

healthwatch

Tower Hamlets



Maternity Trends Analysis Report 2016-2017



Trends Analysis Report

Maternity 2016-17

ABOUT THIS REPORT

Healthwatch Tower Hamlets has analysed the experience of local Maternity services, over 5 quarters (April 2016 to June 2017).

This report builds upon the 2016 Health Scrutiny Panel's Review of Maternity Services at the Royal London Hospital and aims to provide baseline data of the maternity services available to Tower Hamlets residents across the borough; including the RLH, the Barkantine Birthing Centre, GP surgeries and health visitors.

This report particularly aims to track and evaluate any changes in patient experience following the adoption of measures to improve maternity services at the Royal London Hospital, as a response to the 2016 CQC report.

This report will now be circulated to the commissioners and providers of Tower Hamlets maternity services and the people responsible for their management or scrutiny. See <http://www.healthwatchtowerhamlets.co.uk/about-us/whatwedo/> for more info on how we make your voice count.

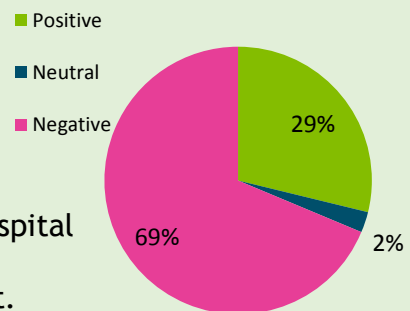


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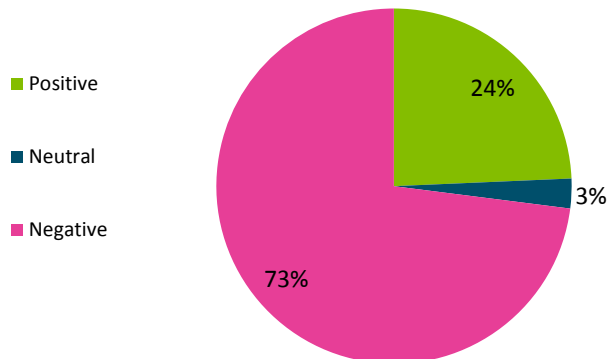
Key insights

Royal London Hospital



- While overall sentiment about the Royal London Hospital (RLH) maternity has been 65% negative over the examined period, there is evidence of improvement.
- Service users tend to perceive the RLH maternity as a service staffed by competent medical professionals, where it is safe to give birth.
- However, they also tend to think of it as a disorganised, badly run service, where communication is inefficient.
- **Administration** and **communication** appear to be the main aspects currently in need of improvement. Unsatisfactory administration practices and inefficient or insensitive communication impact on all stages of the care pathway.
- Training on empathetic communication is essential for all members of staff, including receptionists, doctors, sonographers, nurses and midwives, especially when dealing with patients in an emergency situation.
- Some patients feel that they are being dismissed by medical professionals when presenting with concerning signs and symptoms. This issue seems to be affecting nurses and midwives to a greater extent than doctors. There are cases where patients have presented with symptoms that, albeit scary and uncomfortable, were normal and harmless and no course of treatment was needed; or in other cases, over-the-counter painkillers only were needed. However, as patients have not received satisfactorily reassuring explanations from healthcare professionals, they felt like their concerns were not taken seriously.
- A small number of patients also reported cases of midwives acting dismissive of their pain or failing to take pain reducing measures.
- There have been cases of significant delays in obtaining community midwife appointments and community midwives cancelling appointments without notice.
- The community midwifery service at the RLH is particularly difficult to get hold of by telephone.

RECEPTION



What patients and carers are saying:

- Reception staff at the RLH antenatal unit have received mixed feedback. While some patients found them “friendly” and “helpful”, several described them as “rude”.
- Some patients report having difficulties getting a hold of the maternity via the phone, as many calls go unanswered or are put on hold for a long time.
- Patients using emergency services are often *expected to wait with little to no support upon arrival*. Not being told what to expect or how long the wait should be can cause them anxiety and confusion. Emergency triage procedures are not always known or understood by service users (for instance, they may be advised by other healthcare professionals to seek medical attention “urgently”, then have trouble understanding why more severe cases are prioritised in triage).

Local people’s voice

- “I have received NO communications from the antenatal department about when my scans are to be. For the 12 week scan I rang and after a number of attempts managed to get through and find out when it was. For my 20 week scan I have rung day after day, the phone is never answered and I have no idea when my scan is to be. I am no nineteen and a half weeks.”
- “Our experience to date has been fantastic. I've attended the initial 12-week scan, 20-week scan, gynaecology appointments and an additional growth scan. [...] The wait time was also reasonable - I arrived 10-15 minutes in advance of my appointed time, and only ever waited up to 15 minutes after my appointment time. In fact, for my 20-week scan - the moment I checked in with reception, I was whisked in for the scan - 10 minutes early!”
- “Seats need to be suitable for post birth and it is pretty clear women are unable to sit properly so suitable seating needs to be provided.”

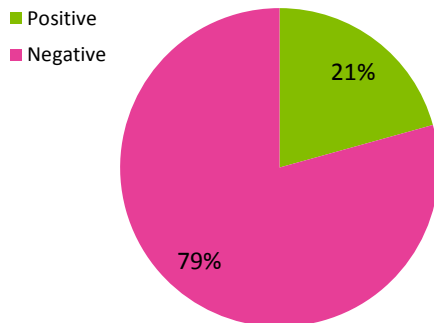
Our suggestions

- ✓ Improve admin systems to ameliorate timing and prevent sensitive organisational mishaps; ensure that patients receive accurate information in a timely and efficient fashion.
- ✓ Improve responsiveness by phone.
- ✓ Visibly display useful information, such as a plan of the hospital or frequently asked questions on maternity and post-natal care.
- ✓ Consider signposting service users to online resources from reputable sources, such as NHS choices, which explain what routine appointments are offered during pregnancy, how to book them and what to expect for them. Consider having printouts of NHS choices articles on-hand to distribute to patients who are not computer literate, as well as digital or printed lists of useful links.
- ✓ Make service users aware of emergency triage procedures and average/ expected/ estimated waiting times.
- ✓ As frontline and reception staff play a crucial role in the first impression service users form of the service as a whole, ensure they are consistently empathetic and friendly, particularly when dealing with patients experiencing stress and anxiety.
- ✓ Ensure seating in waiting rooms is suitable and comfortable for most service users, including pregnant women, patients experiencing pain and patients with mobility impairments.
- ✓ Ensure hygiene standards are consistently applied.

Local people's voice

- “The ward is very dirty - there were bloody sanitary towels in the bin of the toilet in my room, as well as a jug of bloody water on top of the toilet. There was also a urine dip stick pot & dirty tissue. The floor was filthy, as could be seen by the state of the feet of my surgical stockings when I left. There were bits of cannulas/needles etc scattered about the room.”
- “I was initially checked by a very polite midwife and later went on to give birth with the help of a wonderful midwife and a very helpful student midwife.”
- “I stood in the queue to get checked in for my appointment, receptionist saw me waiting but was too busy discussing what to have for lunch with their colleagues. When I did finally get to tell her I have an appointment another patient came and started talking and the receptionist was helping her with her query and I was still waiting to get checked in for my appointment. Worst service ever!”
- “No one ever picks up the phone, you must go there in person if you have anything to discuss with them”

DIAGNOSIS AND TESTING



What patients and carers are saying:

- Communication between GPs and hospital consultants can be unreliable; important referrals have been delayed or gone missing as a result
- Some patients report failing to receive important information (such as test results or appointment dates), or having it improperly recorded. As a result, some women have missed out on appointments they were due and entitled to.
- Antenatal investigations may be a stressful time for some patients, who may feel particularly vulnerable or uncomfortable. Feeling *supported*, *in control* and being treated with *empathy* are important to patients, and there is a mixed sentiment on whether the RLH delivers that.
- It is important for patients to feel like their concerns are being taken seriously. Several patients have reported experiencing pain or similar worrying symptoms, only to be refused investigations and/or to be sent home with over-the-counter painkillers, with no improved understanding of what is causing their symptoms or whether they are normal. When no further investigation or course of treatment is needed, better communication/ easy to understand explanations and reassurance may ease their anxiety.

Local people's voice

- “Royal London antenatal department are terrible. They failed to tell me I need anti D vaccination, they never told me anything about getting the whooping cough vaccine, they didn't give me the results of my glucose tolerance test.”
- “The staff have been professional and accommodating - if you ask for scan pictures to take home, they try their best to get a good picture for you! The scans felt comprehensive with staff providing explanations as they proceeded.”
- “I would like to thank the staff at the royal London Labour and delivery ward for the outstanding care I received [...]I was told I may need a c section. I was terrified [...] . I was monitored all night with a midwife with me the whole time and doctors coming in to check throughout. They did everything they could to help me avoid having a section and thankfully I gave birth naturally the following morning”

Our suggestions

- ✓ Improve admin systems; ensure that referrals are seen through and that patients receive accurate information in a timely and efficient fashion.
- ✓ Offer reassurance and easy to understand explanations to patients for any concerns raised; particularly in cases where no investigations or treatment other than over-the-counter painkillers are needed. Receiving detailed, transparent information and advice contributes to addressing service users' fears and making them feel more in control.

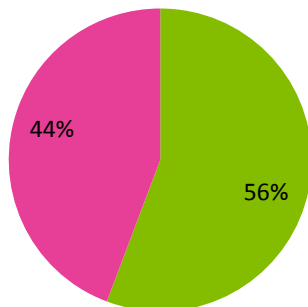


Local people's voice

- “Received fax on 27th april stating above had 'UTI' and needed antibiotics. no urein result enclosed. I checked cyberlink- result was finalised on 13.4- 14 DAYS PRIOR !!! and had not been actioned by midwife till fax today. In early pregnancy UTI increases risk of miscarriage- so significant event that waited 14 days to fax us”
- “[After being turned away from the Barkantine unit despite experiencing contractions] I felt something was wrong so went to the Royal London hospital saying that I'm having regular contractions for past 2 days and I can't handle it anymore, I was told that when baby is ready then will come out and was sent back home and heard that they not concerned about it. I then lied saying that baby hasn't moved so they at least check the heartbeat. They did, then I was told that Machine is showing labour contractions (owh really?! Like I haven't noticed past 48 hours!) they also noticed that baby was getting really tired so I was rushed to labour ward. Spent next 24 hours in labour pinned to bed not letting me move.”

CLINICAL TREATMENT

■ Positive
■ Negative



What patients and carers are saying:

- People tend to perceive doctors and nurses at RLH as competent in situations of crisis, and many feel safe there in case of a birth with complications.
- Communication and user involvement are important to patients. Doctors that explain procedures clearly and straightforwardly, with sufficient details, are praised by service users. Users who report not having procedures explained to them felt less safe, less in control and less taken seriously than those who did. In contrast, patients who feel involved in the process have an overall much more positive experience.
- In terms of staff attitudes, medical professionals who receive positive feedback give patients their full attention, acknowledge their concerns and ensure their comfort. They are described by patients as “polite” and “helpful”. On the other hand, medical professionals who receive negative feedback are perceived as dismissive; they fail to explain procedures properly and make patients feel like their concerns are not worthy of their attention.

Local people’s voice

- “I underwent an elected C - Section at the London Hospital lead by a truly amazing team. I was treated with exceptional care and consideration throughout the entire process. Both me and my partner were included and consulted throughout the procedure and the entire team within theatre were fantastic as my partner was able to cut our baby’s cord and was told by the team what they were doing when baby had been delivered and was being checked over. My doctor made this experience even more special and remarkable for us when we were given the opportunity to see our baby girl being brought into the world, they did in a very careful way so that all we saw given the circumstances was the baby being delivered and that something we will never forget and are forever grateful for. As a result of high standard of care received my recovery was great and I was discharged home the following day and since this time me and baby have gone from strength to strength. Both me and my partner would like to say a massive thank you to the team that completed this C-Section.

