s still difficult, but I’ve got a better chance of lip reading them. If it wasn’t for video calls I wouldn’t have seen my specialist for even more months, so that actually helped me get through the pandemic.

We have to acknowledge that it is still difficult to gauge opinion on remote appointments. In discussions participants focused on appointments where they



need to be seen or examined or there is initial ‘panic’. This is demonstrated in the following exchange in the Vision Norfolk focus group where the participant has focused on the fact that they cannot use video appointments and then required prompting to also consider whether they could use a phone appointment.

Healthwatch: If you didn’t need to go to hospital in person, then how would you feel about a phone or video appointment?

Participant: No

Healthwatch: That’s a very definite no. Why do you say that with such

Participant: Because I can’t see the video

Healthwatch: Okay, and what about a phone appointment?

Participant: Phone appointment yes, I can handle that but anything visual, no.

4.3. Clear information

The survey results suggested that several respondents would like easier to read information. This was reflected in the focus group discussions where it was highlighted that medical terminology, acronyms, or “*hospital jargon*” was used in letters and conversations and that “*it’s not in ordinary language*”. Participants noted that it should be in a format which is “*something the man in the street can understand and refer to*”.

Alongside this, other participants commented on the amount of information in letters and that “*sometimes those letters have quite a lot of information that you don’t necessarily need*”. In addition, they mentioned how it can sometimes be difficult to find the appointment details on appointment letters:

You get your appointment letter and your appointment is in the middle of a paragraph somewhere and that’s it you know the only thing, the ward you are on is bold or the time is bold but it’s in the middle of a long paragraph that you don’t necessarily need.



4.4. Receiving information verbally

Participants in the focus groups expressed a preference for receiving information verbally or through word of mouth. This included hearing about other services which could support them and learning about hospital news and changes.

Participants discussed hearing about this information from both professionals and other members of the general community. This is perhaps unsurprising due to the focus groups being conducted in-person and with already established community groups.

The benefits of receiving information in this way included sharing expertise and being able to discuss issues and ask for clarification: *“as you are actually hearing and you can discuss what you actually need rather than having leaflets that tells you sort of vague outline”*.

One participant discussed how they benefited from information sessions at Norfolk and Norwich Hospital:

Because of my heart condition, there's lots of things I didn't know about. When I got transferred to Norfolk & Norwich, I got introduced to GUCH (grown up congenital heart condition). From that I learned so much. Because I had to have a pace maker fitted as well, every year they used to have a session for about 2 hours where they go through everything. They have Doctors and nurses and they go through everything on a big screen, and explain everything to you, what the condition is, what's happening. I thought it was fantastic.

This participant's wife added that this session *“was very helpful, for family as well. We even took our daughter along, she thought it was really really helpful [...] she said it explained so much”*.

Finding information is hard

One of the reasons that participants expressed a preference for receiving information verbally was because *“it can be hard to find the information even if you're searching for it”* and they also wanted to *“make sure what you're getting is the right information”*. It was also noted that it may be difficult to know what information is available to even search for, *“unless you know somethings there you don't know to look for it”*.

Some participants mentioned they found the Queen Elizabeth Hospital website hard to navigate. The following extract highlights how this difficulty finding information can result in patients needing extra assistance from hospital staff.



They need to keep the website updated. I mean the website is awful. I was just looking where to go for a certain department, and I kept getting all different maps up with different names. In the end I went to the hospital to ask someone where do I go and even they didn't have any ideas and it took about 5 people that work there to show me.

This was reflected in finding out about COVID changes at the hospital, where it was mentioned that if patients were going to the hospital and *“had a specific question”* they *“would still ring the hospital before I went [...] it is just a guarantee that I have got that latest piece of information”*. This particular participant noted that they would do this *“even if I had heard it on Look East or whatever last night”*.

A suggested solution for this was to introduce a freephone number with up-to-date information recorded for patients: *“It might be an idea just to have a specific COVID number to call and they've got a recorded message”*

4.5. Preference for focus groups for sharing feedback

When asked about how they would like to give feedback on the hospital it was unsurprising that focus group participants expressed a preference for focus groups. As with in-person appointments the benefits of seeing body language in focus groups was shared: *“you can see how people are reacting, you can read their body language and that and it all adds to it”*.

In particular, the idea of a participation group was welcomed by the Scope Downham Market group. It was suggested that different organisations could be brought together *“then you have all sorts of views and needs reflected”*. It was also noted that the location of the group was important *“if it was centralised in King's Lynn it would rule lots of people out [...] it would have to move around”*.

