

Avoiding Hospital Admissions



Views from Black and Minority Ethnic
respondents in North Central London

By Healthwatch Islington

Who we spoke to

We spoke to 39 residents across the four boroughs of Camden, Enfield, Haringey and Islington. 23 were spoken to face-to-face, six took part in telephone interviews, and ten took part in a focus group.

Borough of residence	
Camden	5
Enfield	3
Haringey	2
Islington	19
Total	39

Hospital attended	
North Middlesex Hospital	2
Royal Free Hospital	6
University College Hospital	5
Whittington Health	26
Total	39

People defined their own ethnicity

Ethnicity	
Arabic	7
Eritrean	1
Ethiopian	1
Greek/Greek Cypriot	9
Latin American	12
Somali	6
White British	1
Did not respond	1
Total	39

Age	
18 - 24	3
25 - 49	2
50 - 64	15
65 - 79	10
80 or older	2
Did not respond	2
Total	39

Gender	
Male	10
Female	27
Did not respond	2
Total	39

Patient has a long-term condition	
Yes	30
No	6
Prefer not to say	3
Total	39

Caring responsibility	
Primary Carer of child/ children under 18	7
Primary Carer of disabled adult	2
None	24
No response	5
Total	39

Choice of place of treatment

For 30 of the 39 respondents they had no option about whether they attended hospital. All but three (i.e. 36) respondents were treated in the Emergency (or Urgent Care) Department and 26 had to be admitted to a ward (for between one night and two months), including two of those that stated they were not treated in the Emergency Department.

Most felt strongly that the best place for their treatment was in the Emergency Department at a hospital. Some were alarmed at the suggestion of some treatment being administered at home. All respondents felt that the visits they had described had been essential.

Accompanying patients home

On the whole, all thought it is a good idea. Doubts were raised as to the practicality of this particularly in light of an already over-stretched NHS. In one group respondents were indifferent to a service like this because in their experience they had never had any need of one as they had always been able to make their own way home from hospital.

32 of 39 respondents felt that it was a good idea for staff or volunteers to accompany patients home. Respondents emphasised that it was a good idea if the patient could choose it, rather than it being something obligatory.



"Yes it would be an excellent idea. When I was sent home from A&E the first time I was still ill and it caused my family and I a great deal of anxiety as we were none the wiser as to what was wrong with me or what to do. A follow up visit at home would have made all the difference."

"It is definitely a good idea. Better to have paid staff as they are more likely to be trained and experienced. Could be risky with volunteers as they are not so well known."

"It would be very helpful as I am elderly & I would not have to wait a long time."

"Good idea, depending on what you want at the time. Sometimes having people at home is uncomfortable, but if it's to avoid going back to hospital then yes."

Though one respondent noted that *"spreading resources thin may not be so good"*.

Seven respondents weren't sure whether this was a good idea or not, generally because they had not experienced this and so didn't feel they could comment. One respondent noted:



"It would be better to concentrate efforts and get people allocated to wards or dealt with so they are well enough to go home before trying to spread resources to something else."

"I don't think it is necessary. The patient should follow-up advice they have been given at the hospital. This is where the advice should be given properly."

Treatment at home

The general consensus was that respondents would not have been able to manage their conditions at home. In one group, language was raised as an issue and the need for interpreting to be available for home treatment was raised.

Nine respondents would have been happy to be seen at home for some of their treatment (one stating *"if the correct equipment was there"*), this included one person who had been conveyed to hospital in an ambulance. However, most felt that what they had needed was best delivered in a hospital:



"I needed an x-ray and I was in excruciating pain. I was flat out on the floor when the ambulance arrived. My daughter was in when I fell but she was not able to move me as I could not move myself at all. I was bleeding from the head and was not able to stand up or even sit up."

"My wife had to go to A&E as she had had a fall. She needed an x-ray, medication for pain and assessment by a doctor. She had broken a rib."

Who sees the patient

19 respondents expected to be seen by a doctor, several expected to be seen by a nurse, some had no expectation.



"I prefer a doctor but whoever was there I would have made do as I was desperate".

For many they felt that a quicker decision could be made by a doctor (because of their training and skill set). Though others simply wanted to be seen by whoever could see them quickest.



"I suffer from a heart condition so a quick decision needs to be made."

"So that a decision can be made instantly & I don't have to wait a long time."

For 23 of the 39 respondents it was important to them who they were seen by at the Emergency Department.



"In an emergency expertise and experience are more important than ever."

"Doctors diagnose and give directions and nurses administer treatment. Both have their specific roles."

We asked those with a long-term condition whether they felt they got the information they needed to manage their condition. 27 respondents stated that they did get enough support but their answers still highlighted poor communication within hospitals. The need for more help with care once back home was highlighted several times in two groups. For those managing their own condition they felt their test results were often enough to tell them what was needed.



"In general I do get enough information to support myself but there have been may times when I have had to chase things up or there have been mix-ups between one hospital and another or within the same hospital. In general I have been well looked after by the actual doctors and nurses, but admin has been a problem."

"I do feel that we get enough information. It helps that we speak good English. It has taken a while to get to this stage though. For quite some time we felt we were passed through different departments and not dealt with very well."

For the 20 carers we asked whether they got sufficient information to support the person for whom they cared. Nine said yes, seven said no and four weren't sure. There was mention of the lack of support for carers and in particular a lack of respite.

How respondents preferred to get information

In general, respondents stated that they would prefer to get information face to face to avoid miscommunication that may be caused through other mediums. They also felt it was useful to be able to ask questions this way. 25 preferred face-to-face and of those four also wanted some written information. Two would prefer on-line information (they were aged 25 - 49) and one respondent noted, any format would do as long as the information was 'good'.

About this report

This report and the research which informed its findings was done by Healthwatch Islington as part of a programme of engagement on the North London Partners Urgent and Emergency Care programme.

North London Partners is the sustainability and transformation partnership for North London, formed of health and care organisations from the five London boroughs of Barnet, Camden, Enfield, Haringey and Islington.

The five local Healthwatch in the North London area are collaborating to promote citizen engagement in the work of the partnership. This includes an extensive programme of engagement on Urgent and Emergency Care, led by Healthwatch Camden.