

One simple thing: Communication in the NHS in Wales

Summary report

January 2019



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“Dr amazing Broke sad news very gently in a humane way.”

“I left hospital with both legs in plaster, they were supposed to arrange an appointment for two weeks later – nobody did. When we chased I got an appointment. I was told I needed a brace to start walking.

They were supposed to order a brace and they told us they had but then we found out they hadn't. When they went to organize a brace they had lost the measurements – they asked if we had them!

Information just doesn't flow between departments – you have to tell the whole story every time”.

Introduction

This report has been produced by the Board of Community Health Councils on behalf of the 7 Community Health Councils (CHCs) in Wales.

CHCs are the independent watch-dog of NHS services within Wales and we seek to encourage and enable members of the public to be actively involved in decisions affecting the design, development and delivery of healthcare for their families and local communities.

CHCs seek to work with the NHS and inspection and regulatory bodies to provide the crucial link between those who plan and deliver the National Health Service in Wales, those who inspect and regulate it, and those who use it.

CHCs maintain a continuous dialogue with the public through a wide range of community networks, direct contact with patients, families and carers through our Enquiries Service, Complaints Advocacy Service, visiting activities and through public and Patient surveys.

Each of the 7 CHCs in Wales represents the “Patient voice” within their respective geographical areas.

What we asked

We know from our independent complaints advocacy service that poor communication is often a factor when people have concerns about the NHS. It can increase the risk of potential harm from misunderstandings, lead to a lack of confidence on the part of patients and waste valuable NHS resources.

We know from our engagement across Wales that people can also be confused and frustrated when trying to access information about their health or treatment.

So we asked people across Wales to tell us about their experience of NHS communication good and bad and to give us their suggestions for how it might improve.

By its nature, this report focuses on what needs to get better. This doesn't mean that everyone's experience of communication in the NHS is poor.

We asked for suggestions, based on people's experience of communication in all its forms. We wanted to hear from as many people as possible including those who may have particular communication needs.

We used a variety of ways to reach people. This included social media, a smartphone app, SMS text, Freepost and a dedicated answerphone. CHC members and staff also met with people all over Wales during the summer of 2018.

We received over **1,300** comments and suggestions and our reach through social media was over 70,000 impressions.



What people told us

People from across Wales shared their experiences and ideas for what could be done to improve NHS communications.

The number and nature of the responses we received shows how passionately many people feel about the importance of good communication in the NHS.

Whilst everyone's experience was different we found that there were a number of common themes.

People told us that good communication made difficult times bearable, helped to build trust in NHS care and made people feel safe.

Some of the best examples we heard showed how good communication led to people in vulnerable situations feeling involved, empowered and in control of their own health and care.

On the other hand, we also heard about how poor or no communication left people feeling frustrated and scared. People didn't always feel that they had any say or control over their health and care and were not able to voice their concerns easily.

There were many examples where people tried and failed to find the information they needed to access NHS services or look after themselves. This included no available information as well as inappropriate, out of date, unclear or conflicting information.

People told us the language often used in the NHS made no sense to them.

We heard people's frustration that simple things that make things easier in everyday life such as text messaging and email were not routinely used across the NHS.

We also heard that where these things had been introduced this often completely replaced more traditional ways of communicating. People told us they could no longer pick up the phone and speak to someone when they needed to.

One area that really confused and frustrated people was when different parts of the NHS did not speak to or share information with each other. People could not understand why, with today's technology, it didn't seem possible to get this right most of the time.

People shared some encouraging stories about their ability to communicate in Welsh where they wanted to. We heard too that this is not consistent and that translation services needed to get better.

We heard that whilst technology was starting to improve communication for some people with sensory impairment, access to British Sign Language (BSL) and Braille was very poor.

People with sensory impairment and those who spoke other languages told us they found it difficult to communicate with the NHS themselves and often relied on friends and family.

Overall the NHS in Wales needs to get better at adapting its communication to meet individual needs.

We know that the Welsh Government has committed to making things better in its plan for health and social care “A Healthier Wales”. This plan sets out 10 principles to drive change, including:

- **Voice** – empowering people with the information and support they need to understand and to manage their health and wellbeing, to make decisions about care and treatment based on ‘what matters’ to them, and to contribute to improving our whole system approach to health and care; simple clear timely communication and co-ordinated engagement appropriate to age and level of understanding
- **Personalised** – health and care services which are tailored to individual needs and preferences including in the language of their choice; precision medicine; involving people in decisions about their care and treatment; supporting people to manage their own care and outcomes
- **Seamless** – services and information which are less complex and better co-ordinated for the individual; close professional integration, joint working, and information sharing between services and providers to avoid transitions between services which create uncertainty for the individual.

What needs to happen now

The Welsh Government has set up a Transformational Programme to help make this happen. Everyone involved in this programme needs to recognise that improving communication must be at the heart of the changes the NHS needs to make. It needs to make changes to improve communication quicker and better than it has done up to now.

The recent report 'Informatics Systems in NHS Wales' and the people we heard from shows how technology can be a key part of this – if it's done well and responds to what people have told us needs to improve.

Simply put, the NHS in Wales needs to prioritise and invest in:

- **developing and valuing the communication skills of its current and future workforce**
- **catching up with the use of technology to make communication quicker, easier and simpler**
- **systems that respond to the diversity of people in Wales and enable good communication with everyone**
- **making good quality information available in a range of accessible ways.**

Acknowledgements

We thank the people who took the time to tell us about their experiences and share their ideas. We hope they influence everyone in the NHS to recognise and value what they do well – as well as to make improvements so that the things that cause very real frustration for people using the NHS in Wales get better.

Contact details



Board of Community Health Councils in Wales
33 / 35 Cathedral Road
Cardiff
CF11 9HB



02920 235 558



enquiries@waleschc.org.uk



www.communityhealthcouncils.org.uk



@CHC_Wales