Our suggestions

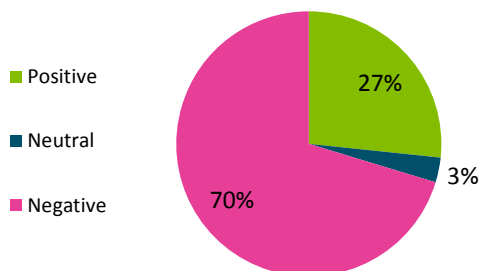
- ✓ Ensure patients receive easy to understand explanations about their diagnosis and recommended course of treatment
- ✓ Ensure patients have sufficient understanding of medical procedures to make choices and meaningfully consent.
- ✓ Signpost patients to online resources from reputable sources. Such as the NHS Choices “Your pregnancy and baby guide” and the NHS Choices “Common health problems in pregnancy” directory.



Local people's voice

- “I have delivered a baby at Whit Chapel hospital in October 2015. Since then I have been waiting for the promised check-up and consultation with an obstetrician but without success, although I have left several voice messages in the postnatal unit mailbox. My placenta was attached to the uterus and was manually detached. The agony I have lived - I almost fainted from pain. [...] Why on earth they didn't detached it in the theatre under anaesthesia but just manually with the help of a nurse that was pushing strongly on my belly? Epidural wasn't working anymore and they knew it by the way I was screaming of pain while they were trying to push my uterus back while I was conscious! [...] I have been promised a check-up and consultation back in the hospital. No one ever contacted me again about the terrible experience. Until today I cry when someone wants me to explain my birth.”

CLINICAL NURSING



What patients and carers are saying:

- Quality of nursing care at RLH appears to be inconsistent; some people report a high level of satisfaction, while others report being neglected or mistreated. This could be connected with the ward being overstretched and understaffed. Both patients who left positive feedback and those who left negative feedback remarked upon the low levels of staffing.
- Multiple service users report there is a poor level of communication on the postnatal ward; some service users reasonably doubt midwives providing postnatal care have received and read accurate information about their case.
- Timing appears to be a serious problem, which contributes to the overall lack of support. Waiting times for emergency antenatal appointments can be long, and once admitted patients may be faced with further wait for investigations or procedures. Patients also report having made bookings to give birth, only to find there are no available beds or that they would have to wait long hours to be seen.
- Some patients mention nurses being unavailable, especially during the night, to assist patients who are bedridden, incapacitated or in pain with simple requests. Patients who don't receive the assistance they need at a particularly vulnerable time in their lives feel frustrated and powerless, which colours their view of the service as a whole.
- There are some reports of nurses and midwives being dismissive of patients' symptoms; this appears to be the case more than with doctors. It is sometimes the case that patients are experiencing relatively harmless symptoms but midwives fail to offer reassuring explanations sensitively. There have also been cases of midwives acting dismissive of patients experiencing pain or failing to take pain reducing measures.

Local people's voice

- “DISGUSTING services. The service was terrible and turned my wife away twice who is in labour. The nurse's communication with my wife was very poor and was not ready to listen 'what she must eat' in labour pain.”
- “I was nicely surprised about how the midwives, nurses, surgeons and doctors cared about me. They all clearly explained what will happen to me during and after the surgery.”
- My daughter, Rebecca, was transferred from the Barkantine after 18 hours labour - 8 fully dilated. She was induced successfully on a drip, with help of a suction pad and a wonderful team of 2 doctors and 3 midwives, about three hours later. Everyone was extremely efficient, calm, kind and caring. A truly professional and friendly team, who took care at every stage.
- Patient's husband [...] reports that the Midwives are not proactive in their approach and one nurse refused to help patient

Our suggestions

- ✓ Signpost patients to online resources from reputable sources. Such as the NHS Choices “Your pregnancy and baby guide” and the NHS Choices “Common health problems in pregnancy” directory.
- ✓ Raise awareness among patients of which signs and symptoms experienced during pregnancy are relatively normal/unconcerning and which represent red flags for more serious problems, that should be reported to a medical professional.
- ✓ Offer nurses and midwives training to empower them to communicate clearly and sensitively with patients about their symptoms and course of treatment, including offering reassurance when patients experience concerning, but ultimately harmless symptoms; and approaching red flag symptoms with an appropriate level of attention. Reassure patients that their concerns are being taken seriously.
- ✓ Encourage healthcare professionals to raise awareness of pain management options among maternity patients and to assist them in choosing pain management options that work for them.
- ✓ Ensure all records are kept accurate and information is properly circulated at handover between health professionals. Ensure accurate records are efficiently passed on to relevant healthcare professionals (such as GPs) upon discharge.
- ✓ Ensure that patients admitted to hospital overnight and those who need to wait extended periods of time to be seen have easy access to food, drink and items necessary for their comfort and privacy

Local people’s voice

- “Such uncaring staff. The main midwife was not supportive, uncaring, spoke to you with attitude and if looks can kill.”
- “I had a great experience here with my first baby in September 2015. I came in at 1cm dilated and was allowed to stay and gave birth 14 hours later. It would have been annoying to have to go home. The midwives held my hands, used the shower hose on me to relieve the pain, and put me in different positions. Towards the end my contractions were slowing but they kept me going and I did some squats which helped a lot. The stitching up after was painful but I was too high and elated to feel sad about it. It was nice having own room where partner can stay and midwives check up on you regularly. I stayed two extra nights. If you are considering a drug free birth or only using gas and air, then I would definitely recommend it.”
- Patient [...] claims she was berated, mocked and treated with disregard by senior members of staff when requesting medication.

What patients and carers are saying:

- Some patients' discharge has been needlessly delayed because of delays in completing discharge papers
- Some patients have been discharged at inappropriate times (such as at night) when transportation was difficult to arrange
- Information on follow-on services is insufficient and not consistently given

Our suggestions

- ✓ Ensure discharge papers are completed in an efficient, timely manner to avoid needless delays
- ✓ Avoid discharging patients at unsociable hours, whenever possible
- ✓ Ensure patients receive appropriate, easy to understand information about follow-on services

Local people's voice

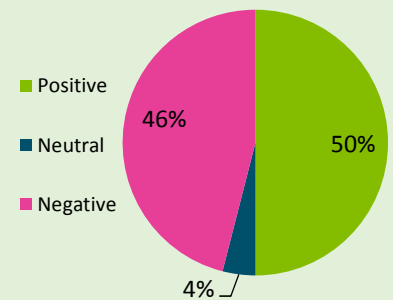
- "I was sent home very late on a cold, rainy night, with my first baby. My baby wasn't breastfeeding properly but no help was given, despite my requests for help. No follow up from the community midwives until I rang them on Monday.
- "I was discharged and left without any advice or follow-up checking of me or my son."
- Complainant claims to have been sent home after a c section, while still having an infection.



Key insights

GP surgeries

- There is little consistency between GP surgeries in terms of service users' sentiment; with some GP's in the borough receiving much more positive comments than others.
- While service users are happy with the quality of the treatment they receive, with the support they receive and with staff attitudes, they are unhappy with booking, waiting lists and waiting times, which they feel are unsuitable for babies and expectant/new mothers.
- The general perception is that *GP services are difficult to access, but once one is able to access them, they are of high quality*
- Difficulty in contacting GP practices by phone and in obtaining timely appointments are universal problems; and seen by service users as mostly unavoidable. However, where patients perceive the attitude of reception staff as being helpful and constructive, administrative issues are treated with a higher degree of understanding.
- There have been cases of patients being wrongly booked (e.g. to see a midwife when they needed a doctor) or missing their appointments because of admin mistakes.



Our suggestions

- ✓ Conduct satisfaction surveys on booking and triage systems for appointments; compare satisfaction with booking & triage across GP surgeries to identify the most functional models.
- ✓ Improve the transparency of triage and booking system. Where patients receive a telephone consultation in lieu of an appointment, or are advised to see a pharmacist instead of a GP, reassure them with explanations that this is the best course of action and that their concerns are taken seriously.
- ✓ Train reception staff in effective, empathetic communication; ensure they are confident responding to common queries about booking and waiting times.
- ✓ Ensure reception staff have a good awareness of the schedule of routine appointments for expectant & new mothers, & can correctly signpost patients to the relevant medical professional within the practice. Offer refresher training where needed.
- ✓

Local people's voice

- "Dr Alex was very friendly and caring and knows my baby's history well."
- "This place is so disorganised it's shocking! We came for a 6 month check up with our baby, waited for almost an hour and it turns out they just forgot about us and a bunch of other patients. The nurses were leaving to go home and we pleaded with them to see us."
- "Usually the experience is quite easy, call in and reception make an appointment. It can be a very long wait time for the appointment though."

Background

The Royal London Hospital

The Royal London Hospital (RLH) is a leading, internationally renowned teaching hospital, home to one of the largest children's hospitals in the UK with one of London's busiest paediatric Accident and Emergency departments. However, following an inspection in July 2016, its maternity unit has been rated 'inadequate' by the Care Quality Commission.

The CQC report found that:

- There were not enough midwives on wards, day or night. Numbers of clinical midwives were significantly below establishment. This slowed down processes [...] and prevented some women from getting timely care. Only 92% of women had one to one care in labour, far short of national guidelines.
- The level of consultant cover on the delivery suite was 71.5 hours a week, which falls far short of the Royal College of Obstetricians and Gynaecologist recommendations.
- Processes for ensuring baby security were weak. Not all mothers or babies were wearing name bands and there was no local or central guidance on making appropriate checks when baby labels were missing. The infant abduction policy had not been effectively circulated to staff. However, the policy itself was deficient as it assumed the use of an electronic baby tagging system not in use in the hospital.
- Women had inconsistent experiences, some very poor, [...] some women and partners reported a lack of respect from midwives.
- There was unwillingness among some midwives to adopt new processes: the morning safety briefing and the use of a second person to review fetal heart rate patterns at regular intervals were examples.
- Record-keeping was not consistent and accurate, particularly of handover of care from the delivery suite to the postnatal ward. The maternity service did not demonstrate care for its own staff, rosters were late, approval of annual leave was slow, midwives felt their concerns were not listened to and morale was low.

Following the CQC report, the maternity unit has been put in special measures and a series of policies to improve service provision have been adopted. The present report aims to contribute to increasing understanding of the impact and effectiveness of these measures.

The Lotus Birth Centre, The Royal London Hospital's first midwife-led maternity centre for women with low risk pregnancies, has opened in the autumn of 2016. The centre contains four birthing rooms, lounge and triage area for antenatal and postnatal care and women who are seen at The Royal London in the early stages of labour so they can go home again after being seen.

The Barkantine Birth Centre

The Barkantine Birth Centre is a freestanding midwifery unit for low-risk pregnancies based at the Barkantine Practice in the Isle of Dogs. The practice has been rated Good by the CQC and the birthing unit receives broadly positive feedback from service users; however, it remains underused while services at the Royal London are over-stretched. One likely reason for this situation is its lack of specialist consultants and equipment for dealing with emergencies, and its relative distance from RLH, where emergencies would be referred (at least 10 minutes by ambulance).



Summary of findings

In examining feedback provided by patients, we have found that some of the issues raised by the Health Scrutiny Subcommittee's 2016 report are still key themes brought up by service users; including *the provision of compassionate care, communication, choice, control, organization and administration*. The need for **effective, compassionate communication** at all levels of the care pathway is, perhaps, the largest emerging point of this analysis.

Compassionate care

Compassion can mean many things, but simply put it involves kindness, trust, empathy taking time to listen and to understand" (HSSC's Review of Maternity Services at the RLH, 2016). Previous reports on maternity services in Tower Hamlets consistently find compassion to be one of the key determinants of the quality of the patient experience, and the present report shows entirely consistent results. This includes patients' interactions with staff at all stages of the care pathway, including doctors, nurses, midwives and receptionists.

