

# Our Hospital Our Care #OurFuture

A summary of conversations from a **People's Network** event, to help shape the future of services provided by The Dudley Group NHS Foundation Trust.

**February 2021**



## **In January 2021, Healthwatch Dudley teamed up with The Dudley Group NHS Foundation Trust, for a friendly online conversation with local people about the future of local hospital and community health services.**

The Dudley Group NHS Foundation Trust provides hospital services from Russells Hall Hospital and Guest Outpatient Centre in Dudley and Corbett Outpatient Centre in Stourbridge. The Trust also provides a wide range of community services such as district nursing, continence services, diabetes support, podiatry and physiotherapy, in people's homes and from a variety of different locations across Dudley borough.

Plans are being made for the coming five years and the Trust wanted to ask:

- **What local people think works well at the moment?**
- **Where they see gaps?**
- **What would make things better?**
- **What people would like to see going forward?**
- **What are the priorities for local communities?**

Local people were invited to put the kettle on and log into Zoom for a 90 minute event, to talk about their experiences and to share their views and ideas.

The event was promoted widely to the Trust membership and by Healthwatch Dudley and was well attended by a range of local people including members of Dudley borough's Deaf community, together with representatives from local organisations including the voluntary sector.

During this event 45 participants also got to hear from two senior doctors who are working on the front line of the Covid-19 pandemic at Russells Hall Hospital, to find out about the pressures currently being faced.

**This report themes the conversations that took place at the event and will feed into the Trust plan. Each of these sections reflects the opinions of all event participants, including employees of the Trust.**



# Considering services provided by the Trust - What is being done differently or is working well?

“Vaccinations are working well and have been well organised.”

“Face to face appointments have improved because of Covid. You now get a precise time so no more waiting around and it is more efficient. This is especially helpful if caring for someone with a disability.”

“The learning disability team is excellent and should be expanded.”

“I saw a doctor about diabetes with an interpreter and when asked, the doctor distanced himself and removed his mask when requested. This was good.”

“NHS111 triaging before attending ED helps filter out the ‘not so urgent’ and provides a better experience for those who do need to be there.”


“District Nurses are providing an incredible service for lonely and isolated people, cancer patients and for older people struggling with their health when sometimes community staff are the only people who they might see.”

“400-500 patients who have had Covid are now back home and multidisciplinary recovery clinics have been set up to support patients who are recovering.”

“Staff numbers have been low with between 10 and 15 percent of staff absent with sickness but consultants are doing nursing shifts and there is a real sense of everyone pulling together.”

“It has been difficult not being able to allow relatives to be with extremely sick patients for that much needed human contact. It has been hard but it is keeping people safe.”

“It has been incredibly hard and we have lost a lot of people. What has been rewarding is to see patients who have fought and struggled but have survived.”



“The vaccination programme is going so well in Dudley - health services should be proud.”

“We haven’t always been doing it perfectly, we have tried to allow families in to say goodbye. We would like to think that we have maintained some level of compassion but it hasn’t been without its challenges.”

“Nurses have been so brave and even junior nurses and extra staff who have been brought in to help.”

“Other clinics have been put on hold. We have held telephone clinics and delivered equipment to respiratory patients so that they feel supported as much as possible.”

“We have been redeployed. I was on the stroke ward. There is a lot of pressure in the system.”

“Everyone is doing a fantastic job, I have asthma and a respiratory condition, even though services have been streamlined because of the pandemic but my support have been consistent.”

“It’s a battle, that if we all work together we can get through. There will be life after Covid-19 with the introduction of the vaccination.”

“Appointments have improved and I now get a precise time so no more waiting around. It is more efficient and specially helpful if looking after someone with a disability.”

“We need to embrace the learning and keeping moving forward. We have massively changed the way that we work with some 50 plus patients at home being monitored through our virtual clinics. This is massive innovation.”

“Hospital staff are doing an amazing job to maximise people’s care given the extraordinary situation we are facing.”

