

**Three Hospitals
Three Weeks
Patient experiences at
James Paget
University Hospital**

July 2023

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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

During the week 19th to 23rd June 2023 we visited the James Paget University Hospital every day to find out about patient experience. We wanted to find out what was working well and what could be better.

We visited outpatient clinics, patients on wards, and Accident and Emergency to speak with patients, their carers, and their visitors. This also included a focus on Maternity services. While we were there we made observations and also spoke to staff about their experiences. We were also invited to sit in on a physiotherapy information session. The surveys were available online until the end of our visits across all the hospitals for people who were not at the hospital the week we visited.

Most people we heard from were happy with their experience at the hospital. We heard that they were often able to find their way around the hospital and information about their care was explained to them in a way they understand. Across the hospital, staff were praised for being kind, helpful, and friendly and some patients told us about experiences where they went above and beyond for them.

In Accident and Emergency some patients told us about frustrations with the waiting time and wanting to stay more informed about how long they would be waiting. We also heard about the comfort of the waiting room including chairs being uncomfortable and wanting easier access to food and drink.

On inpatient wards we heard that most people felt well communicated with and that they could easily contact someone if they had any questions. We also heard some specific suggestions for improving comfort on the wards such as reducing noise at night and making chairs and trolleys more comfortable. We spent some time in

the new Concept Ward and learnt about suggestions to improve the ward for both patients and staff.

Letters received for outpatients' clinics were often easy and clear to understand and included all the information that patients needed. Many patients felt that their care was explained to them well and they felt involved in decisions. The biggest frustration for outpatients was car parking including there not being enough space and the car park being too far from clinics for patients who have limited mobility.

This visit forms part of a larger piece of work where we are visiting all acute hospitals across Norfolk and we will write a larger report with recommendations at the end of all these visits.

Why we looked at this

Background

Following discussions with Norfolk and Waveney Urgent and Emergency Care Board it was decided that Healthwatch Norfolk would visit the three acute hospitals in Norfolk to speak with patients about their experiences with the hospital to find out what is working well and what could be improved. Initially this was planned around urgent and emergency care however it was broadened out across all departments and wards in each hospital.

This visit to the James Paget University Hospital forms part of this programme of engagement. A longer and more detailed report will be produced at the end of all three of our visits.

Aims and objectives

The aim of this engagement was to explore patient experiences and the patient journey at hospital. We wanted to find out about experiences from learning about an appointment such as receiving a letter all the way to discharge. This engagement was looking across all areas of hospital care but with a particular focus on urgent and emergency care.

In addition to this we wanted to explore maternity services at the James Paget Hospital following a recent report from the Care Quality Commission (CQC) which indicated concerns about maternity provision at the hospital.

How we did this

Survey creation

For this engagement we created four separate surveys for different areas of the hospital. Each survey included questions on general experience, what was good, and what could be improved. We shared the surveys with the patient experience team at all three hospitals for feedback on the questions before finalising. The surveys will be shared in the appendix of the final report.

The four surveys were:

1. Accident & Emergency (A&E) – including questions on the reasons for the visit, if they tried any other service before A&E, and waiting time.
2. Inpatient Care – including questions on carer involvement and discharge planning.
3. Outpatients – including questions on the appointment letter received and checking in for the appointment.
4. Other/General – no additional questions

Engagement

We visited James Paget University Hospital from 19th to 23rd June 2023 to speak with patients, carers, visitors, and staff. We visited every day from 9:30am to 3:30pm, in addition to this we spent three evenings during the week in the hospital until 8pm.

During our visits we spent time speaking with people on wards, in outpatient waiting areas, in the emergency and urgent care waiting areas, and in common areas. We also handed out paper surveys and freepost envelopes for people to share their feedback. We made observations when visiting the hospital and collected general staff feedback.

The visit was promoted through our social media channels, in our newsletter, on our website, and through other local media platforms. This was to allow people who were not visiting the hospital during the week to have the opportunity to share their experiences. The survey will remain open until after all three hospital visits.

What we found out

Who we heard from

As of 10th July 2023 we had received 492 responses to our survey about experiences at James Paget University Hospital. We received 276 responses for outpatients, 90 for Accident and Emergency (A&E), 99 for inpatient care, and 27 for other or not sure. For the breakdown of the demographics of the people we heard from please see Appendix A, more detail on demographics will be explored in our final report.

We also received 16 responses to staff experiences and made 21 observations of the hospital while we visited. These experiences and observations will be used alongside patient experiences in this report.

About this report

Please note that not all questions were applicable to all people we heard from, in addition to this some patients were called into appointments during the survey so the number of responses per question will vary. Percentages in this report are rounded to the nearest whole number.

It is also important to highlight that despite having separate surveys for areas of the hospitals, patient experience is not so clear cut. Patients often had experiences of multiple areas of the hospital which contributed to their ratings and answers.

Similarly, although this engagement focused on recent experiences with the hospital some patients described older experiences and these previous visits impacted on their interpretation and current experience of care.

Overall experience of care

Most people we heard from at the James Paget University Hospital rated their overall experience as five stars out of five. This is displayed in