Regardless of the nature of their profession, members of staff who receive positive feedback are constantly described as *friendly, helpful, caring*, while those who receive negative feedback are *rude, sarcastic, unfriendly, intimidating*. Opinions on the extent to which the care offered by maternity services in Tower Hamlets is compassionate remain strongly divided.

Pregnancy and birth are stressful occasions in a person's life, particularly if they are experiencing dangerous complications. Women may have limited understanding of what signs and symptoms are normal or dangerous, and may be in need of peace of mind and reassurance. When presenting to healthcare professionals with concerns, it is important that they feel *listened to, taken seriously* and that they are able to *improve their understanding of their symptoms and the recommended course of treatment* (particularly when the recommended course of treatment is "no further action" or "take over-the-counter painkillers"). Taking the time to explain and reassure the patient makes the difference between perceived good and bad service. Patients who have been made to feel *judged or like a nuisance* for bringing up concerning symptoms have given the most strongly negative feedback.

Similarly, some expectant parents may find rules around bookings, appointments or hospital admissions complex and counterintuitive; they may misunderstand information or fail to follow appropriate procedures. When this happens, they feel that they are met with a *lack of empathy* from support staff, which adds to their already feeling under pressure.

Communication: information, choice and control

Communication and user involvement are highly important to patients. Medical professionals that give clear, straightforward explanations receive positive feedback from patients. Users who report not understanding the procedures they undergo, or not receiving information about them, feel less safe, less in control and less taken seriously by medical professionals. In contrast, patients who feel informed and involved in the process report more positive experiences. Clear and friendly communication is strongly linked to the provision of compassionate care. While patient experiences vary, there is some anecdotal evidence that doctors appear to be somewhat better than midwives at informing patients of their status and treatment options. The RLH ward, in particular, can be understaffed for doctors, and some midwives have difficulty providing reassuring information to patients and families.

Breakdowns in communication at all levels of the care pathway cause frustration among patients, contributing to making them perceive the care they receive as *less compassionate*. This includes: service users having to wait to be seen; or left to wait while routine procedures are being carried out, without knowing *for how long* or *why*; receiving conflicting or incomplete information on booking and appointments; or having procedures done to them they do not fully understand or expect.

A possible solution would be signposting expectant mothers to trusted online sources, such as NHS choices, which offer comprehensive guidance on topics such as “how to recognise labour symptoms”, “what happens during childbirth” or “what to expect from your birthing unit or maternity”. Similar information could be printed off in leaflet form and distributed at antenatal appointments or sent through with booking letters, especially for patients with a low level of IT literacy.



Capacity, organization and administration

Communication between patients, GPs, maternity specialists and midwives is reported to be problematic by some users. Receptionists have been reported to fail to get back to patients about appointments; and information received from the reception about the appointment procedure is not always consistent with resources available in online directories. Some patients have reported failing to receive important diagnostic information, or having discharged forms improperly filed or misplaced. There are also reports of referrals being missed or not received by the relevant healthcare professionals.

Waiting times in the prenatal triage ward and difficulties for new parents to get emergency GP appointments for their children are also problems mentioned by respondents. All of these may be related to the understaffing and over-stretching of maternity services in Tower Hamlets (particularly the RLH maternity), which is noticed and remarked upon by many patients.

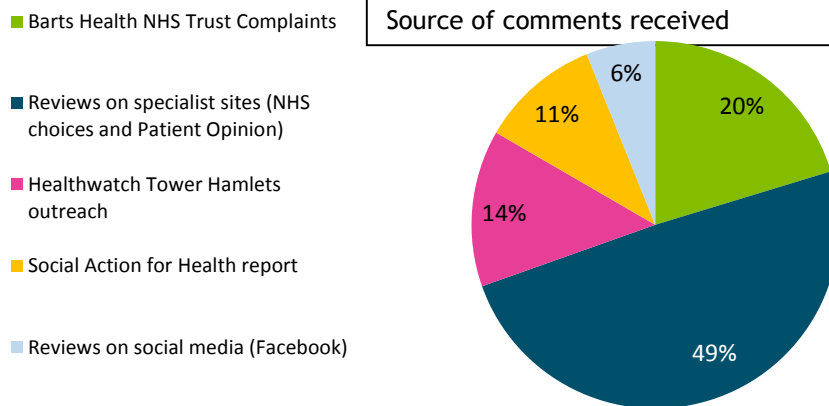
While **effective communication** between all parties involved would prevent some of these situations, **transparent, compassionate communication** is needed to manage service users' expectations (for instance, in helping them understand their specific level of emergency in a triage ward, or the reason for a certain procedure).



Methodology

Data collection

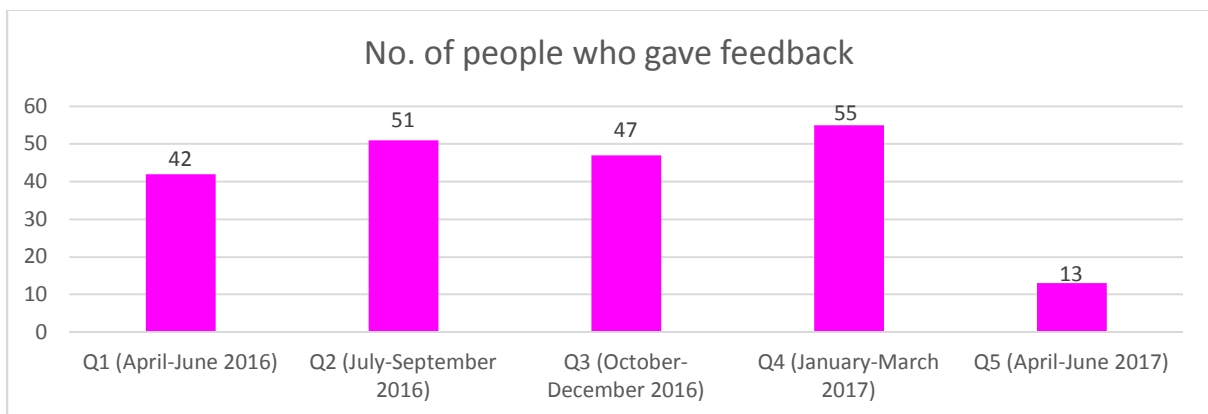
Between April 2016 and June 2017, we have collected and analysed comments from a total of 208 maternity service users in Tower Hamlets, identifying a total of 751 issues.



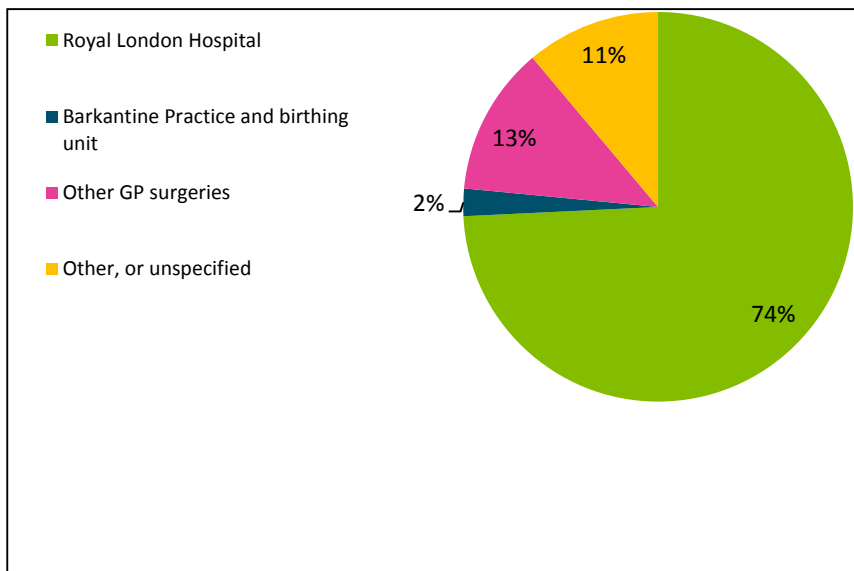
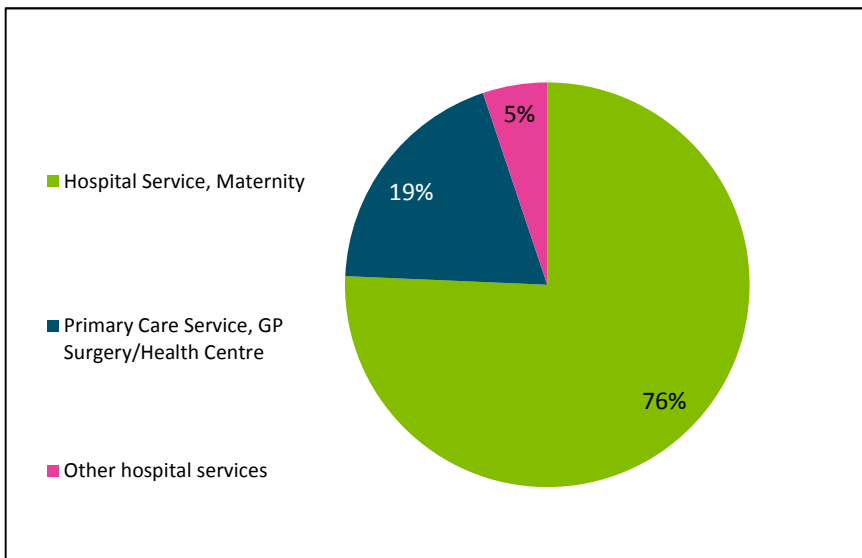
We have collected comments in a variety of ways:

- ❖ We analysed data submitted by patients online through NHS Choices and Patient Opinion, social media channels (Facebook) as well as through the Barts Health NHS Trust complaints system;
- ❖ We engaged directly with service users one on one at the Royal London Hospital, at community venues and our own community events.
- ❖ We analysed patient experience comments provided by Social Action for Health

A significantly smaller number of people gave feedback in the April-June 2017 quarter than in any other:



Most of the comments received referred to **maternity hospital services**, offered by the **Royal London Hospital**; although some were about GP surgeries. A small number of comments referred to hospital services other than maternity, such as A&E or Obstetrics and Gynaecology.



Data coding

Service user comments have been coded using a nationally recognised coding matrix, which applies issue, care pathway location, and (positive, neutral or negative) sentiment.

Quality assurance of coding is ensured through the Healthwatch Tower Hamlets Patient Experience Panel.

The Care Pathway

Care Pathway locations cover:

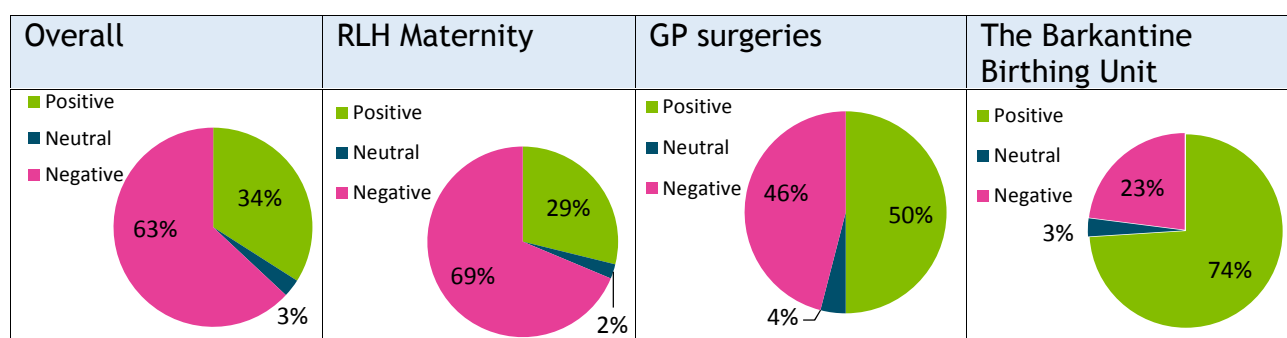
- ❖ Transport (ability to get to-and-from services)
- ❖ Reception (reception services including back-office)
- ❖ Diagnosis/Testing (diagnosis of condition, including testing and scans)
- ❖ Clinical Treatment (treatment received by trained clinicians)
- ❖ Clinical Nursing (care received by trained nurses)
- ❖ Discharge (discharge from a service)
- ❖ Follow On (supplementary services following discharge, including care packages)
- ❖ Community (community based services, such as social care, district nursing and community mental health).



