

**SUMMARY OF KEY  
MESSAGES FROM A  
PICTURE OF HEALTH  
INVOLVEMENT EVENTS  
FOR BEXLEY, BROMLEY  
AND GREENWICH  
28<sup>th</sup> August 2009**



*Strengthening public influence in health*  
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In July 2009, a sample of 108 local people considered changes to clinical and patient pathways in the *a picture of health* (APOH) programme, on care outside hospital at local events in Bromley, Bexley, Greenwich and on hospital changes at a 3 Boroughs event.

## 1. KEY MESSAGES ON OUT OF HOSPITAL CARE PATHWAYS

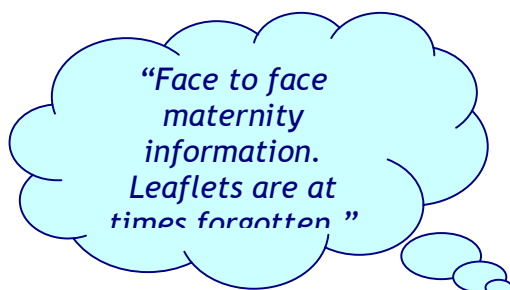
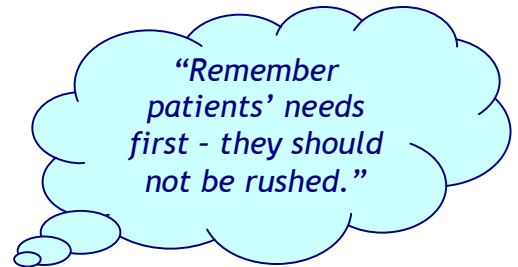
### 1.1 BEXLEY

- **Intermediate Care:** Enough well trained staff (including district nurses) are needed for a service where the *patient* comes first, inspiring confidence and providing continuity. Communication, including on funding eligibility, is crucial, as is the right equipment at home.
- **Long Term Conditions:** A coordinated team of properly equipped professionals must provide holistic, pro-active care (including end of life care). As well as sharing information, they should educate patients in self management. Separate children's services are needed with training for school staff.
- **Maternity Care:** before and after the birth, accessible, consistent, quality care should be offered in a choice of locations by a choice of midwife. Information needs to be improved.  
There must be enough experienced midwives. For home birth, high quality safe care was the priority. Facilities at home need to be good, and midwives competent. Again, information on the topic was lacking.
- **Changing from A &E to Urgent Care Centre (UCC) at Queen Mary's Sidcup Bexley (QMS):** house to house distribution of information was needed covering
  - **What** a UCC actually offers, especially for people with long term conditions
  - **How** the service differs from a polyclinic or GP surgery
  - **When** it is open

Participants raised concerns about A & E capacity, extra ambulances being needed and knowing where should to go for A & E once QMS A & E closes.

### 1.2 BROMLEY

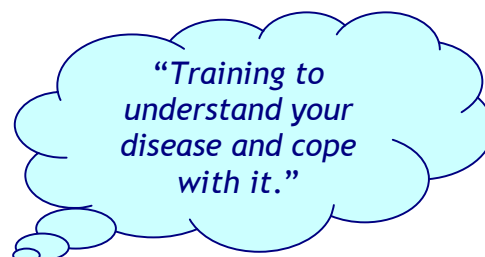
- **Intermediate Care:** An on-going personal service ranked highly, providing more help at home. Again, communication between services was important. Patients should be told about services available. Consultation was needed on changes.
- **Long Term Conditions:** Support is needed for carers and patients, including those who cannot manage at home. Staff need support. As above, communication *between* services and *about* services is essential.
- **Maternity Care:** Personal care and choice of midwife are important. Flexibility and



convenience for appointments is an element of accessible, consistent high quality care in good facilities. For home birth, emergencies must be planned for and equipment available in case. Supportive, informative care should be provided by sufficient midwives, with medical teams available round the clock. The home and mother's personal circumstances must be suitable.

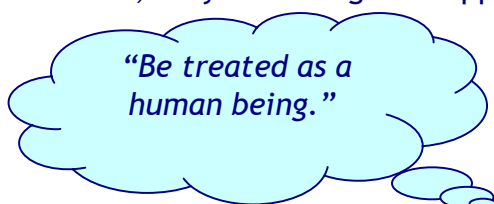
### 1.3 GREENWICH

- **Intermediate Care:** A competent team must meet clinical needs adequately in easily accessible, homely facilities, not discharging people too soon. Communication was raised again, expressed simply and inspiring confidence. The home must be assessed and aftercare planned and monitored.
- **Long Term Conditions:** Again, support for patients - including emergency support - is important, based on good relationships with GPs. Holistic care co-ordinated by a key worker must include monitoring. Communication between services was raised again as was informing patients to inspire confidence. Help is needed with housing, welfare and transport.
- **Maternity Care:** Antenatally and postnatally, women need both Information and continuity of care from known midwives providing quality interpersonal services close to home, including home visits. For home birth, a competent midwife is needed with whom you have a good relationship. He/She must communicate the benefits of home birth.