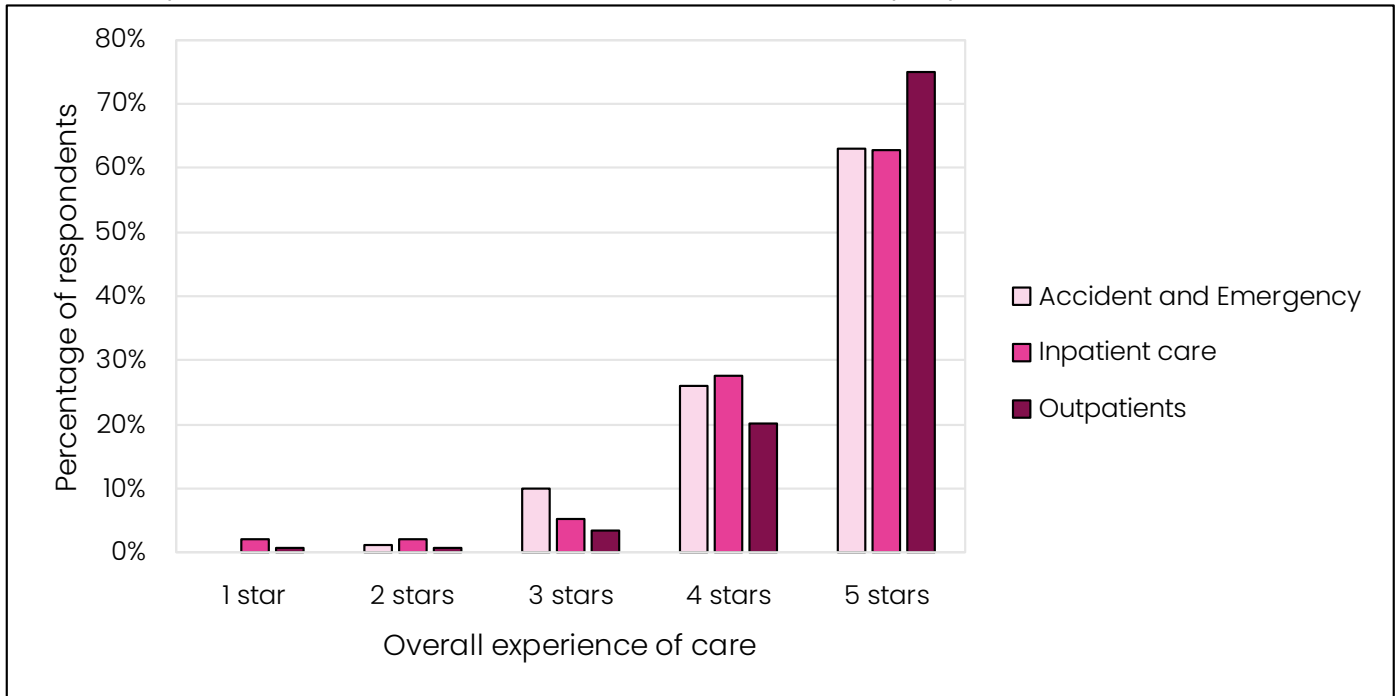


Figure 1.

As the graph shows, this was most common for Outpatients' (75%, 194) while those in other parts of the hospital were slightly less happy and 63% rated their experience as five out of five for inpatient care (63%, 59) and Accident and Emergency (63%, 51). However, across all three areas very few respondents rated their experience as only one (1%, 4) or two stars (1%, 5). The average rating across the whole hospital for overall experience was 4.6 stars, for Accident and Emergency this was 4.5, for inpatient care it was also 4.5, and for outpatients it was 4.7.

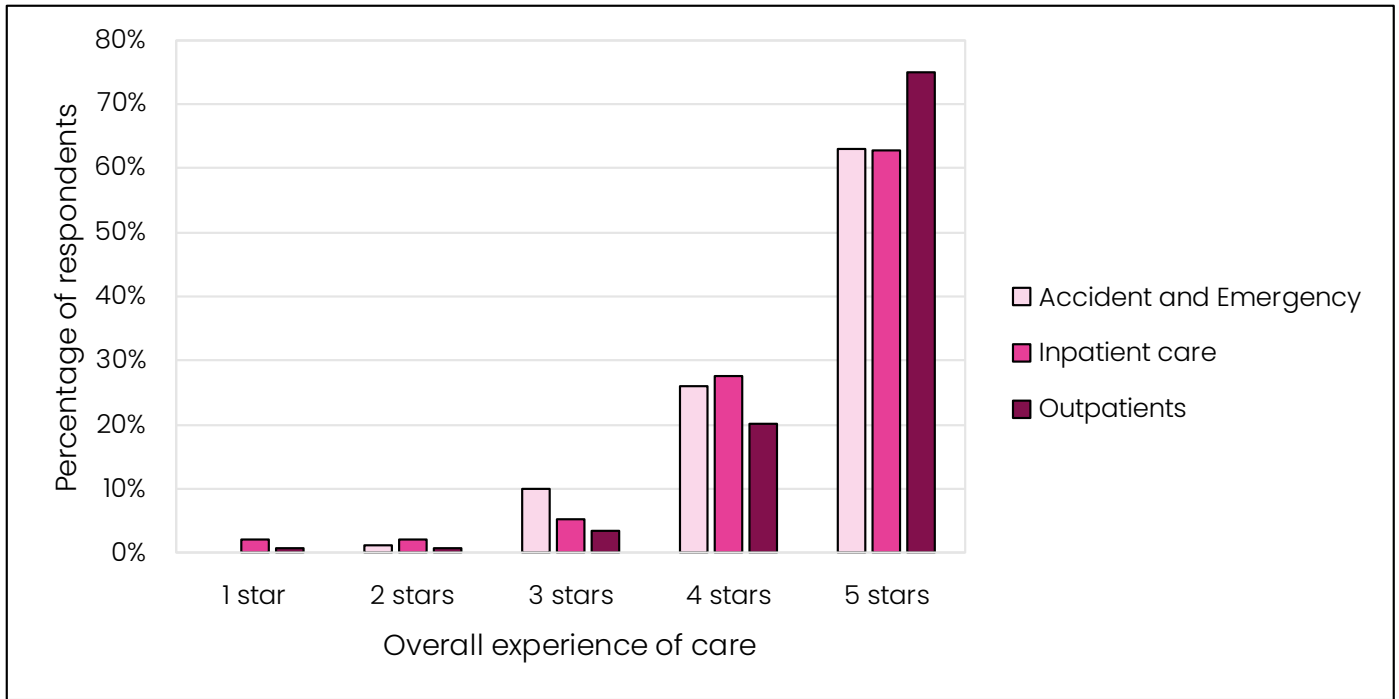


Figure 1. A graph showing ratings for overall experience of care split by area of the hospital.

We asked respondents to rate other aspects of their care in the hospital out of five. Similarly to overall rating, across most statements Outpatients was rated slightly higher than Inpatient Care and Accident and Emergency. In particular, inpatients appeared to feel slightly less involved in decisions about their care (4.4) compared to those in A&E (4.7) and Outpatients (4.7). These ratings are displayed in Table 1 below.

Table 1.

Average Ratings Across Areas of the Hospital

	Accident and Emergency	Inpatient care	Outpatients
Confidence in care	4.6	4.5	4.7
Trust in the health professionals treating you	4.7	4.6	4.8
Feeling safe in the hospital	4.8	4.6	4.9

Being treated with kindness, dignity, and respect	4.9	4.7	4.9
Feeling involved in decisions about your care	4.7	4.4	4.7

Finding your way around the hospital

We asked respondents if they were able to easily find where they needed to go when they arrived at the hospital. The overwhelming majority of people we heard from told us they were able to find where they needed to go (94%, 409). While only 4% (19) told us they could not easily find where to go and 2% (9) were not sure.

Patient experience: Antenatal Clinic

We went straight to reception and asked them, they used their map to show me. On the phone when I spoke to them before this appointment they just said go up the left but I didn't know what that meant.