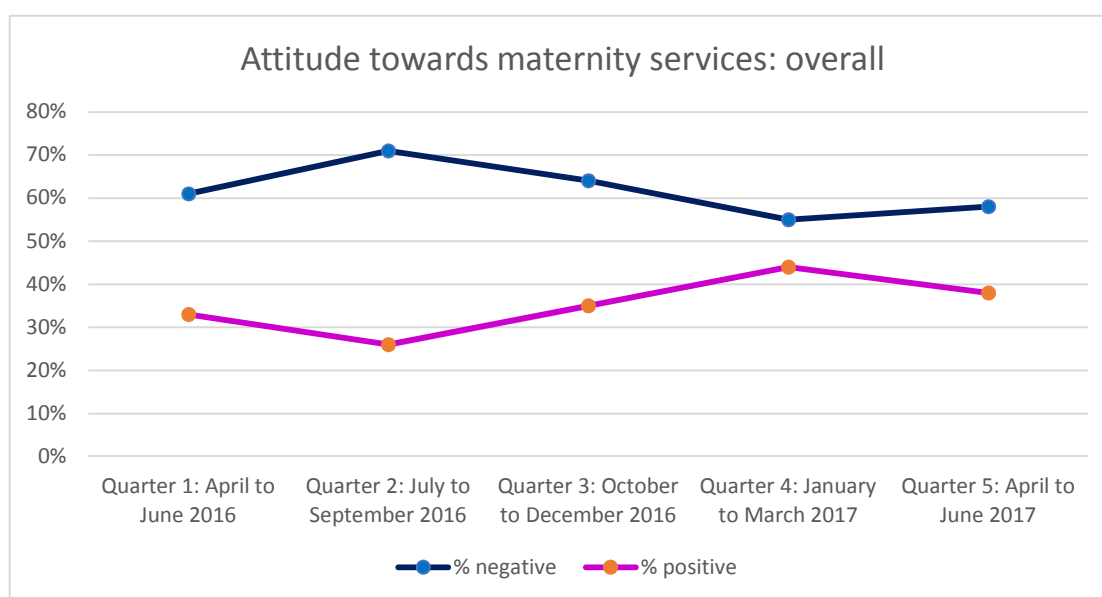
Our Insights

TOP OVERALL TRENDS

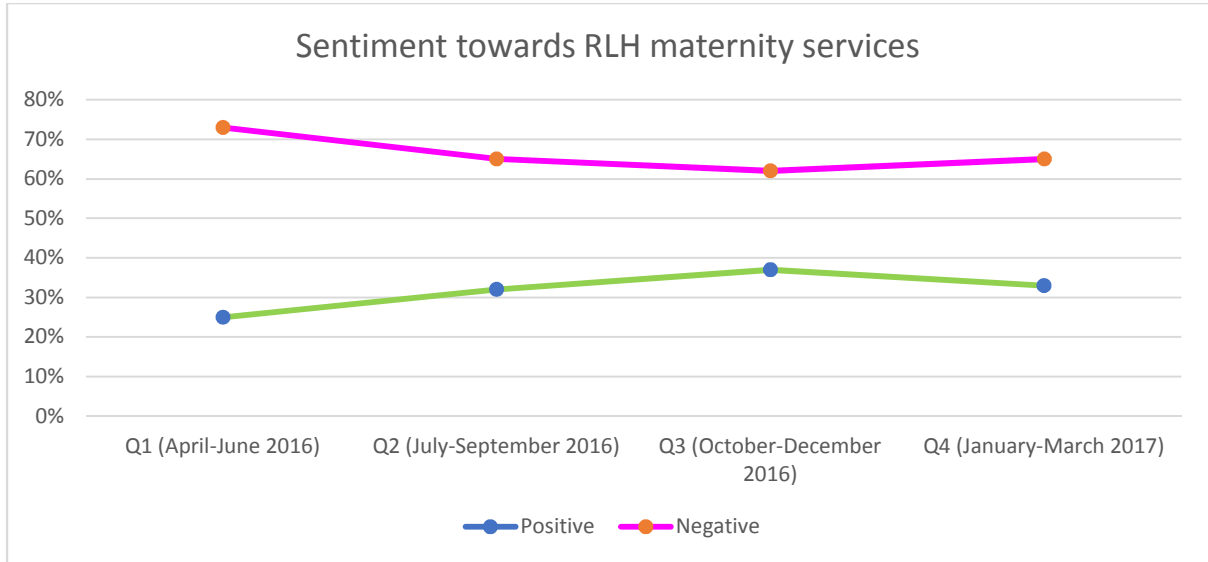
According to the comments, the overall sentiment as a whole is **63% negative**. The overall sentiment about the RLH Maternity is **65% negative** and sentiment about GP surgeries is **50% positive**. Please note, however, that we have not used a representative sample; because of a self-selection bias as well as our use of PALS and Complaints data, our report may be somewhat biased towards negative comments.



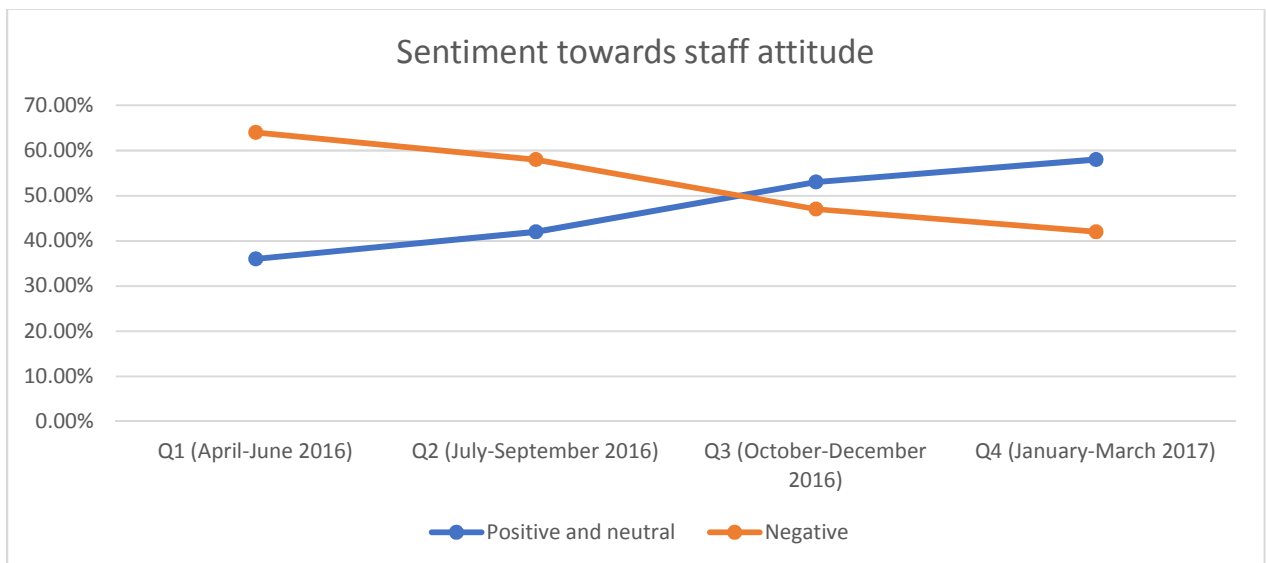
There appears to be an improvement in the overall sentiment towards services between Quarter 2 and Quarter 4. Data from Quarter 5 does not appear to support this trend (it is noteworthy, however, that a much smaller number of comments were received during Quarter 5).



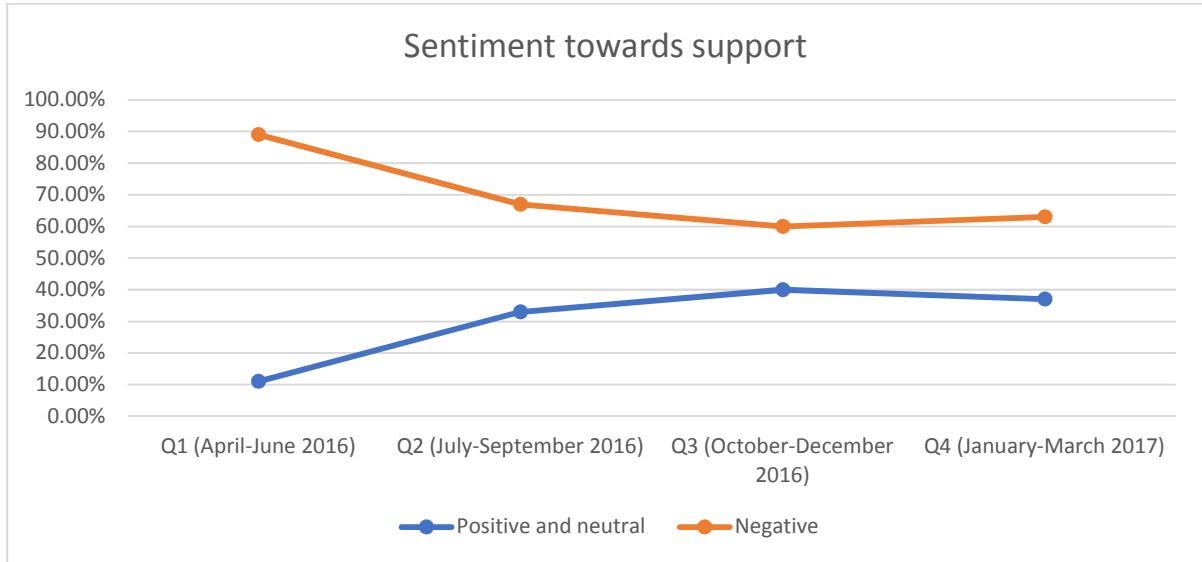
On the other hand, there is an **improvement trend** in sentiment towards *the maternity services at the Royal London Hospital, specifically*; most notably between April-June 2016 and the quarters following it.



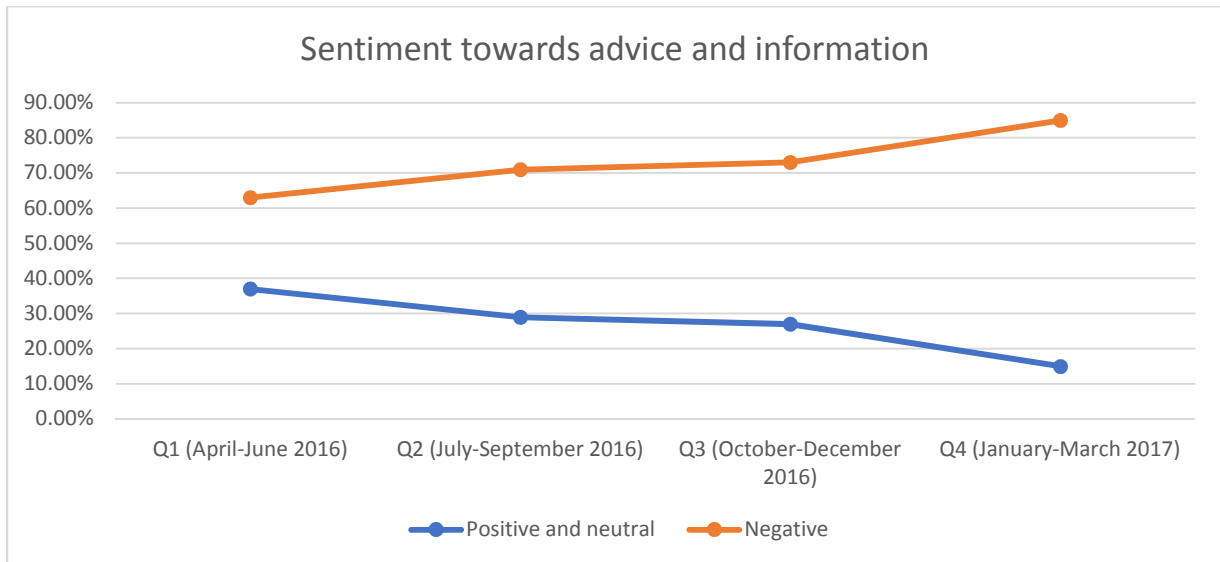
Sentiment about **staff attitude** has been steadily improving:



Sentiment towards the level of **support** offered by the Royal London Hospital has improved over the course of 2016.



