

# North West London Patients' Parliament

## Annual Report 2005/2006



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## Chair's Report

During its first year, the Patients' Parliament has constructed governance materials, completed a recruitment process across the 8 North West London boroughs and progressed training for its 26 members. Its core function is to bring a patient perspective to the decision-making of the Strategic Health Authority, working strategically across the sector without any bias for one locality or another. This is a challenging role and the members have risen to the challenge with real commitment and hard work. Their achievements in the Parliament's first year are detailed below. We have tried to turn the rhetoric of patient and public involvement into a reality in the context of strategy: it is not easy to develop meaningful patient and public involvement in high level decision-making across such a large area and without specific reference to local hospitals or health services.

The Patients' Parliament model is believed to be the only such forum in the country which formalises patient and public involvement for a Strategic Health Authority in this way. In addition to an innovative model, we are rolling out training which is accredited by the Learning and Skills Council and externally moderated, building on the independently evaluated programme previously produced with support from the Department of Health. It is vital to the credibility of the Parliament that it is, and is seen to be, independent of the NHS but a constructive contributor to it. The relationship between the Parliament and the Strategic Health Authority is enshrined in a detailed Protocol agreed between the two bodies.

I am very grateful to the Members of the Parliament for their hard work and support and to Walker and Wilcox, our training partners for their imaginative solutions to training and supporting members. Jane Buckingham, PPI Programme Manager at the SHA, has provided invaluable support to the Parliament and always responded with astonishing speed and efficiency to members' requests for information and speakers. We are very grateful to her for her hard work in contributing to the Parliament's success. We all look forward to working with the new London Strategic Health Authority to add value to its strategic decision-making as it sets about its new functions.

Elizabeth Manero, Chair, Patients Parliament

Executive Director, Health Link

## 1. Introduction

North West London Strategic Health Authority (NWL SHA) at its Board meeting in September 2004 endorsed a paper setting out proposals to develop stronger relationships with communities and to improve the standing of the NHS with local people in NW London.

Health Link was commissioned to set up a Patients' Parliament whose main function would be to provide a diverse patient and public perspective to the functions and activities of the SHA, through involvement in service planning and operation, and developing proposals for changes. The Parliament has a specific role at sector-wide level, which supplements the statutory scrutiny and patient and public involvement carried out locally by the 8 Overview and Scrutiny committees and the 21 Patients Forums. The role of Health Link was to provide:

- A Patients' Parliament made up of members recruited from communities in North West London, to provide a patient perspective on the work of the authority
- Outreach work initially led by Health Link but over time directly undertaken by the Patients' Parliament, to engage with groups within the local communities who suffer health inequalities but who traditionally do not engage with formal patient and public involvement structures.

The first meeting of the Patients' Parliament was held on July 20<sup>th</sup> 2005, after the initial recruitment process which had led to nearly 200 groups and individuals from NW London being invited to an information event held at Ealing Town Hall in June 2005.

## 2. Membership

We now have a membership of 26 representing all eight boroughs in the NW London sector (see list of members in Appendix A), with a minimum of two per borough. The recruitment of members was made by contacting various individuals and groups from several different sources such as: local borough listings of community/voluntary groups; NWL SHA patient panel contacts, local NHS contacts, local voluntary sector support organisations, and local Patients' Forums. Some of these groups attended the June recruitment event and others were contacted by Health Link as part of the on-going recruitment drive across the sector's 8 boroughs.

To ensure peer support from experienced patient representatives, around 10 members were also recruited from Health Link's own Patient and Public Involvement Network of 125 patient representatives (25 of whom are based in the NWL sector). There are also associate members with expertise on Mental Health and Coronary Heart Disease who can be called on to attend meetings or give feedback on the issues most relevant to them when needed.

## 2.1 Members Code of Conduct

To ensure clear and accountable governance procedures, each member must sign a Code of Conduct which commits them to act in accordance with the values that underpin the work of the Patients' Parliament (the Nolan principles of public life): accountability, honesty, integrity, objectivity, openness and selflessness. They also commit to the Equal Opportunities and Diversity policy, and to agreed codes on Personal Conduct, Corporate Responsibility, Confidentiality, and Declaration of Interests.

## 2.2 Independence - Protocol with the North West London Strategic Health Authority

The SHA and Members commit to abide by a Protocol on the relationship between the Patients' Parliament and the SHA, which seeks to ensure the independence of the Parliament and a constructive relationship between the two. For example:

The SHA makes the commitment to

- respect the independence of the Parliament and
- to take account of the views of the Patients' Parliament and explain its reasons if it does not follow any Patients' Parliament recommendations.