We asked those who could not find where to go to suggest how this could have been improved, several told us that reception and volunteers were able to direct them. Other comments included:

- Improvements to signage:
 - *"It would have been helpful if door from main hospital corridor to A & E had better signage. I had to ask my partner where to go as I didn't understand what it meant."*
 - *"Signs to find where to go not in doctor language, I don't understand doctor language."*
 - Antenatal clinic was *"really tucked out of the way and there is a lack of signs"*.
 - Signs in English can make it harder for people who do not have English as their first language: *"It is difficult for me because all of the signs are in English. If there were some signs in Portuguese it would have been easier."*

- Having maps or photos:
 - *"I think having photos of where it is could help."*
 - *"I asked downstairs and was sent to xray and came back and then got here, maybe a map with the letter would help."*

Healthwatch Norfolk Observation

The hospital map is not easy to decipher with different numbers on the map to the actual ward numbers. It is quite confusing for people who are not familiar with the hospital. Maybe wards could be given names rather than numbers. The map "key" could then be shown in alphabetical order.

Information about my care

We wanted to find out if information about patients' care was explained to them in a way they understood, most people told us that it was (91%, 398). Only 4% (19) told us that information was not explained to them in a way they understood and 4% (19) were not sure.

Inpatients were less likely to say that information about their care was explained to them in a way they understood (80%, 78) compared to Outpatients (96%, 234) and patients in A&E (92%, 65).

We asked respondents how explanations could be improved. Some told us that their care was not explained to them fully: *"The first doctor I saw had lots of info - then they left and someone showed up to do a scan, the doctor told me nothing about it"*. Others mentioned how health professionals might use *"medical jargon"* which could make it difficult to understand, others noted how there was a lot to process: *"it was very overwhelming and it takes time to process it. I had two consultants and two doctors firing questions at me"*. Finally we heard how sometimes professionals did not listen to patients or they felt rushed, for example one parent told us that they *"had to ask the doctor a lot of follow up questions, such as what had the actually done to fix my son's broken arm"* and that they had to *"google what a backslab was. He didn't ask me if I had any questions"*.



“No one told me that during my operation they were going to insert metal into my elbow. The consultant said nothing about it. The lovely A&E doctor came to see me after and explained it all.”



Staff kindness, caring, and support

We asked patients to tell us what was good about their experience of care at the hospital. Across all areas of the hospital we heard about the kindness and friendliness of the staff. As an organisation we also found staff welcoming and were willing to help us and we also saw how patients were often treated well by all staff. Below are some examples of patient experiences which reflect this.

Patient experiences

“The nurses are all marvellous. They really care. To give one example, I hadn't told anyone I was going to be 80 while I was in here. As I was walking along the corridor, one sang Happy Birthday to me. It is a small gesture but it meant a lot.”

“How warm and friendly people are. They don't make me feel like I am any trouble. They are doing a job because they want to do it and they do it really well.”

“The staff are very attentive and kind. They are all caring and very observant. They notice if you are uncomfortable and will rearrange pillows or fetch a blanket. They come if you use your buzzer or call out.”

“When I came to see my wife last week, I couldn't find my car in the car park, after an hour of trying I asked at the reception desk for help and a nice lad helped me, I gave him the reg and make and colour of the car and he found it for me, even took me to it in a wheelchair, top bloke.”

“Everyone here has just gone the extra mile. everyone is smashing, from the cleaners to the coffee ladies. They are all working so hard non-stop.”

“The James Paget is a friendly place, the staff are knowledgeable and very caring – nothing is too much trouble. Not once have I ever felt uneasy. Really friendly staff, they joke with you and make you feel at ease. A lot of people can be scared and I tell them not to be.”

“Consultant was brilliant, nothing is too much trouble. Been given time and space, he double checked on everything. When I was in surgery he phoned my wife to keep her up to date. He spent lots of time with us before the op to explain what was going to happen and options. I had access to phone him before hand and when making decisions. This has all made so much difference. When I had to stay as an in patient, everyone who we had contact with was brilliant, I felt well cared for and looked after. I was constantly reassured and checked on. The little things made the difference, I had ordered food the night before but did not eat it because I did not fancy it, the nurse noticed and just did me some toast and said she would always find me an alternative if I needed it.”

Accident and Emergency

We received 90 surveys about experiences in Accident and Emergency (A&E) at the hospital. Most responses came from patients (94%, 85), with 6% (5) answering on behalf of a patient.

As displayed in *Figure 2*, the most common answer why patients visited Accident and Emergency was 'other' (30%, 27), these were reasons that the patient did not feel fit into the available checklist, some of these reasons included suspected TIA or stroke, bowel problems, blurry vision and gynaecological or urology issues. The second most common answer was for an injury (29%, 26).

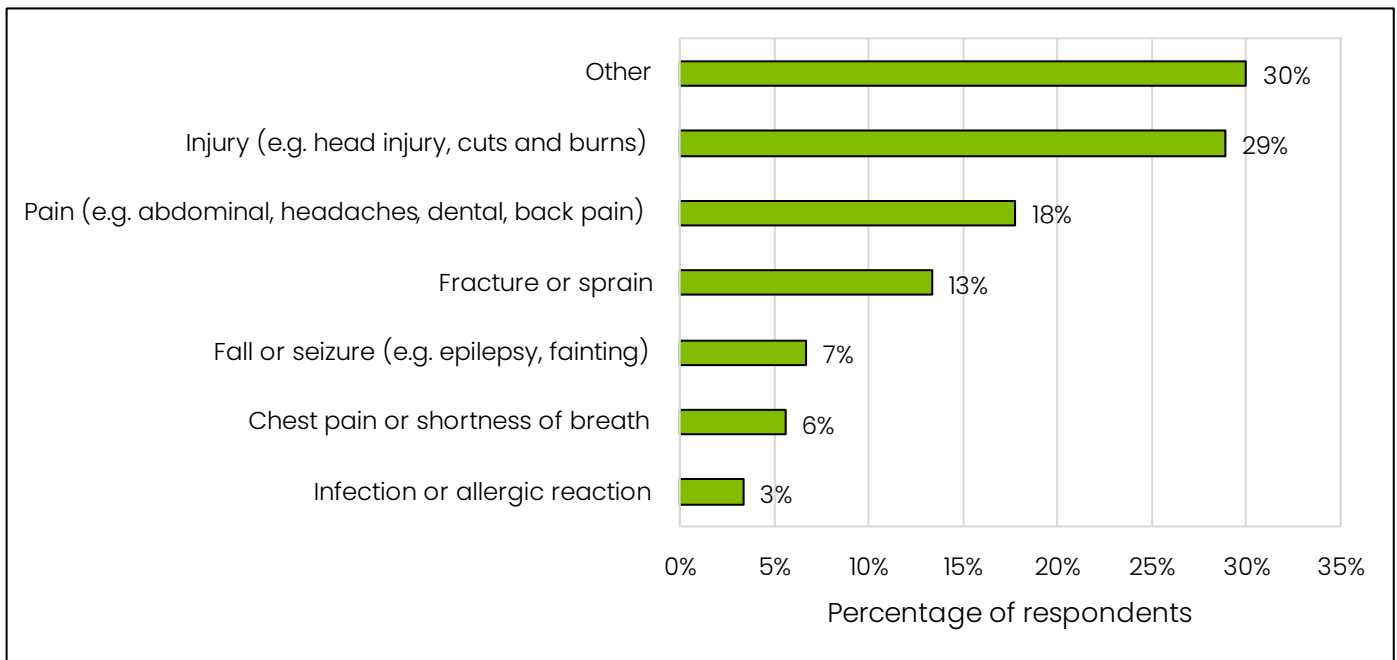


Figure 2. Responses from 90 people to the question 'why did you visit Accident and Emergency (A&E) on this day?'. Respondents could choose more than one answer, no respondents selected mental health concerns.