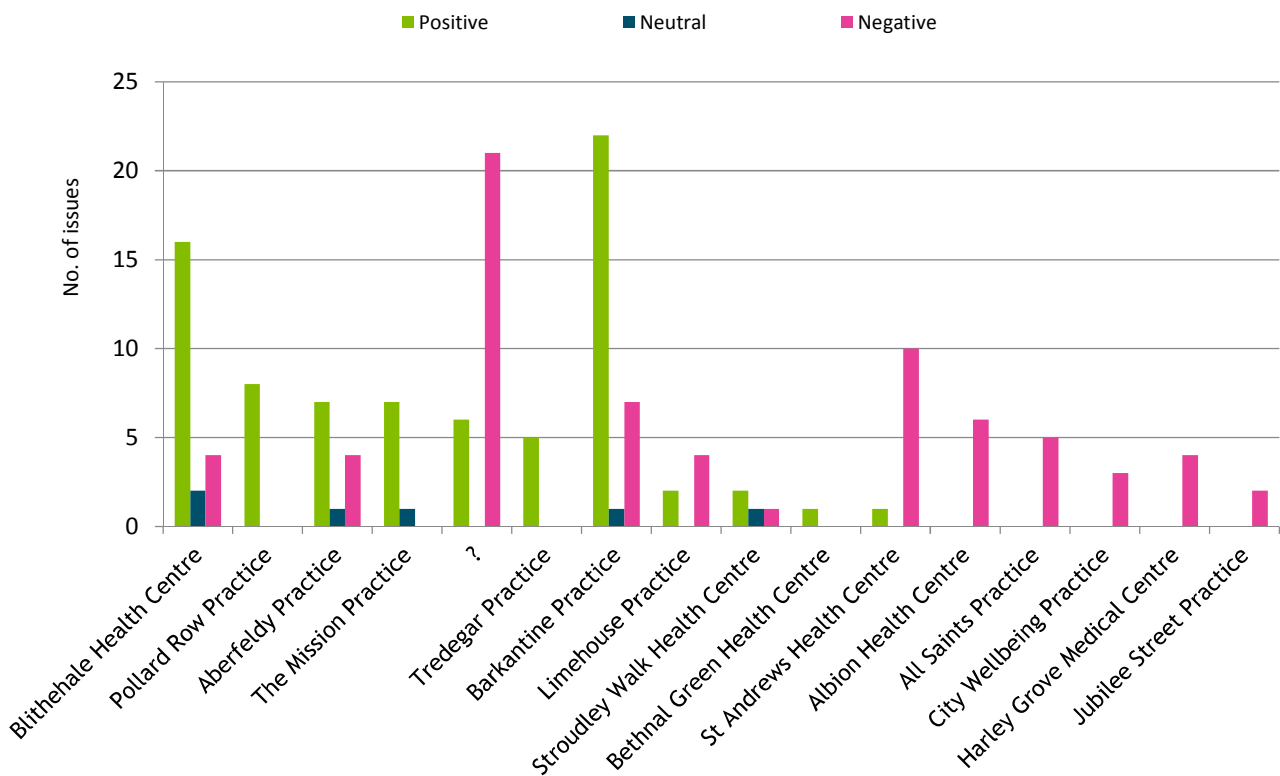
Sentiment towards **advice and information** appears to be worsening, possibly because of the long-term IT issues that the RLH has been suffering.



There is much less consistency in the quality of GP services, with no noticeable trend over time. There is more variation between GP services than overall, over time.

Some practices (Blithehale, Pollard Row, Aberfeldy, The Mission) receive predominantly positive comments from service users, while for others (St Andrews, Albion Health Centre, All Saints, City Well-being, Harley Grove, Jubilee Street) they are overwhelmingly negative.

Sentiment about the Barkantine Practice (including the birthing unit) is also broadly positive.



Users of RLH maternity services used the following adjectives to describe their experience

*a larger font signifies more mentions

Positive words



Negative words



TOP POSITIVE WORDS

Happy (43 mentions)
Good (22 mentions)
Great (19 mentions)
Professional (14 mentions)
Caring (8 mentions)
Friendly (8 mentions)
Amazing (7 mentions)

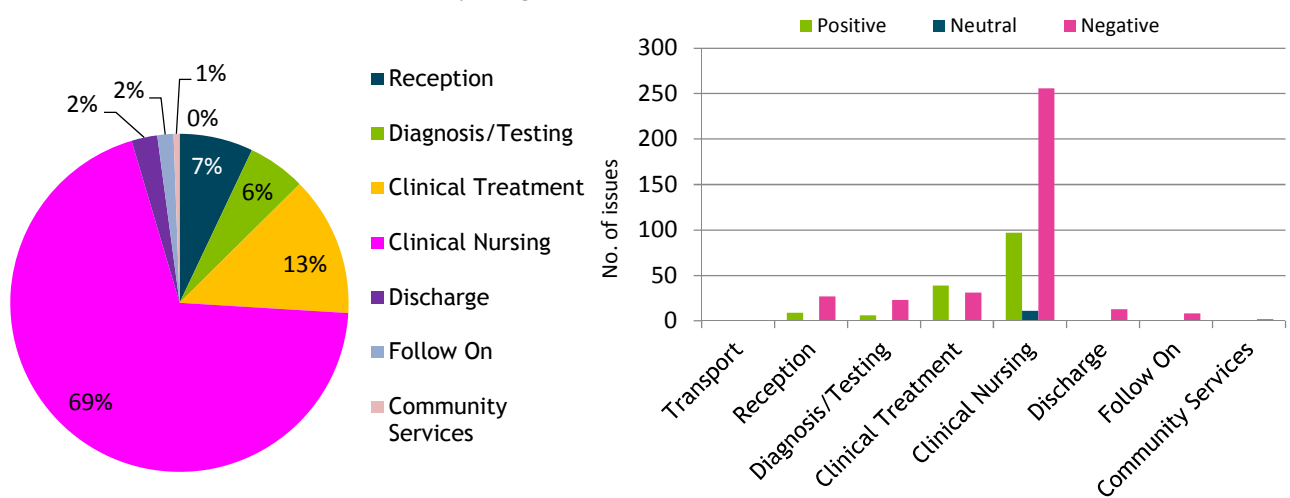
TOP NEGATIVE WORDS

Rude (28 mentions)
Unhappy (9 mentions)
Bad (7 mentions)
Dirty (4 mentions)
Rushed (4 mentions)
Appalling (4 mentions)
Unprofessional (3 mentions)

THE CARE PATHWAY- A SERVICE USER'S JOURNEY

THE ROYAL LONDON HOSPITAL

Clinical nursing is, by far, the care pathway stage most issues identified referred to, and sentiment about it is broadly negative.

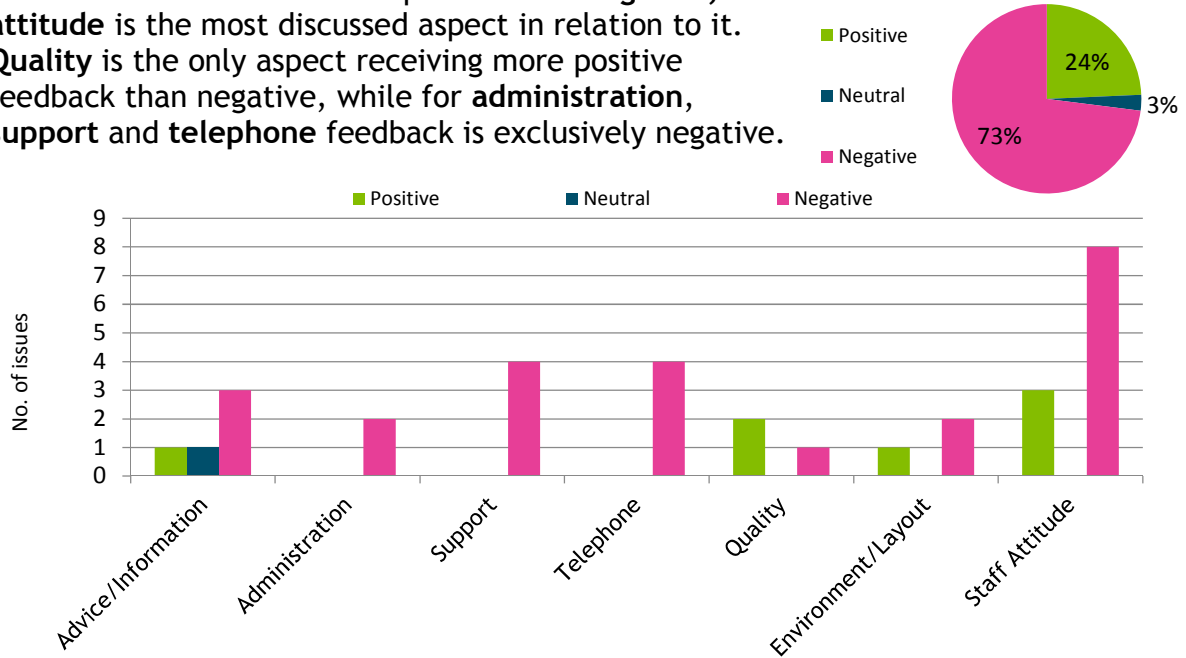


Reception, **diagnosis/testing** and **clinical treatment** were also discussed. **Clinical treatment** represents the only care pathway stage for which positive comments outnumber negative comments.



RECEPTION

Overall sentiment about Reception is **69% negative**; and **staff attitude** is the most discussed aspect in relation to it. **Quality** is the only aspect receiving more positive feedback than negative, while for **administration, support and telephone** feedback is exclusively negative.