4.6. Seeing the impact of feedback

Finally, participants in the focus groups mentioned the importance of being able to see the benefits of their feedback. In the groups, experiences of giving feedback to the Queen Elizabeth Hospital was shared but it was felt that this was not always followed up on or the impact was not seen, with one participant commenting that *“I personally feel that giving feedback is a waste of time”*.



An example of not seeing the impact of feedback was shared in the Scope focus group. A discussion was had around how they had given feedback on the bins in toilets being inaccessible to wheelchair users and how despite supplying the bins to the hospital they were not aware of them being put to use: *“like the bins for example, you’ve identified a need, you put them in and then nothing’s happened.”*

It was highlighted that *“you need that two-way communication where you need to be able to see something actually being done with that feedback”*.



5. What we found out: Staff interview

During the staff interview the same questions were asked as with other focus groups, as in Appendix 9.2, however consideration was given to the different relationship the staff member will have had with the hospital.

5.1. Being contacted about health or appointments

For the staff member we spoke to, receipt of information via letter was preferable, stating that *“everybody wants your email and then you get bogged down with emails and then you get lost those that are more crucial”*.

They also expressed an interest in apps, and highlighted that the Queen Elizabeth was currently working with a provider to develop an app for patients.

On the question of access to appointments it was felt that phone or video appointments worked well, especially for initial consultations.

5.2. Keeping up to date with support information & hospital news

When asked about how best information for support could be accessed apps were further discussed.

I think App based information is really good. If you've already got access to say an NHS app that keeps your appointments and data, that would be a really good area to have separate sections about health, what's available and different things like that.

For updates on hospital news Twitter was highlighted as a good source of information.

I would probably look at the media like twitter. I think twitter is quite a good media to follow, and I've now seen that stuff that we get out internally gets out to the wider public on twitter. So I've seen that from a QE side, and a personal side on a twitter account.

On this point, a further question was asked regarding the consistency between internal and external communications from the hospital. *“We get communications out on a regular basis, but I see the same communications going out widely to the*



public so it makes them aware of what's going on". It was positive to see that there was a consistency between messaging for staff and for the public, and that the staff member felt this was the case.

To be kept up to date with general hospital news staff have an internal "cascade" system, where information is relayed to managers who then cascade this on to their teams. In this instance, the means of communication differ internally compared to for the public. The interviewee felt that the cascade system worked effectively in their team.

I hold a team meeting every week and prior to that meeting I always send the cascade out because it comes to me and then I ask if there's anything within the cascade that they want to talk about. I don't know if it works for everybody, the intention is there, I wouldn't know if everybody practices the same.

Here, the limitations of low staff uptake for this piece of work means that we do not have other experiences of this system to compare across the hospital setting.

In order to make communications easier to understand it was pointed out that there is a tendency within the NHS to use a lot of abbreviations, and that *"Not everyone understands abbreviations, even if you think they're common they're not, and then people have to start trying to work out what the message is."*

5.3. Being consulted on hospital changes

Speaking on how staff might be involved in, or consulted on, changes at the hospital, staff *"would expect that to come via email"* in the form of a pre-written format. It was felt that *"it would need to be pre-defined for them to tease out the responses to the particular areas of concern and how we could address them."*

Reframing the question slightly, we asked how the interviewee would like to be consulted as a member of the general public. *"For me it's email. I see it all the time that they're always asking stuff."* They went on to tell us about several instances of public and staff involvement in hospital changes, such as renaming a unit. In this case the hospital *"communicated with both the public and the trust regarding what would we like to rename it. Everybody got to consult on that."*



6. What this means

Feedback from the survey, the focus group, and the staff interview showed the importance of information being shared in a variety of ways in order to reach patients and local residents; not only in a way that they prefer, but in a way which meets their accessibility needs. The results of this project strongly demonstrate how one size does not fit all.

Within this is the need for communication preferences being recorded centrally, which would mean that communications across departments can be consistent for patients. In particular, the focus group participants shared experiences of appointment letters not being in an accessible format such as large print despite this being requested by them.

From survey results, email was the most popular form of communication for appointments or health, for information about support available, and for keeping up to date with hospital news. This was contrasted in the focus groups where there was more preference for verbal and face-to-face communication, in particular for learning about different types of support available. This was seen as important as information was hard to find and to ensure that information was accurate. Once again highlighting the importance of information being shared through different avenues.