The Patients' Parliament commits to

- contribute constructively to the work of the SHA and
- to actively seek out the views of the most diverse range of residents in the NWL Sector and give due weight to these views in its discussions and recommendations.

## 2.3 Capacity building

Part of the work of the Parliament has been to build the knowledge base of the members. For instance, Health Link has produced briefings on Cancer Services, and Star Ratings, and the cleanliness of NW London hospitals, which contain national and sector data to help put the information into a local context for the members. An example of the briefing material produced for members is included at Appendix B.

Speakers have also attended to inform members on the work of the SHA, Access to GP services and the Independent Enquiry into the Paddington Basin Development.

## 2.4 Training

As part of this capacity building, all members are asked to take part in the training that is incorporated into each meeting. This is an accredited training course resulting in the award of the Certificate in Community Volunteering. It is supported by trainers and accredited and quality assured by ASDAN (Award Scheme Development and Accreditation Network). It is part funded by the Learning and Skills Council.

### 3. The Work of the Patients' Parliament

The Patients' Parliament has so far held 6 meetings on a bi-monthly basis, 3 sub-group meetings, a specific day consultation event for the 'Your Health, Your Care, Your Say' white paper, reviews of information packs and publicity aimed at patients, responded to various requests for feedback from the SHA, and held several induction sessions for new applicants.

#### 3.1 Outputs from the Parliament to date

- Quality of Public Consultation – ongoing development of a summary Consultation Checklist to improve the conduct of consultations by the SHA.
- Quality of Primary Care – ongoing development of a Patients' Charter on Primary Care services in NW London. Members will seek input from local people on the current draft before taking it forward to discuss with GPs and hopefully offer it as a patient-centred standard for GP services in NW London.
- Innovation in training – further development of the CCV in patient representation, to relate specifically to North West London's NHS and Patients' Parliament volunteering
- Innovation in volunteering – the Parliament is being considered by Volunteering England for inclusion in its suite of good practice examples

#### 3.2 Inputs to National and NWL Strategy

Members have had the opportunity to contribute to consultations such as:

- *Your Health, Your Care, Your Say* Consultation – members attended a day event to discuss and produce a response to the national consultation on all care outside hospitals. This was later reviewed at the following Patients' Parliament meeting before being sent as a formal response to the Department of Health (DH) on behalf of the SHA.
- Reconfiguration of London SHAs Consultation – members took part in a discussion held in a Patients' Parliament meeting and in a sub-group meeting, and their responses were incorporated into a formal response to the DH.
- Ad hoc responses between meetings by members, for example, to the NWL SHA Corporate Objectives and the SHA Report on Patients' Parliament Activity.

Members have also contributed their views in other ways:

- A letter was sent to Patricia Hewitt MP Secretary of State for Health, on the over-tight timescale given for public engagement in the *Your Health, Your Care, Your Say* public consultation.
- A letter was sent to the National Audit Office asking for several points to be taken into account as lessons learned, in the further study taking place on the termination of the Paddington Health Campus Scheme.

### 3.3 Outreach Work

As mentioned in the Aims and Objectives of the Patients' Parliament, it is planned to start outreach work in its second year. The first planned outreach work is to be on Primary Care Services and will take place in May/June 2006 after relevant training.

## 4. Evaluation

In order to evaluate members' experience of how the Patients' Parliament, an evaluation sheet is completed at each meeting. Members are asked whether the objective of the meeting had been clear, whether they had been provided with enough information to take part in the meeting and how easy or difficult it had been to contribute in the meeting.

### 4.1 Members view of the work of the Patients' Parliament - The Annual Review

At the Patients' Parliament meeting of March 13<sup>th</sup> 2006, members were asked to assess the first year of their work. They were asked six questions to find out their views:

#### 1. Do you think we are adding value to the NHS in North West London?

In general, members felt that the PATIENTS' PARLIAMENT meetings, the sub-group meetings and various consultation feedback opportunities, had enabled members to make a fair representation of patient's problems and views. They recognized that members had some expertise themselves and that there is potential to influence decisions but are not sure that this is actually happening. They would like more evidence of any effect they may be having. They expected that the Patients' Charter on Primary Care which the patients' parliament is developing will be useful in promoting the interests of patients.

#### 2. Is the Patients' Parliament just a talking shop?

It was generally agreed that the information from SHA in the meetings is very useful and valuable, and that members do make a valued contribution. They also wanted it noted that members must make sure it does not become a 'talking shop' and that they all take responsibility for keeping contributions brief.