Relevant keywords:

Recurring adjectives in the text of the comments received show that patients experience and judge their first contact with maternity services providers at the reception stage in terms of **staff attitudes**; the most recurring relevant adjectives describe *how staff communicate and relate to patients*:

“*Rude*” was the most recurring relevant adjective (8 mentions), followed by “*professional*” (4 mentions) and *best* (3 mentions). Patients’ choice of words seems to suggest they highly value *an efficient service with a human face*:

Positive words describing reception:

happy
pleasant
good
efficient
professional
polite
friendly
helpful
fantastic
caring
best

Negative words describing reception:

sarcastic
worst
unhelpful
bad
rude
carelessness

What patients and carers are saying:

- ❖ Reception staff at the RLH antenatal unit have received mixed feedback. While some patients found them “friendly” and “helpful”, several described them as “rude” and “sarcastic”.
- ❖ The public’s perception on the quality of service is strongly linked to how polite and empathetic they perceive the frontline staff to be. It is very important for service users that reception/frontline staff offer a friendly, compassionate service.
- ❖ Some patients report having difficulties getting a hold of maternity by phone, as many calls go unanswered or are put on hold for a long time. They report having difficulty making appointments. Receptionists and support staff don’t always get back promptly to patients with important enquiries about services or test results.
- ❖ Two service users report receiving inaccurate information which caused them distress (a miscarriage sufferer was offered antenatal appointments in error; a young unmarried girl who was not pregnant received correspondence meant for a pregnant woman with the same name, causing misunderstandings with her family).
- ❖ Patients using emergency services are often *expected to wait with little to no support upon arrival*, without being told what to expect or how long the wait should be; which may cause them anxiety and confusion. Emergency triage procedures are not always straightforward to service users or known to them (for instance, they may be advised by other healthcare professionals to seek medical attention “urgently”, then have trouble understanding why more severe cases are prioritised in triage).
- ❖ Many expectant parents may find rules around bookings, appointments or hospital admissions complex and counterintuitive; especially when at a very stressful time in their lives (such as when experiencing potentially dangerous complications). Therefore, they may misunderstand information or fail to follow instructions. When this happens, they often feel like they are met with *a lack of empathy and consideration* from reception and support staff.
- ❖ Seating in the corridor or delivery lounge has been described as not suitable for pregnant women by one service user.
- ❖ Hygiene standards have not been applied consistently: some service users describe the unit as “very clean”, while other report serious hygiene issues.

What service users are saying: Telephone

- I have received NO communications from the antenatal department about when my scans are to be. For the 12 week scan I rang and after a number of attempts managed to get through and find out when it was. For my 20 week scan I have rung day after day, the phone is never answered and I have no idea when my scan is to be. I am now nineteen and a half weeks.
- Patient says she has difficulties in contacting the department to make appointments each time she calls. Has been disconnected several times on being answered.
- No one ever picks up the phone, you must go there in person if you have anything to discuss with them
- Patient complained about the difficulty accessing a particular service. She also complains about staff putting the phone down on her even before she could say anything.



What service users are saying: Quality

- Our experience to date has been fantastic. I've attended the initial 12-week scan, 20-week scan, gynaecology appointments and an additional growth scan. [...] The wait time was also reasonable - I arrived 10-15 minutes in advance of my appointed time, and only ever waited up to 15 minutes after my appointment time. In fact, for my 20-week scan - the moment I checked in with reception, I was whisked in for the scan - 10 minutes early!
- I have been calling the antenatal clinic all morning, the number is always busy or out of order, I need my scan appointment letter so I can show it to my manager. (That's all I need a letter, which won't even take two minutes to print and send). When I did eventually get through to the clinic, the receptionist answered the phone and disconnected the call straight away. I called back again straight away and the receptionist answered and transferred my call to someone else, that person also answered and disconnected the call straight away. It is really frustrating that they are first point of contact for antenatal patients and they can't be bothered to answer the phones and when they do they disconnect the calls straight away. Only during lunch time phone rings but no one hardly answers.



What service users are saying: Environment/layout

● The waiting areas and toilets are clean and bright. There are vending machines for snacks and water fountains (you need to ask reception for a cup).



● Received an e-mail from a patient who raised concerns about the inability to use facilities on the ward due to meeting taking place in those rooms

● Seats need to be suitable for post birth and it is pretty clear women are unable to sit properly so suitable seating needs to be provided.

● The ward is very dirty - there were bloody sanitary towels in the bin of the toilet in my room, as well as a jug of bloody water on top of the toilet. There was also a urine dip stick pot & dirty tissue. The floor was filthy, as could be seen by the state of the feet of my surgical stockings when I left. There were bits of cannulas/needles etc scattered about the room. I saw on the board they have a cleanliness rating of 61% which is shocking.



What service users are saying: Advice and information

● “I was referred to RLH for antenatal services [...] Each time the reception staff have been very friendly and answered any questions I had.”



● Please give me some information leaflets on maternity care and after birth



● I am lost in this big hospital and help me to get into maternity department as my daughter had a baby born



What service users are saying: Administration

● [Patient who has suffered a miscarriage is] requesting more compassion, for patients as she was put through to a antenatal clinic instead of reception, when she had clearly lost her baby, and an appointment was still on the system that she was reminded of, for a pregnancy glucose test. Patient received a letter from the antenatal department which had wrong information. when she tried to contact the department to find out why, she was pushed from pillar to post. Finally, when she managed to get through to the admin person from ante-natal, she informed that there has been a error and that letters were been sent incorrectly. When asked for the complaint procedure, the admin was unable to furnish her with the details and tried to prevent the patient from making a complaint.



What service users are saying: Support

- I had my first child [...] in March 2012. I arrived when I was in the latter stages of labour to the 6th floor but was simply told to wait until they were ready. There was no one about. I was then sent to a room and ten mins later they came to check on me to find that I was fully dilated and ready to push/deliver. [After giving birth] I had to wait almost 1.5hoirs for a porter and decided it would be best to walk seeing as I would not be able to sit down anyway. Fast forward three years I come back to have my second child and I am told [..]I will need to immediately have [..] so I rush to the hospital only to be ignored by staff despite a big yellow sticker being placed on top of my file to highlight the urgency of the antibiotics by another midwife at the same hospital. I am told to wait like the other woman in the corridor. All of whom are experiencing contractions to some level with no privacy or dignity. I decide that I should go to the toilet to get some privacy and I remain there for as long as I can. I then return to the desk to the same midwife who tells me to carry on waiting to which I responded I will be in the toilet (through severe contractions). My husband realises that I am having very strong contractions close together and tells the staff to see to me immediately. They rush to the toilet and wheel me out to a room and I later gave birth to my son in there who needed to go ICU immediately after being born due to difficulty breathing! Why are we told to go to the hospital for antibiotics if our needs will not be met? Why are some staff so desensitised? I had a very bad third-degree tear and further complications which remain with me.



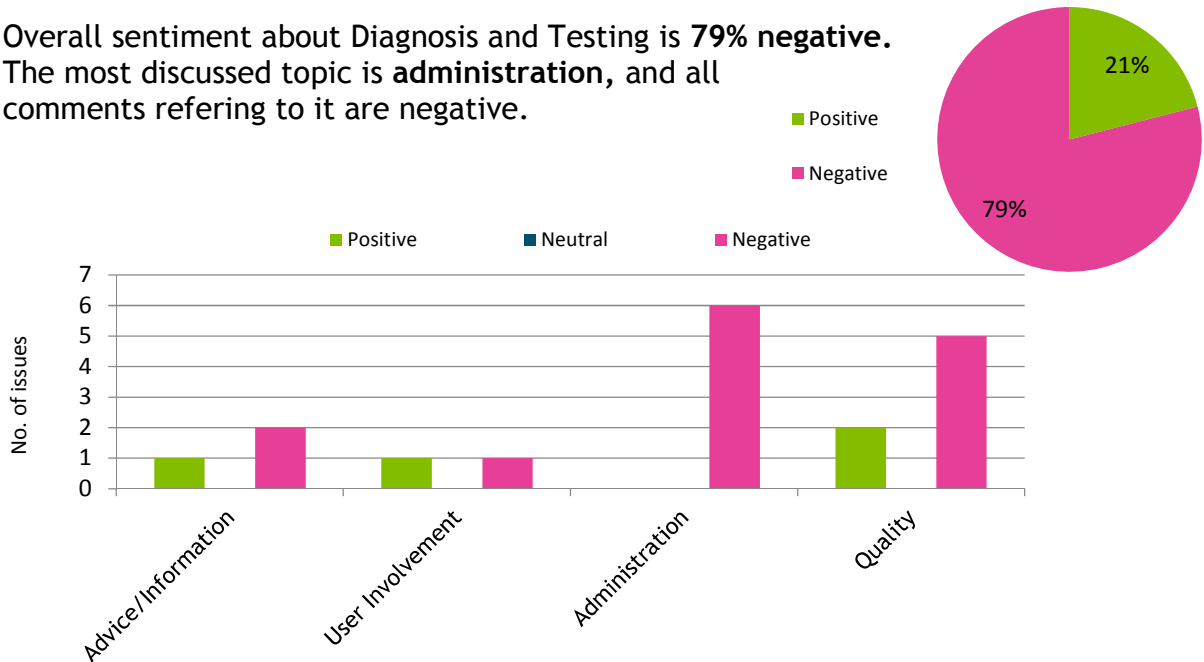
What service users are saying: Staff attitude

- The receptionists are pleasant.
- I was initially checked by a very polite midwife and later went on to give birth with the help of a wonderful midwife and a very helpful student midwife.
- Rude midwives, rude nurses, rude staff, unhelpful their attitude stinks
- Rude reception staff
- I went in for my first appointment yesterday, I stood in the queue to get checked in for my appointment, receptionist saw me waiting but was too busy discussing what to have for lunch with their colleagues. When I did finally get to tell the receptionist I have an appointment another patient came and started talking and the receptionist was helping her with her query and I was still waiting to get checked in for my appointment. Worst service ever!



DIAGNOSIS AND TESTING

Overall sentiment about Diagnosis and Testing is **79% negative**. The most discussed topic is **administration**, and all comments referring to it are negative.



Relevant keywords:

Recurring adjectives in the text of the comments received suggest that, at its best, the diagnosis/testing service offered by the RLH maternity is *professional and competent*, while, at its worst, it is characterised by an unpleasant, traumatic process and poor customer service.

Positive words describing diagnosis & testing

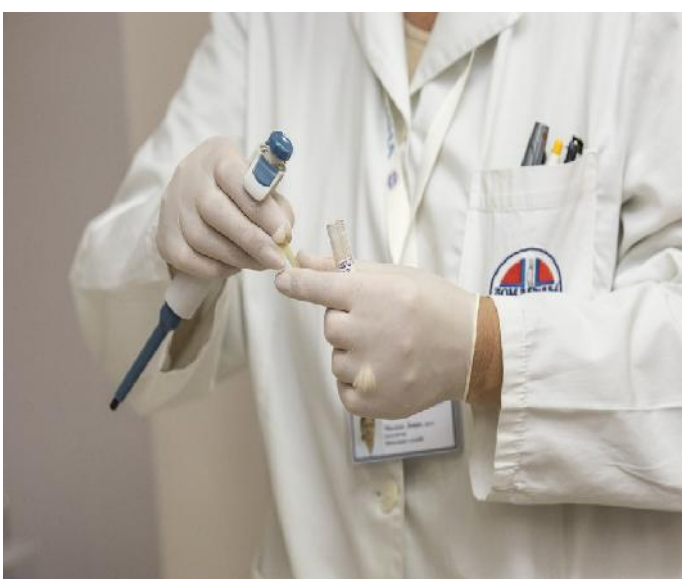
pleasant
fantastic
good
professional
best
friendly
efficient

Negative words describing diagnosis & testing

stupid
worst
terrible
rude
sarcastic
unhappy

What patients and carers are saying:

- ❖ Some patients report failing to receive important information (such as test results or appointment dates), or having it improperly recorded. As a result, some women have missed out on appointments they were due and entitled to.
- ❖ In one case, blood samples have been lost, for a patient with a severe phobia of needles.
- ❖ It is important for patients to feel like their concerns are being taken seriously. Several patients have reported experiencing pain or similar worrying symptoms, only to be refused investigations and/or to be sent home with over-the-counter painkillers and no improved understanding of what is causing their symptoms or whether they are normal. A small number of patients also report not receiving advice that would have helped manage pain and prevent distress.
- ❖ Antenatal investigations may be a stressful time for some patients, who may feel particularly vulnerable or uncomfortable. Feeling *supported*, *in control* and being treated with *empathy* are important to patients, and there is a mixed sentiment on whether the RLH delivers that.
- ❖ Communication between GPs and hospital consultants can be unreliable; in two different cases, referrals have been delayed or gone missing.