Before visiting Accident and Emergency

We then asked respondents to share if they had contacted another health service for advice before they came to A&E. Most people we heard from had contacted another health service (68%, 60). As *Figure 3* displays the most common service patients contacted was a clinician at a doctors' surgery (38%, 43).

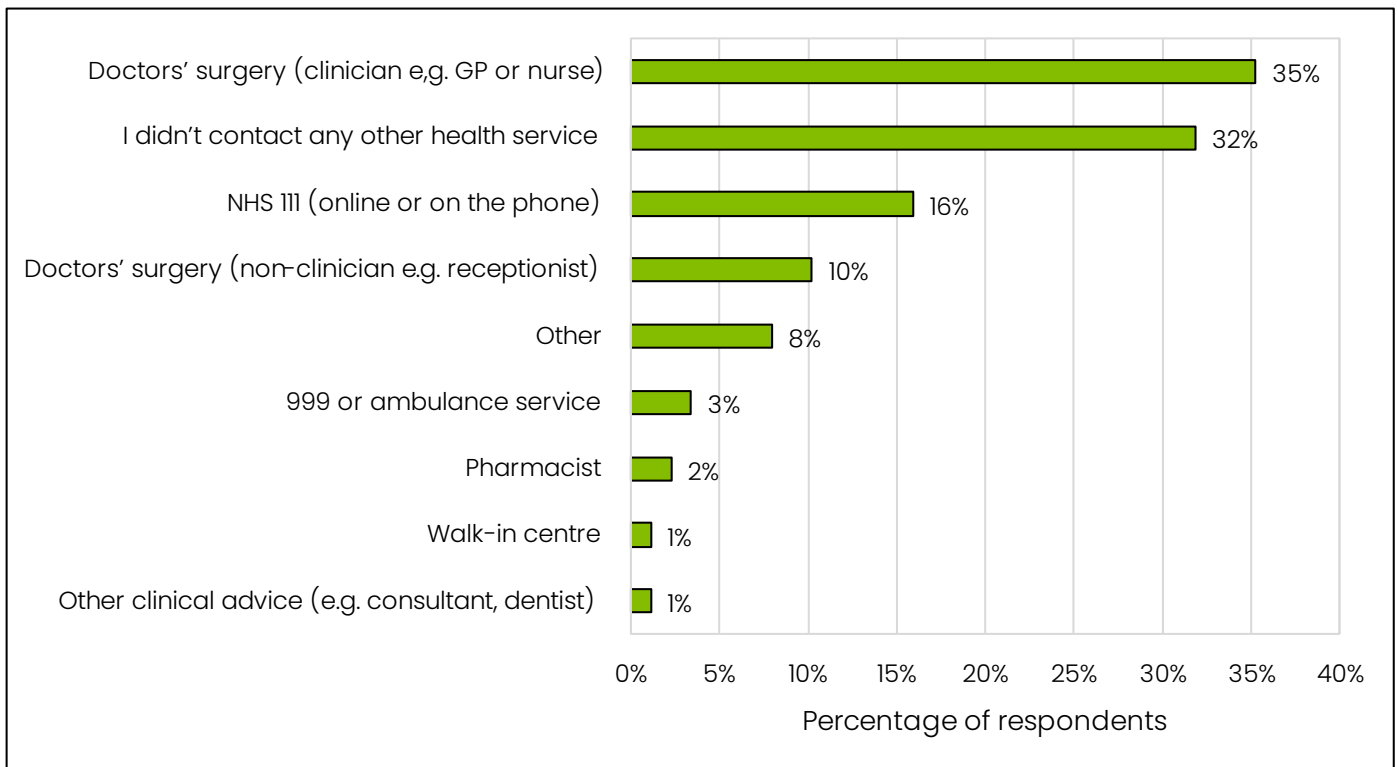


Figure 3. Responses from 88 people to the question 'before coming to A&E on this day, did you contact any of the following health services for advice for the same issue'. Respondents could choose more than one answer. 'Other' responses included going for a sports massage and district nurse.

For those who told us they had contacted another health service first we asked them what advice they were given by the service. The most common advice given was for them to visit A&E for example: "Went to an in-person GP appointment and they told me to come to A&E".

“111 referred me to the ambulance service, they said there'd been high demand but they'd send me a taxi. Because of my medical history they said I needed to go right to A&E. The taxi arrived quickly and he drove me to A&E.”

We also asked if there were any barriers to patients contacting another health service, 19 told us they faced a barrier. The barriers were largely centred on their doctors' surgery not being able to help them, for example "cannot speak to local

GP without a telephone appointment, when ring for an appointment they've all been taken."

Waiting time

For those who had been seen, there were mixed experiences of waiting times, fewer patients saying they waited longer than expected (23%, 16) in comparison with people who waited less time (39%, 27) or as long as expected (36%, 25) as displayed in *Figure 4*.

