

Cardiac group discussion – Gosport (05-05-16)

Emma Giles and Nick Brooks met with approximately 25 members of the Haslar Cardiac Group, at Gosport War Memorial Hospital.

Access to different staffing groups (GPs and specialists):

General sense that GPs had an important role to play: “Your GP is the key”, and “The GP should be the one”. High residual levels of trust – generally – in GPs but a sense that this was being eroded because of the loss of stability in primary care: “There is no continuity of care anymore, in terms of the doctors you see in primary care”.

Repeated concerns regarding access to GPs. “You get told by the doctor to book an appointment in four weeks, but when you go to reception they say you can’t book that far in advance, you’ll have to come back in two weeks. And then you can’t get a slot for ages.” There were various references to the need to “put your foot down” in order to get seen.

No sense that people wanted, or needed to see specialists (either consultants, or nurses) more often, but were unable to do so. “I don’t really mind whether I see a GP or a consultant.”

“I have a number of conditions, but there is no interconnectivity between the specialists – they don’t even seem to have the time to look at your history. It is your GP who can see the bigger picture.”

Information:

No strong sense from this group that the provision of information was a problem. Some felt that this was actually a strength: “Every time I have a meeting or an appointment, they always ask me if I have any questions I want to ask”. Also: “You are given a lot of information when you are diagnosed, but then after a while all you get is your yearly check-up, and I’m not sure I get a lot of benefit from that.”

But some people did feel that they were left in the dark after diagnosis. “I was frightened when I got the news, but it was about four months before we were given this talk – it was so good, but if it had happened earlier I would have felt so much better.”

Loosely related to the subject of information – a few references to the ongoing difficulties in terms of the movement of information/knowledge/letters between QA and primary care. Still appears difficult, although some references to recent improvements.

Peer support:

Praise for peer support – provides not only emotional support for people, but also (because of the way the group is organised) it provides information too – every other meeting features a clinically-based presentation. “That keeps your knowledge refreshed”.

Asked whether they had received emotional support from the NHS: “That is why we come to this group – that’s not from the NHS. We are all in the same boat here, we can talk to each other, hold social events.”

Acute v local settings:

Most attendees already received the vast majority of their routine care in community settings – this was seen as positive. “Better to have one person come down here to us, than 30 of us going up there.”

Happy for as much care as possible to be delivered locally – as long as equipment/resources were available to support that.

Service specific issues:

Rehab – few strong views on the current rehab service, although mixed views in terms of its content. One attendee was strongly supportive, and felt there was a good choice of venues/sessions, whereas one other person felt that other types of exercise – Tai Chi, for example, and other less ‘fitness’-based forms of activity – should also be available, especially for people with other conditions. Some people felt that exercise should be a mandatory part of the treatment programme.

Praise from one attendee for the well co-ordinated specialist care at QA. Benefitted from an MDT-style approach “where the different specialists all get together to discuss complex cases”, and felt that this made his care more efficient, and effective.

There were very few clear requests/demands/suggestions for changes to the way services could be organised to help people manage their conditions better.

There was some appreciation of the advantages of technology – in terms of instant, continual monitoring of various key measures such as blood pressure, etc. – but this wasn’t something which a large number of people were enthused by.

One suggestion was for newly diagnosed patients to be given disabled badges for their cars – this was asked for less in terms of providing a purely physical aid, and more in terms of helping people to overcome isolation.