## 2. KEY MESSAGES ON HOSPITAL CARE PATHWAYS

**2.1 Emergency surgery and medical care:** Patients need to know how to decide whether they need help. From arrival, they expect patient centred customer service, quick attention, good diagnosis and effective treatment. On discharge as well as being asked for feedback, they must be given support at home.



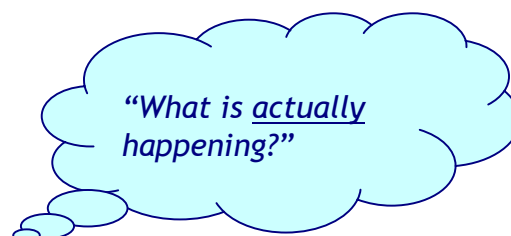
**2.2 Planned surgery or medical procedures:** Patients need to know where to go and be able to get there easily by public transport. They want to be treated in the right place. They might be worried as the area would not be familiar. Would patients' notes be up to

date? The effect on staff of the changes was an issue. At QMS there was no ITU and improvements are outstanding. Aftercare must be coordinated once patients are back at home. Transport links are unresolved. Changes must take place after new systems are in place.

**2.3 A & E:** Patients should be able to ring a dedicated, freephone manned by humans, with good triage. There should be clarity on choosing services, and on staff and their functions. Journey time should be minimal and the car parking paid on exit.

**2.4 UCC:** Understanding what urgent care actually means is vital. Minimal journey time and adequate transport were raised again. Sufficient capacity and good triage must ensure patients see the right clinician. The environment must be relaxing. Plain language Information in translation, picture format, Braille, and audio available online, by phone or as fridge magnets, must cover:

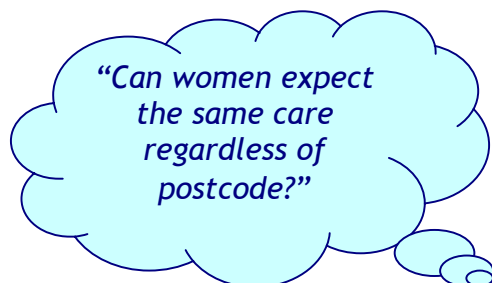
- **Where** the local UCC is
- **What** it does (and how to decide whether to go there)
- **Who** should go there, with case studies, and which age groups
- **When** it is open and likely waiting times
- **How** to get there
- **How** to complain



As well as a house to house leaflet drop in Bexley, information should be displayed in NHS facilities, community and religious centres, libraries, job centres, shops and at public events. Health service professionals, including GPs (and patient participation groups), pharmacists, NHS Direct, St John's Ambulance and the Red Cross should give details. Community groups, social services and the Council should also inform the public.

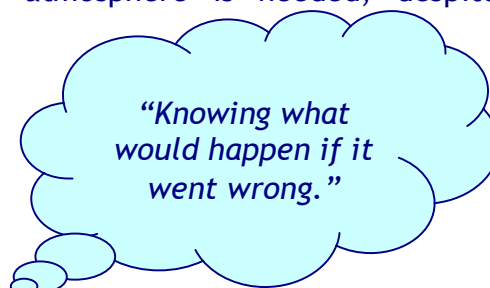
## 2.5 Women's and Children's Hospital Services

- a) **Midwife-led maternity care:** Having the same midwife was important, including throughout labour. From early pregnancy onwards, good information - particularly on risk - was necessary. As pregnancy progresses, women need accessible appointments and personal and clinical support through regular check ups. During labour, the safety of mother and baby should be paramount. Complementary therapies and facilities for partners should be available. On discharge, the baby's health should be checked and ongoing support given to the



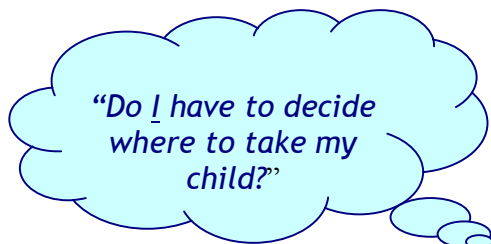
mother.

- b) **Obstetrician-led maternity care:** A good midwife remains important. Mental health services are needed throughout. From the start, women need to understand what is going on and any risks. 'High Risk' women should not just be labelled - but have their health needs explicitly addressed. Personal care becomes important mid term while during labour, a comfortable, relaxed atmosphere is needed, despite interventions. Better clinical care was raised. A quiet room should be available for those with sad outcomes. Support in bringing up your baby should be offered when you go home.



- c) **Gynaecology:** Assessment, preparation and aftercare are part of patient centred planned care. There should be dedicated wards. In emergency care particularly, caring, highly trained staff are needed, telling

patients what is going on. Culturally sensitive, appropriate treatment, adequate length of stay and proper hygiene are key. Medical and social follow up after discharge, should include information to aid recovery.



as was continuity of care. Transfer arrangements need to work well. The service should be publicised widely, via a variety of media, and health professionals should tell patients about it.

d) **Paediatric Ambulatory Care:** *When* to use this new choice should be made clear to people. The service's atmosphere should be welcoming and delays minimal, with effective triage. Communication and information were recurrent themes,

**3. The Way Forward:** The feedback includes are a number of recurrent themes and important patient experience issues that can help shape the new pathways.