Most survey respondents told us that they did not need any adaptations to hospital information in order to understand it, however 15% of respondents indicated they would like information in Easy Read. Since we did not receive any Easy Read survey responses it is possible that respondents were interpreting this option as wanting communications in clearer language. This was raised in focus groups and in the staff interview where participants noted that hospital jargon and language in communications could be difficult for them to understand. Further exploration into this might be needed to confirm the accessibility needs of patients and local residents.

As a result of an event at the College of West Anglia, the survey received a substantial number of responses from young people aged 16 to 25. Healthwatch Norfolk were impressed with the interest and engagement of these young people and acknowledge the importance of learning their views to help shape the future of hospital communications. Points of note from young people responses was that they were more likely than older age groups to prefer to receive information about appointments or the hospital in general by text. They were also more likely than other age groups to have stayed up to date about hospital changes from friends and family.

Finally, the interest from the college students plus from the general public in this survey and focus groups demonstrated that they were interested in being involved and giving their feedback on their local service. In addition to this seeing the



results of feedback was seen as important for focus group attendees, they shared experiences of times when they have given feedback to the hospital in the past and did not see the impact of this. This could lead to frustration and feeling like they would not give feedback in the future.



7. Recommendations and Next Steps

From the results of the public survey and focus groups several recommendations can be made.

1. Where practical and possible, Queen Elizabeth Hospital staff should centrally record the communication preferences and accessibility needs of patients in both digitised and hardcopy patient notes.
2. The Queen Elizabeth Hospital should try to use less clinical terminology and jargon in communications with patients including in person, by telephone or by letter.
3. The Queen Elizabeth Hospital should work with patient/user groups to explore amending template letter text to make communications easier to read and understand.
4. The Queen Elizabeth Hospital should take try to take a wide and varied approach to their communications, ensuring they are sharing information across various channels. This will ensure that they're reaching as many people as possible. Email was most popular across groups, however the QEH should also consider using more text messages for younger people if possible.
5. Where the Queen Elizabeth Hospital has collected feedback from patients and the public they should also ensure that the results or changes that have resulted are also shared with patients and the public so that they can see the impact their feedback has had.
6. The Queen Elizabeth Hospital should conduct further workforce engagement to ensure staff feedback is incorporated into future communication strategies.

8. Acknowledgements

Healthwatch Norfolk would like to thank all individuals and stakeholders who took part or shared this project so widely. We would particularly like to acknowledge both Scope and Vision Norfolk who facilitated our focus groups.



9. Appendix

9.1. Survey questions



How would you like the Queen Elizabeth Hospital to communicate with you?

Who is Healthwatch Norfolk?

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

What is this survey about?

We are working with the Queen Elizabeth Hospital, Kings Lynn to find out how you would like to be communicated with about your health, the Queen Elizabeth Hospital and how you could be involved in making changes.

The survey will take around 10 minutes to complete.

If you are a paid or unpaid carer of someone who uses the hospital or lives nearby, you can complete this survey on their behalf.

If you would prefer to do this survey with us over the phone, please call Healthwatch Norfolk on 01953 856029 and we will arrange a time to ring you back to complete the survey.

How the survey results will be used

Survey responses are being collected and analysed by Healthwatch Norfolk. You can read our full privacy policy at www.healthwatchnorfolk.co.uk/about-us/privacy-statement.

All responses will be anonymous and will be used to make recommendations to health and social care providers. The report will also be publicly available on our websites and may be used in other Healthwatch Norfolk communications.



Want to keep in touch?

To stay up to date with what we are doing at Healthwatch, you can sign up to our newsletter via our website: www.healthwatchnorfolk.co.uk

If you do not use email, you can call Healthwatch Norfolk on 01953 856029 to ask to receive our newsletter via post.

Please tick to confirm *

- I have read and understood the above statement.

Whose experiences are you answering this survey about? *

- My own
- Someone else's

Please note: If you chose 'someone else's', please fill out the survey from their perspective. For example, you would answer "how old are you?" with the age of the person, not your own age.

1. How would you prefer the hospital to contact you about your health or your appointments?

	I'd prefer to be contacted this way	I don't mind being contacted this way	I'd rather not be contacted this way
Text message			
Email			
Phone call			
Letter			
Through your doctor's surgery			

2. Which of the following statements do you agree with most, "If I didn't need to go to hospital in person, then...."

- I would prefer to have a phone or video appointment
- I would prefer not to have a phone or video appointment
- I don't mind either an in person, phone or video appointment
- It's not possible for me to have a phone or video appointment

3. How would you like to find out about other services or support available, which might be able to help you with your condition/s?



