

Listening Makes Sense: Understanding the Experiences of Older People and Relatives Using Urgent Care Services in England

Executive Summary of Findings

Growing numbers of older people using urgent care¹ services, along with a move towards the provision of more personalised services in the public sector, necessitate a better understanding of how to improve the experience of individual patients. This study used interview data gathered from 96 older urgent care patients and their carers from 31 case study sites across England to draw a national picture of older people's experiences of urgent care. The research questions were:

1. What are the experiences of older people and their carers in emergency care?
2. What are the different elements of service that older people and their carers identify as significant influences on their experience?
3. How can the experience of older patients and their carers be improved?

During 2006 a Department of Health national leadership programme included training in discovery interviews with older people and their relatives. The patient and relative stories generated through these discovery interviews were used by individuals to make changes to services in their own Trusts. This executive summary presents findings from a thematic content analysis of 96 of these stories or narratives. Full ethical approval for this project is in place with Oxfordshire Research Ethics Committee.

Findings are presented in six main themes. The full study report, plus a number of educational resources focused on listening to patient stories, can be found at the project web-site www.city.ac.uk/listeningmakessense

Older people can delay seeking help and may need help deciding what to do

While many older people recognised when something was wrong and sought help accordingly, some patients were reluctant to access emergency care (by calling an ambulance or going to A&E). This sometimes led to a delay in getting help that in some cases may have been clinically significant. Some people expressed a significant fear of going to the hospital, while for others getting help was a relief.

Family members played an important part in deciding to access urgent care and were often older people's first port of call. Primary care medical staff, including out-of-hours

¹ The term 'urgent care' is used in this report to refer to a range of services including emergency (A&E) departments, out-of-hours primary care services, minor injuries units, walk-in centres, urgent care centres, and ambulance services.

services, play an important part in prompting access to emergency care. While some older people were independent of help in deciding what to do and in accessing services, other older people suggested that having someone else to share in the decision-making was important.

Older people may feel they do not matter

Many older people and their relatives expressed a high satisfaction with urgent care services received and were content to play a passive role in relation to their clinical care, judging that urgent care staff knew best. However, findings also reflect that older people can be at risk of a diminished sense of significance¹, because of the nature of the urgent care environment and a perceived power imbalance with staff. They are acutely aware that staff have to juggle their needs against those of other patients. This can mean older people don't feel legitimate users of the service, have lower expectations and are reluctant to share important information or ask for help or advice.

The urgent care setting can provoke fear and anxiety

While some patients and their relatives were experienced users of services and knew what to expect and how to find their way round, for other patients, acute care environments in particular provoked anxiety. Some people expressed a general fear of hospitals. Others had expectations set by the media about hospital-acquired infections and long waiting times. These fears and expectations relate to other fears in old age in which the outside world becomes an alien environment with perceptions increasingly informed by TV and newspaper stories. The shock and fear related to the incident or illness that prompts urgent care attendance, plus a disorientating physical environment, led to high anxiety for some patients and relatives.

Older patients highly value a 'personal touch' from staff and help with activities like going to the toilet

Older patients and relatives highly valued a kind and person-centred approach from staff. They identified the importance of staff giving information in ways that were tailored to individual needs, for example, taking into account communication difficulties or impaired cognition, while maintaining a respectful approach. They stated the value of frequent checks and regular attention from staff. Findings also highlighted the value of staff identifying and proactively offering help with needs such as eating, drinking, resting and getting comfortable. Being offered and getting help to use the toilet was highlighted as particularly important. In a small number of cases, older people with multiple needs were left neglected with no one member of staff taking responsibility for the quality of their care.

Continuity of care and good discharge planning are important

Older patients often described urgent care visits that included contact with multiple members of staff and incidents in which older people were told that something was planned (such as a physiotherapy assessment) which subsequently did not happen, or, for example, help was given getting to the toilet but not with getting back. Frustration was expressed at repeated assessments by medical staff. In addition, a number of older people

had trouble managing at home after their urgent care visit that forward planning by staff may have prevented.

Relatives accompanying older patients have an important role

Family members (or sometimes neighbours or friends) can accompany older patients throughout their urgent care visit. Findings reflect that this can provide the older person with much-needed company and reassurance. Relatives also monitored the patient's condition, the quality of the service and sometimes took a proactive role with staff to ensure that best care was delivered. They played a key part in information exchange between patients and staff, and also influenced patients to access services and/or stay in hospital when this was needed. Relatives also had needs of their own such as refreshment, help getting home from hospital, need to understand what is happening and dealing with work and/or other family responsibilities, but these needs took second priority to the patient's.

Recommendations

Study recommendations were developed through consultation with a wide range of stakeholders including older service users, their relatives, NHS practitioners and managers, Help the Aged and Age Concern England. These findings reflect that it is the success of services and practitioners in identifying and focusing on individual needs, that determines the quality of patient experience. Staff at the front-line need exceptional communication and empathic skills among other more technical skills, to make this happen. They need to listen actively to patients and relatives, to orient them to the service, the environment and staff roles, to proactively offer help, and to plan care and discharge that takes account of the full impact of the illness or injury on the individual. Commissioning that promotes the more intangible aspects of care (and that recognises that they can take more time), organisations that value their caring role using opportunities such as orientation to inculcate positive attitudes, education that turns out well-rounded practitioners that value all aspects of caring for older patients, and ongoing research and involvement mechanisms (like discovery interviews) that help us better understand how to support front-line staff in enhancing patient experiences will all help here.

Using a framework of relationship-centred care, Nolan et al.² identified that in the best care environments, older people, their relatives and staff all experience a sense of security, belonging, continuity, purpose, achievement and significance. The findings presented here build on this work, and highlight the value of patients' and relatives' stories to in bringing to life issues particularly associated with urgent or emergency care. Listening to patients using techniques such as discovery interviews, and listening to them more closely during clinical encounters, will enable care that is more sensitive to personal needs to be delivered, and the six senses to be given close attention by service providers.

Jackie Bridges 10.03.2008

² Nolan MR, Brown J, Davies S, Nolan J, Keady J. The Senses Framework: improving care for older people through a relationship-centred approach. 2006. Sheffield, University of Sheffield.