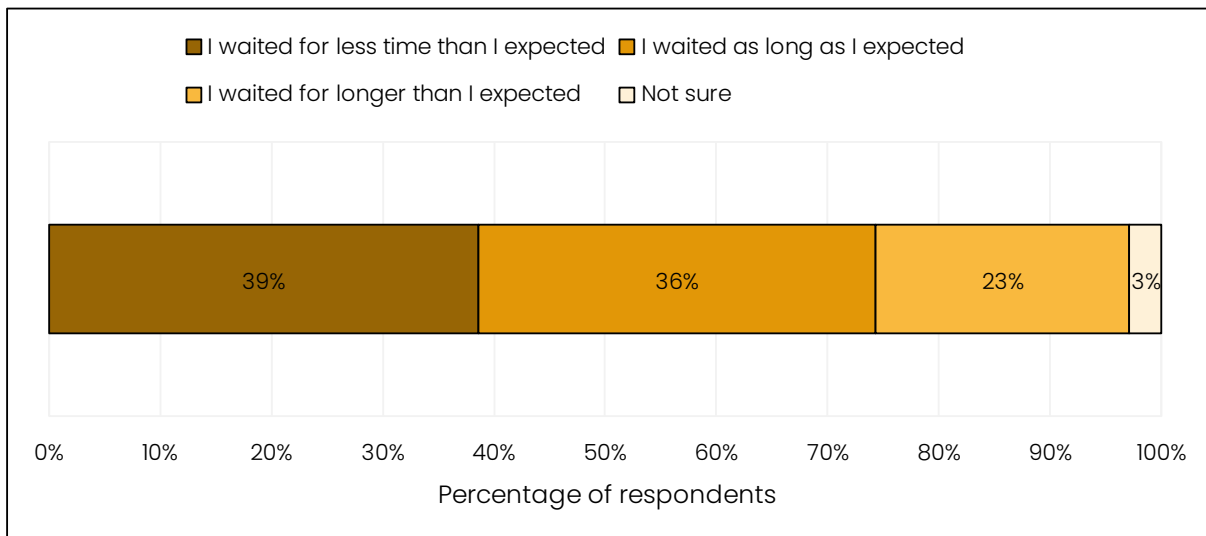


Figure 4. Responses from 70 people to the question 'how do you feel about how long you had to wait to be seen once you arrived?'

Consequently, we received mixed comments about waiting time at the hospital with some patients reporting not waiting long and others feeling that waiting times could be improved.

Staying informed on waiting times

We asked respondents if they had been told by staff how long they might have to wait, 43% of respondents (35) told us that they had been told. There was also a waiting time screen in the waiting room. One patient noted to us that *"it would be helpful if we knew who was in front of us in the queue, then you could tell where you were in the line"*.

Some patients told us that they were seen quickly initially but found themselves waiting for other treatment or to see a doctor and that they would also like to be

informed about how long they might need to wait for this: *"being told when I might be seen by the doctor after having my x-ray. Been sat here waiting ages now"*.



"I am partially deaf and it would be good if the staff could come out and call me. I am afraid I will miss my turn."



Finally, another patient noted that whilst they were waiting *"it would be nice if someone came round and asked if you were alright, especially if you are on your own"*.

Patient experience

"This is my second visit to A&E in two days. When I came to A&E last night the communication was really good. They let the whole waiting room know about the time delays. The nurse was great. I had my blood work done quickly. I waited about 4 hours and was told I needed an ultrasound but would have to return tomorrow to do it. There was an intoxicated man hanging around outside A&E and security got the situation under control very quickly. I also witnessed a stoma bag spill out on the floor, it was cleaned up and dealt with immediately. Last night the doctor I saw was great and explained everything to me very well and gave me pain relief to take home.

Today I returned for my ultrasound that was booked for 11am. That went smoothly and then I was told to come to A&E to wait for the results. The communication has been poor today. I was told I wouldn't have to wait very long, but I've been here over 3 hours now. I am just sat waiting for test results, now I am getting concerned that it's bad news and that's the reason it's taking so long. The person checking us in was short with me."

Comfort while waiting

The main improvement specific to A&E other than waiting times that patients mentioned, was to improve the environment and facilities. This included that *“the chairs are so uncomfortable, awful plastic. Not good when you have to wait for so long”* and that sometimes there needed to be *“more seating”*. We also heard that *“it would be good to have access to food and drink in the waiting area. I didn't want to leave in case I missed my turn”* and as mentioned in our following observations we did not see a vending machine and the water dispenser was difficult to spot.

Healthwatch Norfolk Observations: Accident and Emergency

A fantastic team on triage. One patient highlighted to us that *“the triage on the door of A&E was good, they sent me straight over to GP streaming unit so did not have to wait hours in the A&E department”*

The team also improved the signage based on a suggestion by a parent and us to make it clearer about access to A&E from the main building as it was not clear.

There was a water fountain at the back, we thought this was a little difficult to spot and a patient also told us *“it would be helpful to have signage for the water dispenser - it was hard for me to find. More than one would be good”*.

The air conditioning was working and a waiting time screen was kept up to date and visible in a couple of areas within the department. There were no immediately visible vending machines.

There was a separate children's waiting area and we heard how *“The separate children's waiting room is good”* and how it *“had a TV and stuff to look at on the wall”*.

Inpatient Care

We received survey responses from 99 people for inpatient care at the hospital. Most responses came from patients (91%, 90), with 5% (5) answering on behalf of a patient and 4% (4) answering as visitors.

These responses came from 18 different wards in the hospital, the most common wards (more than five responses) are presented in Table 2 alongside their average rating for overall experience of care.

Table 2.

Number of Responses and Average Rating for Wards

	Number of responses	Average rating of overall experience of care
Concept Ward	16	4.6
Ward 11	10	4.1
Ward 15	10	4.4
EADU	9	4.7
Ward 12	6	4.4
Charnwood Ward	6	4.7

Communication with the ward

We asked respondents whether the ward had kept them up to date on their care and condition. Most people told us that they had been kept up to date (86%, 84) while only 11% (11) told us that they had not been kept up to date and 3% (3) were not sure. Respondents were then asked if they had been able to contact someone on the ward to ask questions if they needed to, 88% (83) told us that they had been able to while 9% (8) were not able to and 3% (3) were not sure.



“Everything was well explained and they asked for my consent before they did anything to me.”



Staff experiences

Ward 3

"I work as a volunteer with the befriending service. I chat to patients and provide activities. It's a lovely job really. I check up on family members and lots of patients say they appreciate this. I enjoy listening to patients and spending time with them, lots of people are lonely. I get lots out of it and I also get advice from patients.

The 'This is me' sheets might be more helpful if they were kept up to date and sometimes it would be helpful if I knew a bit more about the patient. I feel well supported in my role by the end-of-life care team, the dementia team and the volunteer lead. I also help with meals as I have more time than the staff."

Ward 11

"It is a really intimate homely place to work. I have worked here for many years and I wouldn't want to work anywhere else. It is really great we work as a team."

Ward 12

"I have always enjoyed being a nurse looking after and supporting people and making a difference. I think it's the small things that are important and the longer I'm here the more I realise how important they are. However we are nearly always working under time constraints with staff shortages and this impacts the care you can give. There is not enough time for the extra bits. This can impact you as a nurse because you want to do your best. It can leave a slight I haven't done my best feeling. I know they are medically looked after but I also know patients can feel anxious and need emotional support and this is not always the level of care we are able to provide.

The expectations and pressures we are under have increased. The systems are not working well as there are not enough staff. The biggest impact is staff shortages, bed pressures and when the hospital is under pressure we are all under pressure. It can become unmanageable. When I first started there were sometimes empty beds, but not anymore.

I think it would be better if new staff to this ward were given at least some dementia awareness training. We have student nurses on the ward and they can find it intimidating. Most of my knowledge in caring for patients with dementia comes from experience on the ward."