What service users are saying: Advice and information

• The staff have been professional and accommodating - if you ask for scan pictures to take home, they try their best to get a good picture for you! The scans felt comprehensive with staff providing explanations as they proceeded.



• [After 24 hours of contractions] Ended up with vacuum delivery and my crotch being cut. After 24 hours, they realised that baby was in wrong position that's why it was extremely painful and long. My question is Why no one checked baby's position in a first place and save me all this suffering!?! [...] One person could have change it, telling me to go on my fours to turn my baby, instead i ended up being cut and my baby pulled out having still a bit deformed skull and a giant bruise



• Patient not happy with the treatment received at the Royal London Hospital, patient was advised that the fetus had died at 10 weeks, patient opted for surgical management, scan confirmed, patient later passed a fetus and what looked like pre-placental tissue at home and patient readmitted to 8C

What service users are saying: User involvement

• I would like to thank the staff at the royal London Labour and delivery ward for the outstanding care I received when I gave birth to my 4th child on the 18th December. My waters broke previously so went in to get induced but baby's heart rate was very low so was told I may need a c section. I was terrified as I didn't have a section before. I was monitored all night with a midwife with me the whole time and doctors coming in to check throughout. They did everything they could to help me avoid having a section and thankfully I gave birth naturally the following morning. I am so thankful to the staff who looked after while in Labour, also the doctors. I would highly recommend giving birth there, I knew I was in good hands and was reassured throughout that they will do everything to help me. So, thank you very much.



• [After being turned away from the Barkantine unit despite experiencing contractions] I felt something was wrong so went to the Royal London hospital saying that I'm having regular contractions for past 2 days and I can't handle it anymore, I was told that when baby is ready then will come out and was sent back home and heard that they not concerned about it. I then lied saying that baby hasn't moved so they at least check the heartbeat. They did, then I was told that Machine is showing labour contractions (owh really?! Like I haven't noticed past 48 hours!) they also noticed that baby was getting really tired so I was rushed to labour ward. Spent next 24 hours in labour pinned to bed not letting me move.



What service users are saying: Administration

- Received a complaint e-mail from a patient who is very unhappy with her care management. She informed that her GP faxed and e-mailed her referral to RLH, however she was told the referral had not been received. After three attempts she was told RLH does not accept referral form her postcode and that she needed to call a midwife from Barkentine and get them to refer her to RLH. Patient blood test results are also not delivered and she had to be chasing all these which she feels in not acceptable.
- Never received my GTT results.
- Complainant very unhappy that she has had several blood samples lost. Patient has a severe phobia of needles, and each time she has been made to attend, has been very traumatic for her. The complainant is also upset with the attitude of staff.
- Patient had a stillbirth in June 2015. After this tragic incident patient agreed for a post-mortem in order to find out the reasons. The results of the post-mortem were presented to the patient in an appointment on 24/09/2015 with a consultant. The appointment where the death of patient's baby was explained was unbelievably difficult for the patient and my husband. Patient had asked for a copy of the result as this was such an emotional moment. The result was NOT given to us with the promise that we will receive a copy via post within the next days, they still have not received.
- Royal London antenatal department are terrible. They failed to tell me I need anti D vaccination, they never told me anything about getting the whooping cough vaccine, they didn't give me the results of my glucose tolerance test and also I have to say that some of the reception staff in there are so unbelievably rude. I've never experienced such degrading and sarcastic staff in any hospital before. I would never recommend anyone to have a baby here
- Received fax on 27th april stating above had 'UTI' and needed antibiotics. no urein result enclosed. I checked cyberlink- result was finalised on 13.4- 14 DAYS PRIOR !!! and had not been actioned by midwife till fax today. In early pregnancy UTI increases risk of miscarriage- so significant event that waited 14 days to fax us



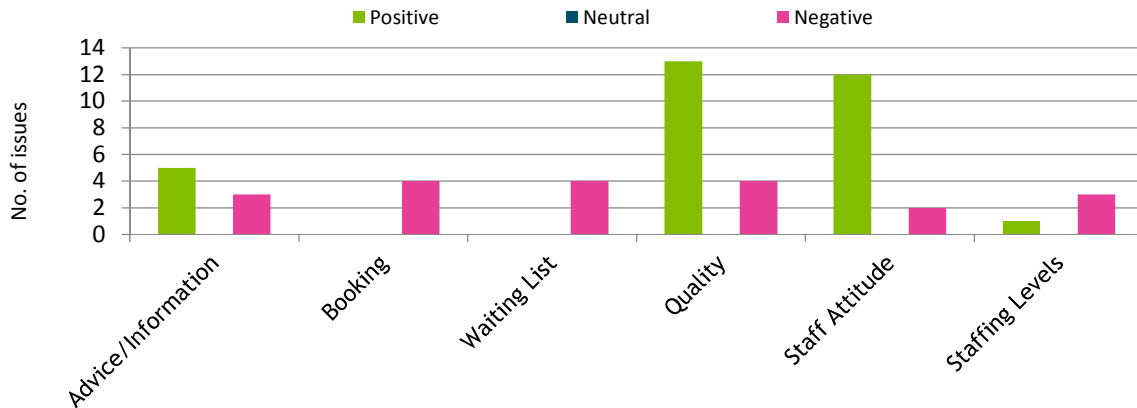
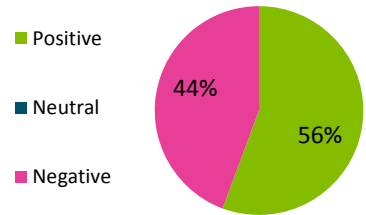
What service users are saying: Quality

- Complainant had her baby by caesarean which was decided during monitoring while the patient was admitted. Patient claims that the doctor was concerned when she realised that the patient had a scar from a previous laparotomy, and suggested there may be risks with the procedure. Following the procedure, the surgeon suggested the patient should think carefully before planning any further pregnancies, again due to risks that may be involved. Patient has several questions she would like answers to.



CLINICAL TREATMENT

Overall sentiment about **clinical treatment** is 56% positive. **Quality** and **staff attitude** are the most discussed topics and sentiment about both is broadly positive. On the other hand, people are unhappy about the low **staffing levels**, a long **waiting list** and a difficult **booking process**.



Relevant keywords:

Recurring adjectives in the text of the comments received show that patients experience *strong feelings* about the quality of care they receive, whether positive or negative. For at least some of them, dealing with pregnancy and giving birth can be a highly emotionally charged and stressful experience; delivering *professional care with a human face* is crucial in such circumstances. Patients express themselves using general, but superlative terms (great- 11 mentions, good- 7 mentions, amazing- 5 mentions) or terms pertaining to professional demeanour (professional- 6 mentions, caring- 6 mentions, helpful- 3 mentions, rude- 5 mentions).

Positive words describing clinical treatment





Negative words describing clinical treatment





What patients and carers are saying:

- ❖ Communication and user involvement are important to patients. Doctors that explain procedures clearly and straightforwardly, with sufficient details, are praised by service users. Users who report not having procedures explained to them felt less safe, less in control and less taken seriously than those who did. In contrast, patients who feel involved in the process have an overall much more positive experience.
- ❖ In terms of staff attitudes, medical professionals who receive positive feedback give patients their full attention, acknowledge their concerns and ensure their comfort. They are described by patients as “polite” and “helpful”. On the other hand, medical professionals who receive negative feedback are perceived as dismissive; they fail to explain procedures properly and make patients feel like their concerns are not worthy of their attention.
- ❖ People tend to perceive doctors and nurses at RLH as competent in situations of crisis, and many feel safe there in cases of a birth with complications.
- ❖ A small number of patients have felt that procedures and treatment options were not explained to them clearly enough; which, in turn, made them less empowered to make their own choices about treatment. One patient reported undergoing an extremely painful manual placenta removal with no say in or understanding of why they were done in this particular way.



What service users are saying: Staff attitude	
<ul style="list-style-type: none"> Doctors are kind and polite. The clinicians are very busy but mostly professional and caring. 	
<ul style="list-style-type: none"> Emergency C section was good, the aftercare was not good. Short staffed, short tempered and very short with you. 	

What service users are saying: Advice and information	
<ul style="list-style-type: none"> I had a 15 weeks old miscarriage two months ago, and was very ill. I was hospitalised at RLH. The doctors and nurses were caring and understanding. They explained my treatment clearly and were professional I had a son last year at Royal London Hospital. The maternity care I received was very good. The doctors communicated clearly and well to me about my care and treatment. 	
<ul style="list-style-type: none"> Patient would like to know why the 2 reasons that may cause IUGR were not checked. She would also like to know why she was given mixed and misleading messages and why a decision was made not to send the placenta to the lab for testing, as agreed. 	

What service users are saying: Quality

- On the 19.10.16 I underwent an elected C - Section at the London Hospital lead by a truly amazing team. This was the second successful C- Section I had within the last five years at this hospital and again I was treated with exceptional care and consideration throughout the entire process. On this occasion both me and my partner were included and consulted throughout the procedure and the entire team within theatre were fantastic as my partner was able to cut our baby's cord and was told by the team what they were doing when baby had been delivered and was being checked over. My doctor made this experience even more special and remarkable for us when we were given the opportunity to see our baby girl being brought into the world, they did in a very careful way so that all we saw given the circumstances was the baby being delivered and that something we will never forget and are forever grateful for. As a result of high standard of care received my recovery was great and I was discharged home the following day and since this time me and baby have gone from strength to strength. Both me and my partner would like to say a massive thank you to the team that completed this C-Section.
- We have brought our baby who was born here at RLH last month. She is only four weeks old, but we noticed a speck inside her right eye, and our GP has referred us here today [...] We have just finished with the doctor and specialist. We are pleased it is a cataract that can be operated on when our daughter is a bit older. The doctors and eye specialists were very gentle, caring and supportive today.

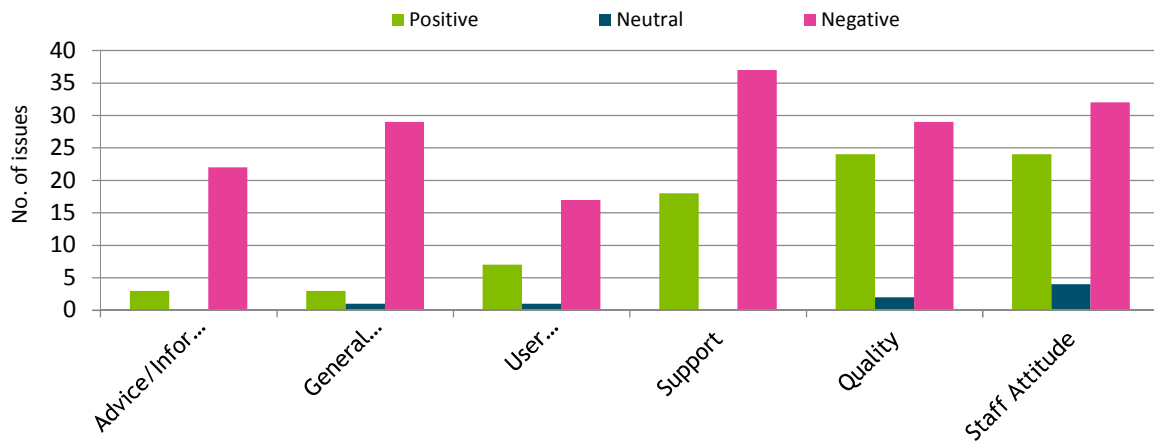
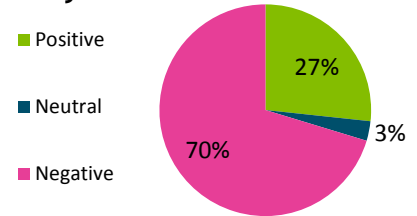


- I have delivered a baby at Whitchapel hospital in October 2015. Since then I have been waiting for the promised check-up and consultation with an obstetrician but without success, although I have left several voice messages in the postnatal unit mailbox. My placenta was attached to the uterus and was manually detached. The agony I have lived - I almost fainted from pain. [...] Why on earth they didn't detached it in the theatre under anaesthesia but just manually with the help of a nurse that was pushing strongly on my belly? Epidural wasn't working anymore and they knew it by the way I was screaming of pain while they were trying to push my uterus back while I was conscious! [...] I have been promised a check-up and consultation back in the hospital. No one ever contacted me again about the terrible experience. Until today I cry when someone wants me to explain my birth.