For example: support groups, information services, social care services.

Please choose your top 3:

- Text message
- Email
- Letter
- During hospital appointments
- Through your doctor's surgery
- Social media (Facebook, Twitter, Instagram)
- Hospital website
- Leaflets or booklets
- I don't need to find out more information

4. How have you kept up to date about hospital COVID-19 restrictions and changes at the hospital?

Please choose all that apply

- Text message
- Email
- Letters
- Social media (Facebook, Twitter, Instagram)
- Hospital website
- Local newspaper
- Local TV news
- Local radio
- Friends and family
- I have not been kept up to date, but I did want to be
- I have not been kept up to date, but I didn't want to be
- Other (please specify):

5. How would you prefer to be kept up to date with general hospital news? For example: new wards, changes to visiting hours, how you could be involved?

- Postal newsletter
- Email newsletter
- Social media (Facebook, Twitter, Instagram)
- Local Radio
- Local TV news
- Newspaper



- Text message
- Local parish magazine
- Hospital website
- Posters/leaflets in waiting rooms
- I don't want to stay up to date with general hospital news
- Other (please specify):

6. Would any of the following options make communication from the hospital easier to understand for you?

Please choose all that apply

- Large print
- Braille
- British Sign Language
- Easy Read
- Information in a different language
- Audio file
- None of the above
- Other (please specify):

7. How would you like to be involved in future hospital changes? For example, car park changes, new buildings, new digital services etc.

- Answer surveys
- Provide feedback on appointments and treatment
- Take part in focus groups or patient panels
- Provide comments through social media (Facebook, Twitter, Instagram)
- Help with research
- I don't want to be involved
- Other (please specify):

8. Is there anything else you would like to tell us about how the Queen Elizabeth Hospital communicates with you?

About you

9. What is the first half of your postcode? (e.g. PE30)

10. How old are you?



- 16 to 25
- 26 to 35
- 36 to 45
- 46 to 55
- 56 to 65
- 66 to 75
- 76 to 85
- 86 and over

11. What is your gender?

- Male
- Female
- Trans woman
- Trans man
- Non-binary
- Other
- Prefer not to say

12. What is your ethnic group?

- White British
- White Irish
- White Gypsy or Irish Traveller
- White and Black Caribbean
- White and Black African
- White and Asian
- Indian
- Pakistani
- Bangladeshi
- Chinese
- Black African
- Black Caribbean
- Arab
- Prefer not to say

13. Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

14. Would you like to receive the Healthwatch Norfolk newsletter and be entered into a prize draw to win a £50 voucher?

- Yes
- No

If 'yes' please leave your email address:



9.2. Focus group and interview guide

Focus Group

Who we are: Healthwatch Norfolk are the independent voice for patients and service users in the county. We gather your views of health and social care services to ensure they are heard by the people in charge.

Why we're here: We are working with the Queen Elizabeth Hospital, Kings Lynn to find out how you would like to be communicated with about your health, the QE Hospital and how you could be involved in making changes.

Structure: We have a series of questions to go through and discuss. We would like to record while we have our conversation. We will provide our contact info at the end. The report will also be publicly available on our websites and may be used in other Healthwatch Norfolk communications.

Questions

1. How would you prefer the hospital to contact you about your health or your appointments?

Prompt - Why/Why Not

2. If you didn't need to go to hospital in person, then how would you feel about a phone or video appointment?

Prompt - Why/Why not

Further prompts

3. How would you like to find out about other services or support available, which might be able to help you with your condition/s?

For example: support groups, information services, social care services

4. If you wanted to keep up to date about hospital COVID-19 restrictions and changes at the hospital how would you do this?

4.2 Have you - if so, how? Was this the best way?

5. How would you prefer to be kept up to date with general hospital news? For example: new wards, changes to visiting hours, how you could be involved?

Prompt- Why/Why not



6. What would make communication from the hospital easier to understand for you?

Prompt- Why/Why not

7. If you wanted to be, how would you like to give feedback or be consulted on future hospital changes? For example, car park changes, new buildings, new digital services etc.

8. Is there anything else you would like to tell us about how the Queen Elizabeth Hospital communicates with you?