Maternity Care

A recent report from the Care Quality Commission (CQC) indicated concerns about maternity provision at the hospital. Therefore, as part of our visit we focused on speaking with maternity patients and their families to find out about their experiences.

As in table 2 the average overall rating of 4.1 out of five for the maternity ward (ward 11) was slightly lower than other wards, however it is worth noting that half of the people we spoke to rated their experience as five stars out of five. Several patients told us that they found staff *“very attentive”* and that there was *“lots of checking in”*.

Patient Experience

“The toothbrush and toothpaste they found for me made such a difference and I feel like staff on this ward are all good. there are lots of students around and I can ask them for more the presence is reassuring. the female Dr here today is great and there are great midwives and they gave me choices rather than telling me”

The concerns we heard from patients included:

- *“I have felt a little bit belittled when they speak to me sometimes”.*
- *“It’s hot, so air conditioning would be good.”*
- *“Before I had to have a C section I feel like they could have done more to check. They kept checking and said the baby’s head was there but then on the last time they said the baby was actually upside down.”*
- *“It took a long time to tell me the plan, I am now waiting for a scan”*

Quality and variety of food

We heard a mix of opinions on the food offered in hospital with some complimenting it: *“the food is brilliant and is like home cooking”* and others were less impressed: *“the food is awful but it is what it is. It needs more salt. But I know it must be a logistical nightmare”.*

Two people told us they felt the food had improved recently: *“when I was here three years ago, the food was pretty bad but it has improved tremendously”.*

Patient Experience

"In forty years I have never eaten the food, in December I lost a stone and a half when I was in hospital, I have been here since May and the menu is different, I tried curry for the first time. I eat it all now, I used to dread the meal and now I am going to put on weight!"

Comfort on the wards

Below are some more specific suggestions for how experiences of care could be better for inpatients, these are mainly centred on improving comfort on the wards:

- *"The heaters are stuck on hot which makes it a bit uncomfortable on warm days."* (Ward 15)
- *"A bit more access to coffee and hot drinks to keep hydrated."* (Ward 15)
- *"A softer trolley, when you're poorly they're very uncomfy."* (EADU)
- *"The chair in my room isn't very good, it's a bit small, too low, hard to get out of."* (Ward 17)
- *"The night culture is very noisy and there is banter amongst staff on the ward, when you're trying to sleep. More consideration is needed (I don't want to hear their takeaway orders)."* (EADU)
- *"When I have to get up for treatment, I don't like the nighties. They leave my back end showing, and I would like to be able to cover up. I would also like to have a rubber ring donut thing so that when I am sitting for long periods I will be more comfortable. There are no hairdressers here. I have had no hair washing at all. My hair gets tangled, and I have brushed it so much the perm has come out."* (Concept Ward)

Concept Ward

The Concept Ward at the hospital was opened in May 2023 and we spent some time during our visit speaking with patients and staff to find out initial experiences with the new ward. The Concept Ward is intended to give an idea of what healthcare could look like in the future for patients and staff. The ward includes 20 single rooms with ensuite facilities and two four-bed bays and will be used by different wards across the hospital to get their feedback and help

inform ward design in the future. More can be found out about this new ward here: <https://www.jpaget.nhs.uk/news-media/news-events/2023/may/innovative-concept-ward-opens/>.

To begin with, we found the ward a little difficult to locate as you have to find your way from the inside of the hospital due to it being under construction. The ward was well laid out for patient observation with staggered rooms so that beds are not facing one another.

People we spoke to appreciated the facilities telling us that *"the rooms in this new ward are lovely. They're ensuite! It's very nice to have my own space to heal in"*. Similarly with one person told us it was *"like a hotel"* and another *"it's like we're in a private hospital"*. The bays had pull up screens between the beds and the whole area was clean and airy.

On the other hand, there were no TVs in the patient's rooms which was mentioned to us by several patients: *"there's no clock in this room. No TV, nothing to do apart from fall asleep. There's also nothing at all on the walls, nothing to even look at"*. During our week clocks were installed in the rooms and we understand that TVs will also be installed. Other patients mentioned to us that they sometimes found the air conditioning too cold particularly at night. We also heard from two patients that they did not *"like the pressure sore reducing function of the specialist bed. I asked staff to put it onto static mode"*.

Staff Experiences (Concept Ward):

"As a receptionist, it's difficult to be so far away from the ward. The printer/stationary/photocopier are not within reach and behind is the quiet room, which (if occupied) makes it difficult to leave the desk as there is no front hatch. Patient notes are not at hand for scanning and you have to go on a mission to find them. It's time consuming to go round the hospital for supplies especially when you're busy."

"It's not ideal for patients with enhanced needs – some of the patients say they feel isolated. We have to constantly swipe in and out of areas – like swiping into the kitchen area while you're trying to hold lots of items. HCAs should be on a higher band. They're on the same band as cleaners, but they are doing things like changing catheters."

Carer support

We asked people who were carers if any support had been offered to them by the hospital to help them as a carer. Only seven people answered this question, responses were mixed, four carers told us they had not been offered support.

However, it is worth noting that the two carers who told us they had received support shared that the support received was for their cared for telling us they had received *"care in the home"* and *"I have been offered support for my wife when she needs to go home including various pieces of equipment to help her."*

Discharge experiences

We asked respondents whether they had been told about discharge and how/when this will happen; 48% (35) told us that they had been informed while 34% (25) had not been told and 18% (13) were not sure.

We also heard several experiences of discharge planning from patients and their families or carers and there often seemed to be *"some confusion around what happens next [...] I'm not sure how it will work out"*. We also heard about delays to discharge because of organising care and support at home such as *"can go home just waiting for carers, have been ready to come home a while but just waiting"* or waiting for medication *"I've now been waiting for three hours to get this medication and it still isn't ready"*.

Patient experience

"Unfortunately the time it is taking to install these [equipment] is taking longer and longer which means she is spending more and more time in bed here. It worries me that she will be unable to move once she finally leaves hospital. The hospital has been fantastic but the path to discharge is unclear and getting longer all the time."

Outpatients

We received 276 responses to our outpatients survey. Most of these responses were from the patient directly (88%, 242) with the remaining 12% (34) from someone on behalf of the patient.

We spoke to patients from approximately 25 different departments or clinics. The most common departments or clinics (more than five responses) are presented in Table 3 alongside their average rating for overall experience of care.

Table 3.