#### 3. Are you receiving quality information? Is it good information? Do you receive enough information from the SHA and Health Link?

Members felt that they continually receive quality information. It was also acknowledged that it was useful to have a representative from the SHA present at each meeting.

#### 4. Do you feel valued?

Members say they feel valued, and that all members have an opportunity to

speaking freely in the meetings. The Patients' Parliament is seen as a step in the right direction as it opens up useful dialogue and opportunities to contribute. It was hoped that member's efforts would bear fruit in the future. The meetings were seen to be very helpful and friendly and the Chair's guidance was seen to be particularly important.

#### **5. What would you like to hear/see in the next 6 months?**

Building on the Patients' Parliament work to date, obtaining evidence of how the Patients' Parliament has made a difference. They would like to identify future issues and prioritise those to focus on. They would like to ensure that the Patients' Parliament is recognised by the new pan-London SHA.

#### **6. Have the Patients' Parliament meetings been accessible to you as a member?**

The meetings were found to be both accessible and informative. On the whole members felt that the various venues used for meetings had been fine, the food good and travel expenses paid quickly. However, two suggestions were made on improving accessibility - by using a p.a. system to counter acoustic problems in some venues and also use of a hearing loop for the hard of hearing. Health Link has recently managed to get funding from 'Awards for All' to pay for a portable p.a. system to take to venues in future. The second suggestion was to make the layout at meetings more of a circle with the chair in the middle rather than at the front.

### **4.2 SHA views on the First Year of the Patients' Parliament**

The following feedback was obtained from the SHA:

- The SHA considers that the SHA Patients' Parliament has met the aims and objectives for the Parliament as agreed between Health Link and the SHA
- The SHA accepts that a major task for the first year of the contract has been to recruit members from all boroughs and provide training for all members to reach a consistent level of expertise
- The SHA notes that the intention in 2006/2007 is for Parliament members to proceed to outreach work and engage with the seldom heard groups within the community
- The Patients' Parliament Report taken to the SHA Board has referred to the agenda items considered by the Parliament. In addition, the Report refers to the helpful work undertaken by Parliament sub-groups: the valuable insight into language for the development of media material for NWL Sector Strategy 'Our Healthy Future', informed briefing on Cancer Services and responding to referrals from the SHA such as the Department of Health 's listening event on 'Your Health, Your Care, Your Say'.
- The Patients' Parliament has met the needs of the SHA to respond to referred projects, while maintaining its own programme of work.



- NWL Patients' Parliament is now fully representative of all eight London boroughs in NW London and is the only sector-wide Patients' Parliament mechanism in NW London. The Parliament has raised the profile of patient and public involvement in the work of the SHA.

**4.3 Views of other Stakeholders** At the end of the first year of the NWL Patients Parliament, the Department of Health indicated its support for this innovative, 'model and recommended a similar approach be adopted by other SHAs' - Meredith Vivian, PPI Lead at the Department of Health.

## **5. The Future of the Patients' Parliament**

For Parliament members to proceed with outreach work and engage with the seldom heard groups within the wider community. The Parliament's contract has two more years left to run and discussions continue about adapting its role to the new governance of London's new NHS.

## MEMBERSHIP OF THE NORTH WEST LONDON PATIENTS' PARLIAMENT

	<b>Name</b>	<b>Borough</b>
1.	Mansukh Raichura	Brent
2.	Deva S Samaroo	Brent
3.	Robert Esson	Brent
4.	Michael Adeyeye	Brent
5.	Ken Morjaria	Brent
6.	Mrs. M High (Rita)	Ealing
7.	Jim Wong	Ealing
8.	Carl Johnson	Ealing
9.	Dilmohan Singh Bhasin	Ealing
10.	Liz Macaulay	Ham & Fulham
11.	Christine Mead (co-optee)	Ham & Fulham
12.	Owen Cock	Harrow
13.	Maggie Sanchez-Charles	Harrow
14.	Catherine Heriott	Harrow
15.	Joan Davis	Hillingdon
16.	Dr B N Bhargava	Hillingdon
17.	Michael Hill	Hillingdon
18.	Mary O'Connor	Hillingdon
19.	Amar Nath Girdhar	Hounslow
20.	Jagjiwan Singh	Hounslow
21.	Pearl Bridgeman-Boney	Hounslow
22.	Viorica Bergman	Kensington & Chelsea
23.	Pat Healy	Kensington & Chelsea
24.	David Hogarth	Westminster
25.	Frankie Besser	Westminster
26.	Gladys Jusu-Sheriff	Westminster