“I’m finding it much easier to book a blood test and the appointments seem to be running smoother.”

“Nurse specialists are great!”

“I admire you all so much . You helped one of our patients who didn’t want to go to hospital, he was scared but you helped support him. He got the treatment that he needed and he’s fine now.”

“So pleased to hear that ongoing care for patients with long Covid will be provided to support mental health and other after effects”

“I think that you deserve a medal. I wonder what you do to relax and switch off?

“The hospital is doing an incredible job!”



# Where are the gaps - What would make things better?

## Hospital discharge

“The discharge process needs to be improved for inpatients as there are too many delays and backlogs especially with pharmacy.”

“There is a discrepancy between adult social care and the hospital especially with discharge.”

“Hospital discharge needs to be a two way process, there should be a smooth transition with sufficient information enabling care plans to be made when people leave hospital.”

“My relative was discharged into Sandwell and the communication with the care agency and with physio was terrible, she was fit for discharge for over a week and I think it would have taken longer had I not chased it every day.”

“Staff and patients know about the problems with discharge and understand what is causing them, they can help to find the solutions if they are asked.”

“People were being discharged without the appropriate service or support in place. We need to look at the pinch points and work together to help make this a smoother transition. We have devised a hospital discharge form which is making things better.”

## Mental health

“Post Traumatic Stress Disorder is going to be massive we need to address these issues.”

“There is an overwhelming demand for mental health services - voluntary organisations are constantly being asked to provide support.”

“Mental health support is available in the community through voluntary sector organisations. We are not psychologists but not everyone needs that level of support.”

“Our small voluntary group run counselling sessions and have provided 400+ hours of support during the pandemic.”

“Voluntary organisations need more recognition and resource for the mental health support they are providing.”



“How can we  
create new jobs  
post Covid?”

## Connectivity & communication

“If there is going to be a delay in the Emergency Department then tell us so we know what to expect.”

“I receive too many letters arriving at once stating appointments made and then cancelled, sometimes in reverse order. It is confusing and then you can't get through on the telephone to resolve.”

“There is a real problem with WiFi at Russells Hall Hospital. I am Deaf and use the Interpreter Now app which is really good but when you go into the hospital building it disconnects because the WiFi doesn't work. Could we use the staff WiFi?”

“Communication between different organisations is so important. I had a nightmare experience trying to get my disabled children on the vulnerable list and was given different information by my GP and the hospital. I was able to resolve it because I have got good networks but people on their own would not know who to contact.”

“Personalisation for the individual is important. Our entire network has changed and I don't think people have looked into connectivity. Perhaps give patients a 'someone' that they can phone so that it doesn't impact on services.”

“Notes need to be updated. Patients who have been treated for Covid have been sent home have then have received a letter asking them to come for an appointment the very same week. Where is the linking of information?”

“I had to take my elderly mother to Russells Hall recently and went in with her. We asked for an interpreter as we are both deaf, we waited, asked again, nobody came. The doctor and the nurse didn't know how to get hold of an interpreter and we couldn't use the app because of the Wi-Fi. The staff did not know how to book an interpreter and there weren't any posters to help staff to find out how.”

“If a deaf person is in intensive care with nurses and doctors wearing masks and PPE and the interpreter is not allowed in, it would be very hard to communicate and the patient would be very alone.”

“Communication during the pandemic - if appointments have been cancelled more information should be available to alleviate concerns, especially if the appointment is linked to a cancer diagnosis.”

“Sometimes people with disabilities are talked about or at rather than engaged in conversations. Greater awareness is needed to stop this from happening.”

“The hospital needs to be better connected with other organisations.”

“My relative had a prostate cancer diagnosis before Christmas. His next appointment isn't until April with the Oncology Dept. This feels like a long wait and he is worried that the cancer will get a lot worse.”

“My brother has been having hearing checks at Corbett but his appointment has been cancelled. He doesn't know when the next one will be and he didn't receive anything to tell him what will happen next, so he contacted his GP who says he is on a waiting list. He feels now he is left dangling.”