Number of Responses and Average Rating for Departments and Clinics

	Number of responses	Average rating of overall experience of care
Antenatal Clinic	48	4.6
Eye Clinic	40	4.8
Orthopaedics/Fracture Clinic	21	4.3
X-Ray	20	4.7
General Surgery	18	4.8
Blood Test/Pathology	17	4.8
Department of Medicine	16	4.5
Urology Clinic	14	4.8
Windsor Suite	14	4.9
Gynaecology clinic	13	4.5
Renal Unit	13	4.9
Ambulatory Medicine	6	4.6

Communication from the hospital

People who had received a letter from the hospital overwhelmingly told us that their letter was clear and easy to understand (98%, 208) and that it had all the information they needed (96%, 197).



"Communication has been good. The letter came really quickly and was clear."



People also told us that it was clear who to contact if they had a problem with their appointment (94%, 210) and that 80% (55) of people were able to contact someone to resolve the issue if they had a problem with their appointment.

We asked how the letters could be improved, one of the comments was patients needing more information about their appointment. Three patients were unsure why they were at the hospital for their appointment: *"the letter didn't say what it was for. There was no information (about neurology). I didn't even know my GP was referring me to them"*. Others told us that they were not given enough information about their procedure or preparation for their appointment such as an antenatal patient telling us that *"apparently I wasn't supposed to eat before this appointment - but it didn't say anything about that on my letter"*.

Patient experience (Gynaecology Clinic):

"It didn't tell me if I needed to do anything beforehand. It didn't give any information about the duration of the appointment which would have been useful as I needed to book time off work and didn't know how long to take off."

Other patients mentioned that they did not find the letter clear enough such as *"it didn't state the department of medicine until the end of the letter"*, similarly another patient in this department struggled with their letter:

Patient Experience (Department of Medicine):

"My letter said " Dr Marshall's rheumatology clinic on ****date**** and ****time**** at JPUH department of medicine outpatients." So when I arrived I was looking for signs for the rheumatology department. Eventually I had to ask someone and they told me it was 'department of medicine' I should be looking for. The letter was very confusing."

Finally, one patient told us *“it would have been easier if I could have had a letter in Portuguese”* and three patients mentioned that it would be helpful to have a map or directions included in the letter: *“when I go to the N&N there are directions of how to get to the department on the letter. There weren’t any on the letter for here”*.

Car parking

The biggest frustration for outpatients we spoke to was around car parking at the hospital. This mainly included difficulties finding a space to park and also it being too far to park for people with mobility difficulties. One person told us that wheelchairs were not available where they had to park and they *“had to leave person needing chair in the car”* whilst they *“walked all the way through to the main entrance”*.

Patient Experience

“I have to drop my father off at the back door, as he has mobility problems and can’t walk from the car park. I then have to rush round to the car park, park up, and then rush in to see him. When we are leaving I have to go to the car park and wait for a while before driving around to the back to pick him up. This is made more difficult because it can be a nightmare to find a space, which delays me getting in and out to help him. Once, I got a red label for parking on a verge, but what are you supposed to do if there are no spaces?”

Checking in for the appointment

Most people had no issues checking in and rated their experience of checking into their appointment as five stars out of five (89%, 238), this is displayed in *Figure 5*.

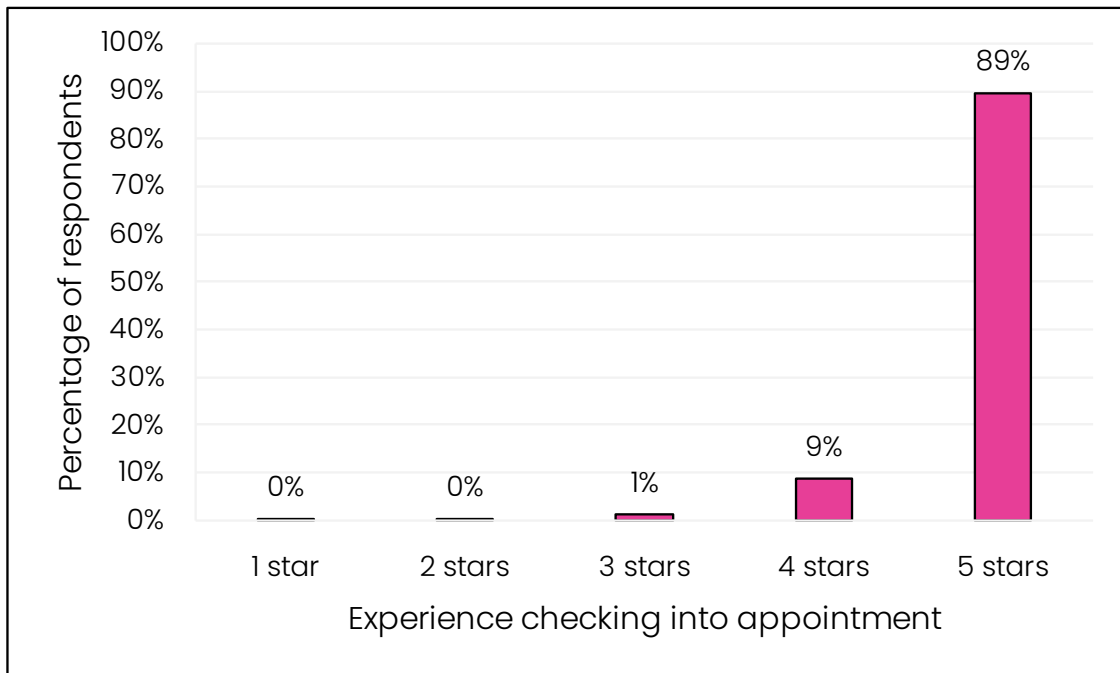


Figure 5. A graph showing ratings from 227 people about experience of checking into appointment.

Waiting time

Similarly to experiences in A&E, outpatients told us about their experiences with waiting for their appointments; people more commonly told us that they *“haven’t waited long at all”* in comparison to those who told us *“I had to wait quite a while to see a doctor”*.



“Appointment on time – especially for a baby, trying to work out naps and feeds is difficult when the wait is so long.”



Comfort whilst waiting

Again, like in A&E, we heard comments about comfort in the waiting rooms including wanting comfier chairs, the temperature of waiting rooms being too hot, and having a *“water dispenser available in waiting area not just jugs of water left on side”*.

Healthwatch Norfolk Observations

Antenatal Clinic

Posters on the walls and in the corridor before entering were printed in multiple different languages. There was a radio on and a range of photos and posters on the walls. There only appeared to be two toilets and there was a queue for these.

Ear Nose and Throat/Urology

Reception were very welcoming, friendly and were expecting us. A gentleman approached the front desk insisting on an appointment today. He had been seen Friday and said the doctor insisted he came back today if his blood pressure was raised. Reception calmly and professionally dealt with the situation and explained to the patient there would be a wait but he could be seen at the end of clinic.

A nurse welcomed a patient with "look how well you look" and a hug - so friendly, welcoming and kind, laughing joking and caring about someone who has been seen at the hospital for a very long time and been through a lot of treatments.