Question	1. Was the object of today's meeting clear?		2. Were you provided with enough background information to take part in the meeting?		3. How easy did you find it to contribute to the meeting?			Number of Attendees
	YES	NO	YES	NO	Less easy than expected	As expected	More easy than expected	
16 <sup>th</sup> May 2006	9	0	10	0	2	6	2	11
13 <sup>th</sup> March '06	14	0	13	1	2	10	2	14
18 <sup>th</sup> January '06	13	0	13	0	1	9	3	13
16 <sup>th</sup> November '05	13	1	11	3	3	9	2	14
'Your Health Your Care Your Say' Consultation Event 26 <sup>th</sup> October '05	12	1	13	0	2	6	3	13
23 <sup>rd</sup> September '05	13	0	13	0	2	7	4	13
20 <sup>th</sup> July '05	12	0	12	0	2	7	3	12

## NORTH WEST LONDON PATIENTS' PARLIAMENT

### BRIEFING NO.1: CANCER

#### 1. ABOUT CANCER

**How common is it?** More than one in three people will be diagnosed with a cancer in their lifetime and one in four will die from cancer. Cancer accounts for more than quarter of all deaths in the UK every year. There are over 200 different types of cancer but lung, breast, bowel and prostate cancer account for over 50 % of new cases<sup>i</sup>.

**What are the risk factors?** Smoking causes one third of cancer deaths. Other risk factors include diet, which accounts for about a quarter of cases. In some cases alcohol consumption is linked to a 3-5 fold increase in risk of cancer<sup>ii</sup>. Low levels of physical activity are also believed to be a factor, particularly for colon cancer.<sup>iii</sup>

**Health Inequalities and cancer:** Numbers of cancer cases and deaths from cancer are higher in areas of social deprivation. Rates of lung cancer, for example, are five times higher among unskilled men than among professional workers. Although mortality rates for lung cancer are lower in groups born in the Caribbean, Asia and Africa, deaths from cervical cancer are more common in women born in the Caribbean.

These variations are mainly due to

- higher smoking levels
- poorer diet
- Later diagnosis due to lower uptake of screening
- Some patients with symptoms waiting longer before going to see their GP
- In some cases, genetic factors

There are a range of reasons for the higher incidence of cancer among deprived communities, requiring a range of approaches. Information about the population in North West London is given at Appendix 1.

**Improvements in cancer death rates:** Nationally, deaths from cancer have fallen by 12% in the last six years, with particularly dramatic improvements in the death rates from childhood cancers and testicular cancers. The government has set a target of a 20% reduction by 2010.

In NW London, Hammersmith and Fulham was the PCT classified as falling within the worst 20% of areas in London and England for under-75 cancer mortality. Over the last year, Hammersmith and Fulham, Kensington and Chelsea, and Westminster had faster reductions in cancer death rates than any other London boroughs. There has been no statistically significant reduction in cancer mortality for Brent, Ealing or Hillingdon over the same period.

## 2. ABOUT CANCER SERVICES

### National problems in NHS cancer services:

In addition to the lifestyle factors that make cancer so common, the NHS faces challenges in improving its services. Although we have comprehensive breast screening services and excellent children's cancer services, out of date equipment and shortages of staff and equipment, are significant problems. For example, we have only 8 oncologists per million population, which is less than half the rate in other European countries. These problems are being tackled:

- 975 extra consultants have been recruited across 6 specialties since 1999, against a target of 1000 by 2006.
- Replacements 150 extra MRI scanners, CT scanners and linear accelerators purchased since 2000

### A National blueprint for services – The NHS Cancer Plan:

The NHS Cancer Plan was first produced in 2000 and was recently updated. It sets out what the NHS supposed to be doing to tackle cancer. Actions required from Strategic Health Authorities, PCTs and NHS Trusts to improve mortality rates from cancer include:

- Increase the numbers of people who stop smoking
- Encourage patients to present to their GPs earlier
- Increase the coverage of breast and cervical screening
- Improving access to diagnostic tests
- Ensure breast screening is extended to 65-70 year-old women
- Ensure the National Institute for Clinical Excellence (NICE) referral guidelines are followed by GPs.
- Meet Current Waiting Time Targets:
  - By 2005 for all cancers a maximum one month wait from diagnosis to treatment and a maximum two month wait from urgent GP referral to treatment
  - By 2008 for all cancers: No patient should wait longer than one month from an urgent referral by their GP with suspected cancer, to the start of treatment, except for a good clinical reason or through their personal choice.