“Families of people with dementia are really struggling with not being able to communicate”

## Dementia

“Patients with dementia and their families have been having a particularly difficult experience because of their needs.”

We are an ageing society, could the Trust invest more in a separate department for dementia similar to paediatrics?”

“People with dementia are having a particularly difficult time with get getting access to healthcare in the community.”

## Careers & education

“Lots of people have lost jobs because of the pandemic, we need to look at employment opportunities for all but particularly for young people whose education has been affected, by creating apprenticeship opportunities.”

## Volunteers

“I would like it if hospital volunteers could receive more training. Could this be something that we look at to improve people’s skill levels, so that we could be more useful and helpful in times like these?”

## Blood tests for hearing impaired people

“There is an ongoing problem when deaf people visit Russells Hall or Corbett for a blood test, they have to sit and stare at the screen all the time waiting for their number to come up, otherwise they may miss their turn. Can something be done to help deaf people know when it is their turn? “When I go for a blood test, I have to tell the receptionist that I am deaf and they bring it to the attention of the phlebotomist. Shouldn’t they already be alerted?”

## Links with General Practice

“I am concerned that primary care networks are really super surgeries and you lose the personal contact and relationship with a GP who knows all about you and your issues.”

“I worry that after Covid GPs will retain telephone consultations over face to face.”

“People are not presenting themselves to their GPs with worries about cancer because they feel as though they are a burden on the system and they see the hospital as a place where the virus is, more needs to be done to allay their fears as we are building up problems for the future.”

“GP surgeries use the Footfall system to email concerns through could this be utilised by the hospital?”

“One of the things I would like to see happen is better discharge for patients.”

“I am deaf and when we went into the hospital, staff were wearing masks which cover the face, not the clear ones so we can see their lips. Staff did not change their masks to make communication better when they knew we were deaf.”

“Not being able to see loved ones at the end of their life because of Covid is so frightening. Could more be done to help people be together if not face to face than through technology ?”

“Disabled parking for larger vehicles is lacking. The barrier makes access difficult and parking spaces are too small.”



# What would people like to see going forward - what are the priorities?

“A better experience of discharge for people leaving hospital that is timely and well coordinated, with the right information to inform family carers and care plans.”

“Improved access to mental health services.”

“The Black Country established as a ‘Centre of Excellence’ for neurology services.”

“A greater understanding and support around the role of family carers by the Trust.”

“Improved communications between Trust departments, external local organisations including the local authority - and with patients.”

“Hospital staff to have a better collective knowledge of information and support available to local communities, to enable the Trust to raise greater awareness of other services in the community to improve health and wellbeing.”

“Robust, easily accessible and affordable WiFi within the hospital, to enable patients to connect with families and friends and to enable people with disabilities to use accessibility apps.”

“The creation of more apprenticeship opportunities for young people.”

“Maximise opportunities to do things differently by using technology for self monitoring and virtual surgery appointments, whilst ensuring people who are not online do not get left behind.”

“Creative thinking around volunteer opportunities and training both in hospital and out in the community to further enhance Trust services.”

“Deaf awareness training for clinical staff around how to support deaf people, how to book interpreters and the purpose of clear mask usage to enable lip reading.”

“Additional support for people living with dementia and their carers within the hospital.”

“Enhanced training for Trust staff around communication with people with disabilities.”

“Champion the importance of dignity and where it has been delivered with kindness, compassion and respect.”



**“Get everyone informed – a great aspiration for us all to aim for!”**





## Next steps...

The Trust is committed to ensuring that its planning is influenced by the communities it serves and feedback from this event will inform its five year strategy.

Issues raised during the event specifically around communication are already being looked into by the Trust. Longer term, there is an aspiration to carry out regular engagement to enable the Trust to listen and take action around shaping services based on community feedback.

A follow up event is being planned to build stronger connections with the voluntary sector, to help the Trust better support and understand the needs of local people.

Future engagement events will take place to feed back on progress and set future priorities.

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