Eye Clinic

The clinic was running 60 minutes late however this was displayed to patients waiting in a rolling sign which we thought was helpful. The waiting area was very warm but there was a water fountain with cups available. There was a Vision Norfolk Information Service stand with lots of leaflets for patients on different conditions.

There was an elderly patient who had been waiting to be seen for a while. She was in a wheelchair. The sister in charge came over and offered her a cup of tea while she was waiting. The volunteer in the area went and made it to her liking.

X-Ray

The TV screens were all broken/not working properly so you couldn't really see anything. A staff member told me they had reported it a while ago. A patient suggested a radio would be better than tv that doesn't work. The water cooler/machine was out of use so no water in there and it was warm.

Waiting times were written on the board behind reception - patients hadn't noticed this but were called in before this waiting time which they were pleased about.

Patient experiences

Antenatal Clinic

"In my previous pregnancies I saw multiple midwives each time. This pregnancy I have seen the same midwife at each appointment. I can text her if I have questions. I actually fainted in the glucose test and had exceptional care. I was a bit embarrassed but they took really good care of me. I am high risk due to my weight, but none of my care has been negative. All the language they use is positive and my weight hasn't been discussed as an issue at all. In a couple of weeks I have a "meet the midwife team" appt where I get to meet them all so I will have met them before I go into labour. I think that's a really good thing.

I rated feeling safe as a 3 because of the media reporting on the inspection reports from the maternity department. It's worried me. The booking in process after finding out you are pregnant is a bit bizarre. I phoned my gp surgery and they gave me a mobile number to call. Then I got a text from my midwife to arrange the initial appointment.

The staff at reception at the front of the hospital are excellent and very helpful."

General Surgery

"They were hoping to have my stoma reversed today but I think I might have changed my mind and I am going to have a chat with them and I feel comfy to have that conversation. Everything is good here, the people are helpful and polite. I have been in a couple of times and I am always happy with everyone They've been ever so good. They write to me. I had an operation and now I am here for a check up. I have had all sorts of tests and I feel looked after. I can't fault them, I am quite happy with everything and everyone."

Renal Unit

"I arrived very early so finished early which is good. The chairs could be better, I had dialysis in USA and chairs were more comfortable (like armchair) and vibrated which makes treatment more comfortable. Food and Cleanliness - cannot complain at all. Parking not a problem because I arrive early. Renal Unit car park barrier has been broken for two to three weeks so doesn't stop other people using it. So sometimes patients have difficulty parking. Staff on unit are aware they have tried to phone to get it fixed. Feels like a family here, I get to know staff and other patients."

Explanation and involvement

Several people we spoke to told us how they appreciated it when their care was explained to them and their questions were answered: *"always been kind, taken time and explained everything"*. They also liked it when they felt *"involved in everything about my care"*. This also included when staff involved children: *"the staff interacted well with my son"* or for antenatal appointments where *"my husband is made to feel involved in the appointments"*.

Patient Experience

"Being able to get in touch to speak to someone before and after face to face. There is no one to talk to. When we saw the doctor last time we visited we felt rushed and we struggled to understand and we were given lots of information, which by the time we got home we had forgotten lots of it. It would have been good if there had been something written down to take away with us. We tried to contact then afterwards to get a better explanation but were unable to contact anyone."

Physiotherapy: Pelvic Floor Information Session

While visiting the hospital we went to speak to patients in the Physiotherapy waiting area. We spoke to a receptionist who let us know that they mostly offer group sessions so patients arrive together and go into group sessions so if we wanted to go in and speak to them we would be welcome at the next session which was a Pelvic Health Physiotherapy Urinary Symptoms Group Session.

The group sessions were for people who have been referred for pelvic health from their GP, Gynaecology consultant, or from ante and post-natal. The aim of the sessions was to reduce and help people manage the symptoms themselves and improve the quality of their life.

The very informative and interactive session went through everything from the 'toilet boogie' (learning how to fully empty your bladder) to using a poo step when emptying your bowels – all essential for helping with urinary symptoms. There was also a discussion around constipation, the menopause, support pants for exercise, and 'squeeze time' using the help of an app.

We spoke to the session leader and she clearly loves her job and speaking to patients about how to help themselves. She has worked at JPUH since 2009. She told us *"I love my job and I can't believe I have been lucky enough to get this job. This is a proper town hospital and a great place to work"*. We were told that someone who attended the group in the past and took part in the exercises managed to reverse their symptoms and not need any further input from the hospital.

The patients who attended the group were engaged and even those reluctant at the beginning of the session were fully involved and contributing by the end. They each were given the opportunity to choose a follow up session at a time and date they could do. They went away with a pack containing a bladder diary for them to note everything they drink and how much urine they pass for three days. The pack also included a wealth of information and exercises for the patients to begin.

Some of the comments we heard from patients included:

- *"At first I thought ugh no a group, but it has been great – really brilliant."*
- *"5 star, very informative, lots of exercises"*
- *"So helpful"*
- *"GPs are not informed enough about these things so this session is just excellent"*

Next steps

This visit and report form part of a larger engagement programme where we are visiting the three acute hospitals in Norfolk. A report will be created for each hospital. At the end of all the visits a report will be published presenting experiences across Norfolk hospitals and will include recommendations for the hospitals and the wider Integrated Care System.

References

James Paget University Hospitals NHS Foundation Trust (2023, May 25). *Innovative 'Concept Ward' opens*. <https://www.jpaget.nhs.uk/news-media/news-events/2023/may/innovative-concept-ward-opens/>

Appendix

Appendix A: Demographic of respondents

		Percentage	Number
Age 449 respondents	15 or under	2%	8
	16 to 25	7%	30
	26 to 35	15%	66
	36 to 45	8%	36
	46 to 55	8%	34
	56 to 65	14%	65
	66 to 75	18%	81
	76 to 85	22%	100
	86 or over	6%	29
Gender 456 respondents	Female	63%	289
	Male	37%	167
Ethnicity 461 respondents	Asian/Asian British: Indian	1%	4
	Asian/Asian British: Any other Asian / Asian British background	0%	1
	Black/Black British: African	1%	3
	Black/Black British: Caribbean	0%	1
	Mixed/Multiple ethnic groups: Asian and White	0%	2
	Mixed/Multiple ethnic groups: Black African and White	0%	1
	Mixed/Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	0%	1
	White: British/English/Northern Irish/Scottish/Welsh	95%	439

	White: Irish	0%	2
	White: Any other White background	1%	5
	Any other Ethnic Group	0%	1
	Prefer not to say	0%	1
Please select any of the following that apply to you 441 respondents	I have a long term condition	37%	161
	I have a disability	16%	69
	I am a carer	9%	41
	None of the above	50%	220
	Prefer not to say	2%	8



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