**Performance in the North West Sector:** the performance of the local NHS is monitored by the Healthcare Commission with results published annually. This year's results are due to be published in a few weeks time. They will include:

- Four week smoking quitters
- Cervical screening
- Changes in death rates under 75



- Two week waits for cancer treatment
- Breast cancer – one month diagnosis to treatment
- Breast cancer – two month GP urgent referral to treatment

### Good Practice in the North West Sector:

- **Helping patients to understand and manage their own care:** Harrow PCT within the sector is a national pilot site for 'case management' by clinical nurse specialists, who work with cancer patients to help them cope with their disease and make sure their care is well co-ordinated.
- **Mount Vernon Lynda Jackson Macmillan Cancer Support and Information Centre:** as a drop in centre providing information, counseling and support to patients.

### 3. THE PATIENTS' EXPERIENCE OF CANCER SERVICES

This is variable across the NHS: *'Some patients report excellent care, with sensitive and thoughtful communication, clear information about their disease and its treatment and good support when it was needed. Others report being given bad news in a deeply insensitive way, being left in the dark about their condition and badly informed about their treatment and care. Many people experience unacceptably long periods of waiting, uncertainty and anxiety at each stage'*<sup>iv</sup>

#### Experiences of cancer patients through the National Cancer Survey (2004)

In 2004 the National Cancer survey by the Healthcare Commission reported the views of over 65,000 patients drawn from over 170 NHS Trusts who had had cancer treatment in 2000/2001, including patients in the North West Sector.

Cancer patients depend on a range of different NHS services for their treatment and care. Some hospitals cover more complex cancers which others do not the expertise to treat. For this reason, NHS Trusts work together as 'Cancer Networks' to improve the co ordination of cancer care, usually covering four to six Trusts in the same area. North West London sector is covered by the West London Cancer Network and the Mount Vernon Cancer Network.

#### The West London Cancer Network:

- West Middlesex
- Hammersmith
- Royal Brompton & Harefield
- St. Mary's



### The Mount Vernon Cancer Network:

- Heatherwood & Wexham Park Hospitals NHS Trust
- Hillingdon Hospital NHS Trust
- Luton & Dunstable Hospital NHS Trust
- South Buckinghamshire NHS Trust
- East & North Hertfordshire NHS Trust
- North West London Hospitals NHS Trust
- West Hertfordshire Hospitals NHS Trust

Patients' experience of breast cancer for the two networks is shown in **Appendix 2**. Results for five other cancers are also available.

## GLOSSARY

**Acute trusts:** These are hospital trusts of which there are about 175 covering the country (including specialist trusts such as Great Ormond Street). They are responsible may cover more than one district general hospital. Some acute trusts also run community hospitals although many of these are now run by PCTs.

**Department of Health:** The arm of government which runs the NHS and social services, headed by the Secretary of State for Health and four Ministers.

**Healthcare Commission:** an independent body, set up by government to promote better healthcare and public health by inspecting all NHS organisations and the independent sector against standard set by government.

**National Institute for Clinical Excellence:** an independent body, set up by government to provide guidance on the promoting good health and the right treatments and drugs for particular conditions

**Primary care trusts (PCTs):** These are the 400 or so local organisations that hold all the healthcare money for an area and decide what to spend it on. They also provide GP, pharmacists and other primary care services. Their hallmark should be community involvement, according to government policy

**Strategic health authorities:** There are 28 in England. Their job is to provide strategic direction for the NHS trusts and PCTs in their area and performance manage them. They do not hold any significant budgets. They have to consult and involve patients and the public under Section 11 and are subject to scrutiny by local authority.



### Population profile of North West London

The population of North West London is nearly 1.8 million. There was an estimated undercount of 17,500 in the 2001 census.

- **Life expectancy at birth:** this varies from 85.4 in the royal borough of Kensington and Chelsea to 67.4 in the Church Street ward of Westminster
- **Ethnicity:** The eight boroughs within the sector include some wards where over 60% of the population is non-white. In total 34.5% of the population come from a non-white ethnic minority
- **Age:** the majority of the population in North West London is of working age, a higher proportion than in London as a whole (70.7% compared to 68.5%)
- **Population growth:** the population in North West London is expected to grow by 8.8% by 2016, with numbers of over 65s reducing (17,000 fewer people in this age group overall) and numbers in the 0-4 year band increasing by 18.9% and 5-15 year olds by 14%.



## APPENDIX TWO

### Breast Cancer Patient Responses in the National Cancer Patients Survey for the West London Cancer and Mount Vernon Cancer Networks

Percentage of patients who perceived a problem with their care (only including Trusts which received 50 or more responses overall to the survey)

Percentage of patients who responded who had problems with their care	Breast Cancer		
	National	Cancer Network	
		West London	Mount Vernon
<b>Access to care: waiting times</b>			
Appointment cancelled/ postponed	4	8	5
Over 1 month wait for hospital appointment	14	15	13
Condition worsened while waiting	15	16	14
Diagnosis > 2 weeks after first hospital appointment.	10	8	8
<b>Diagnosis: Communication &amp; understanding</b>			
Purpose of tests not completely understood	14	16	16
Not given diagnosis in person	2	7	5
Explanation not completely understood	14	16	13
< 10 minutes on telling patient what is wrong	17	16	15
Amount of time spent explaining was not right	7	9	7
Not given written information about condition	37	45	36
Different types of treatments not understood	27	29	30
<b>First Treatment: Communication &amp; Understanding</b>			
Did not have confidence/trust in all doctors	15	19	15
Did not have confidence/trust in all nurses	23	37	29
Condition/treatment/tests explanation not easy to follow	4	5	4
Doctors' answers to questions not understood	14	17	15
Nurses' answers to questions not always understood	16	23	18
Doctors/nurses withheld information	11	20	11
Purpose of operation/treatment not understood	15	16	15
Possible side effects not completely understood	27	30	27

Operation/treatment outcome not completely understood	23	27	23
Amount of information on outcome of treatment not right	19	25	19
<b>Involvement, being treated with respect &amp; dignity</b>			
Not told how to complain	65	67	73
Not always treated with respect and dignity	21	32	25
Doctors/nurses talked as if patient not there	11	13	12
Patient wanted to be more involved in decisions	10	17	10
Family not sufficiently involved in decisions	12	15	11
Not asked to sign consent form	8	8	4
<b>Co-ordination and Continuity</b>			
Not given name of doctor in overall charge of care	4	5	4
Not given name of nurse in overall charge of care	38	48	45
Doctors or nurses gave conflicting information	12	18	13
<b>Pain &amp; Physical Comfort</b>			
Suffered pain or discomfort in hospital	64	70	72
Pain more than occasional	67	68	69
Pain usually severe or moderate	72	72	73
Staff didn't always help with pain	18	26	22
Not given right amount of medicine for pain	13	13	11
<b>Hospital Environment</b>			
Not always enough doctors on duty	22	26	26
Not always enough nurses on duty	27	32	35
Ward not very clean	47	68	69
Poor food	24	42	33
Not enough privacy during discussions	17	19	19
Not enough privacy during examinations	7	8	7
<b>Discharge Procedures</b>			
Not enough discussion of recovery	18	24	19
Not given written information about recovery	18	23	17



Not told when to resume normal activities	21	26	20
Family situation not fully considered	25	35	27
Not told about support/self-help group	25	29	23
Nursing/other services not discussed	35	60	39
Not told whom to contact	5	8	4
Length of stay not right	11	14	11
GP/nurse not involved in care after discharge	27	47	31
GP not given enough information on treatment/condition	4	5	4
Aftercare provided by NHS did not meet needs	5	9	6
<b>Outpatient Experience</b>			
Appointment cancelled/postponed	12	14	13
Waited after appointment time for more than 30 minutes	38	40	47
Doctor spent less than 10 minutes with patient	38	23	38
Length of time doctor spent was not right	11	11	13
Didn't have confidence/trust in doctor	5	5	7
Not enough privacy during examination	1	1	1
Not enough privacy during discussions	1	1	1
Family not sufficiently involved in decisions	8	7	8
Not treated with respect and dignity	1	1	1
Frequency of out-patient appointment not right	5	4	5

<sup>i</sup> *The NHS Cancer plan: a plan for investment, a plan for reform* DH 2000

<sup>ii</sup> Figures for the *NHS Cancer Plan* DH 2000 and *Saving Lives Our Healthier Nation* DH 1999

<sup>iii</sup> *Cancer Prevention 2002* NHS Health Development Agency

<sup>iv</sup> *NHS Cancer Plan* DH 2000

<sup>v</sup> *Annual Report Public Health Supplement 2003/2004* North West London Strategic Health Authority

Compiled by Elizabeth Manero  
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