CLINICAL NURSING

Overall sentiment about clinical nursing is 70% negative. **Quality** and **staff attitude** are the most discussed topics and sentiment about both is broadly positive. **Support, quality and staff attitude** are the most discussed topics; Comments on support, advice/information and user involvement tend to be negative. Sentiment about staff attitude and quality is mixed/ leaning negative.



Relevant keywords:

Recurring adjectives in the text of the comments, both positive and negative refer to the values of *professionalism* (“professional”- 8 mentions, “helpful”- 4 mentions, “unhelpful”- 2 mentions, “disorganised”- 2 mentions, “incompetent”- 1 mention) and *care* (“rude”- 14 mentions, “caring”- 3 mentions, “uncaring”- 2 mentions, “polite”- 2 mentions). This may indicate the values that they expect to be reflected in the care that they receive by nurses and midwives; their expectations are sometimes, but not consistently met.

Receiving care in a maternity is an emotional experience- the word “happy” is used 31 times (note: counting may include expressions such as “not happy”) and “unhappy” 5 time; “wonderful “ is used 5 times and “appalling” 4 times.

Positive words describing clinical nursing



Negative words describing clinical nursing



What patients and carers are saying:

- ❖ Quality of nursing care at RLH appears to be inconsistent; some people report a high level of satisfaction, while others report being neglected or mistreated. This could be connected with the ward being overstretched and understaffed. Both patients who left positive and negative feedback remarked upon low levels of staffing.
- ❖ Staff attitudes are closely linked to perceived quality of care; opinion on staff attitudes is highly divided. Nurses and midwives receiving positive feedback are described as *professional, friendly and approachable*. The ones receiving negative feedback are seen as *intimidating, brutal, cold*.
- ❖ Multiple service users report there is a poor level of communication on the ward; some service users reasonably doubt postnatal ward staff have received and read accurate information about their case from professionals handling their antenatal care; this could lead to risk to patients (such as when a midwife wrongly recorded that a patient received injections she did not), causing emotional distress (such as when a patient who had suffered a stillbirth was asked by the midwife how the baby was) or unnecessary waiting times (as is the case with the patient who waited over an hour before being told no relevant investigations can be carried out).
- ❖ Timing appears to be a serious problem, which contributes to the overall lack of support. Patients report having made bookings to give birth, only to find there are no available beds or that they would have to wait long hours to be seen.
- ❖ Some patients mention nurses at the RLH being unavailable, especially during the night, to assist patients who are bedridden, incapacitated or in pain with simple requests (such as for water or a pillow). This can potentially also lead to hygiene hazards. Patients who do not receive the assistance they need at a particularly vulnerable and emotional time in their lives feel frustrated and powerless, which in turn colours their view of the service as a whole.
- ❖ There are some reports of nurses and midwives being dismissive of patients' symptoms and making patients feel like their concerns are not valid; this appears to be the case more than with doctors. It is sometimes the case that patients are experiencing relatively harmless symptoms (such as Braxton Hicks contractions or a deceleration of fetal heartbeat within normal limits) but midwives fail to offer reassuring explanations sensitively.
- ❖ There have also been cases of midwives acting dismissive of patients experiencing pain or failing to take pain reducing measures.
- ❖ Some women presenting with contractions have been turned away and told to come back later, despite being in pain and/or having difficulty travelling in their current state.
- ❖ There have been reports of hospital nurses and midwives failing to communicate efficiently with the patient's GP surgery, or omitting important information from discharge papers.

What service users are saying: **Advice and information**

● I was nicely surprised about how the midwives, nurses, surgeons and doctors cared about me. They all clearly explained what will happen to me during and after the surgery.



- I am currently 33 weeks pregnant and have had pelvic girdle pain since around 25 weeks. I went to my doctor initially who referred me to have physiotherapy, but have not received an appointment time and have been told that it is usual for it to take a number of weeks (unlikely to happen until after the birth). I have also raised it at my antenatal appointments at the hospital, and despite posters advertising their PGP physiotherapy sessions, have not been able to get a referral from them. They initially said there wasn't anything I could do, then another midwife gave me the direct number, and I was then told that I needed to get a referral, which I have been unable to get and am being passed around the phone system. It seems crazy that there is so much being advertised at the hospital but that it is so difficult to actually get an appointment and do what is recommended which is to get help as early as possible!
- Patient not happy with the lack of care and communication she received while attending the maternity unit at the Royal London Hospital
- DISGUSTING services. The service was terrible and turned my wife away twice who is in labour. The nurse's communication with my wife was very poor and was not ready to listen 'what she must eat' in labour pain.
- Patient not happy with the Maternity unit at the Royal London Hospital. Why was patient told to go home as the pain she was having was Braxton hicks? Patient at home was in pain rang labour ward and spoke to the same midwife - stated "if I come in again with the same thing she will send me home". Patient attended; it was only due to a student midwife who checked the patient and saw the baby's head she had to run for other midwives. Why was patient given 6 weeks of tinzaparin injection, patient could have overdosed herself?
- Patient not happy with the care and treatment they received under the maternity unit at the Royal London Hospital. Why were we kept waiting for 11 Hours? Why nobody gave us any support or information until patient gave birth. Why patient suffered from a tear. Why patient baby was given to much anti-biotics
- Complainant not happy with the lack of treatment and care her daughter received while she was under the Maternity at the Royal London Hospital: Delays in care; Lack of communication; Poor staff attitude.
- Patient's husband raised concerns regarding poor care and communication on the maternity ward at RLH



What service users are saying: **User and carer involvement**

● I had a great experience here with my first baby in September 2015. I came in at 1cm dilated and was allowed to stay and gave birth 14 hours later. It would have been annoying to have to go home. The midwives held my hands, used the shower hose on me to relieve the pain, and put me in different positions. Towards the end my contractions were slowing but they kept me going and I did some squats which helped a lot. The stitching up after was painful but I was too high and elated to feel sad about it. It was nice having own room where partner can stay and midwives check up on you regularly. I stayed two extra nights. If you are considering a drug free birth or only using gas and air, then I would definitely recommend it.



● I had one bad experience with a midwife. I had been experiencing a feeling of reduced fetal movements for several days along with abdominal pain. I tried everything I could to manage it myself. But as I remained concerned I decided to seek advice from a midwife. As it was after 8pm I called Maternity Triage and spoke to a midwife. I clearly explained I was feeling reduced fetal movements but that they had not stopped completely. Just they had appeared to have lessened. And that I was calling for advice about this. Their exact response was "you've got to come in now for a trace". I understand that it may be difficult to advise over the phone so I followed their instructions and went to Delivery Suite. On arrival I was happy to wait patiently as I understand that the staff were busy dealing with women in labour and babies who take priority. I was eventually called in by a midwife who said "so you're the lady with no fetal movements"? I explained that I had some movements but they felt reduced and that I had simply called up for advice and was told to come in. They replied in a somewhat frustrated tone "so you do have fetal movements then"? I said yes but it felt very different and I was also getting abdominal pain and I wasn't sure whether to be concerned or not and again said I told their colleague who told me to come in. The midwife then rolled their eyes and looked cross. They made me feel like I was overreacting. They put a monitor on my tummy and observed the baby's heartbeat for about 1 minute and then gave the monitor for me to hold on my tummy whilst they left the room for about 5 minutes. During that time, the fetal heartbeat decelerated from 160 to 70 several times (and remained at around 70 for at least 10 seconds on at least one occasion). When they came back to the room I told them this and they observed the heartbeat again for about 1 minute and said it's just dropping because the baby is moving. They kept saying "can't you feel the baby moving?" in an incredulous voice as if I was making it up. I said I wasn't feeling much but they said, "the baby is fine and moving" so I accepted what they said. However, they really made me feel like I was wasting their time. I also didn't understand why the fetal heartbeat could decelerate so dramatically from the baby moving. They said that everything was OK but I would have to wait for the Dr. After a total of 3 hours I saw a Dr who was professional and did their best to explain what was likely happening. The midwife was rude and dismissive. No pregnant woman should be made to feel she is a nuisance by a midwife, who are employed to reassure and assist pregnant women. They were also unprofessional in appearance. Did nothing to inspire confidence!



What service users are saying: **User and carer involvement (continued)**

- Patients husband complains that the midwife delayed discharging mum and baby from ward 8f as she had to go home. The husband report that he enquired about the baby being checked all day but this did not happen. He reports that the Midwives are not pro-active in their approach and one nurse refused to help patient
- Patient raises various concerns about her stay in neo-natal unit at RLH. She states that she has request for pillows and was allowed only one as per hospital policy. the temp. in her room was very cold despite her raising concern about this. That she had to walk to the corridor to collect her food knowing that she had a cannula in her arm. patient requested to change her room but the request was not followed through. Patient also felt uncomfortable with staff 'rubbing her hands'
- Complainant recently suffered a miscarriage, which she claims could have been prevented if her concerns were listened to throughout her pregnancy. Although patient 'lost' her baby, she was not aware of this as she claims no investigation was carried out.
- Patient remains dissatisfied with the obstetrics treatment provided during her labour. She states the epidural given did not work and she could feel the pain and her concern were initially ignored. consequently, she had to undergo local anaesthetic due to the unbearable pain.



What service users are saying: Support

● Since I have become pregnant in December last year, I have been looked after at royal London hospital maternity services. I cannot express well enough what a great place this is. The amazing care continued throughout the 9 months and culminated this week with the birth of my daughter. It was quite traumatic as I was induced and ended up having a normal birth forceps but at no point I felt less than safe and I knew that everything was under control. All the staff is amazing and I was really treated like royalty to the point of having the sole care of a midwife for each shift Everyone else was great. Delivery by an amazing doctor and my midwife. Thank you so much for great care



- I gave birth to my daughter in 2003 and suffered a 3rd degree tear. I was put in a side room until the evening. When moved I had to queue for my food behind the Muslim men because my partner was working. I think mothers on their own should have been given priority and if it hasn't been changed it needs to be!
- My daughter was booked in Mon 19/12/16 9AM. Was told to call the ward 930 to confirm, midwife told her to call back. She went to the ward 10AO put in her room 11AM and sat there for 9 hours till they changed shifts and that's when she got seen to. At 9PM. Tuesday she had baby, no baby doctor just the one midwife in the room. Then transfer to hdu for 24hrs, nowhere to have a bath. Then got transfer to floor 8e now it Friday and she is still there they told her she can go home by the midwife this was 1pm my other daughter went to pick them up 19.32pm she was told she can't go as the midwife didn't finish her discharge papers. all this time wasting im sorry but im putting in a formal complaint. this not good enough.
- Patient not happy with the lack of care she received at the Royal London Hospital in the maternity unit, patient was not admitted when her waters initially broke and both the patient and her baby had to receive IV antibiotics, post-delivery, due to an infection.
- Patient not happy with the lack of care and treatment they received under the maternity unit at the Royal London Hospital. Patient left in the lounge for 2 days. Patient was only on a monitor for an hour and wasn't put on there again and patient was in labour for 24 hours this was a risk, midwife made patient walk when she was 9 CMS dilated with offered water or food.
- Patient not happy with the way they were treated by the nurses in the maternity unit at the Royal London Hospital when they were brought in by ambulance on the 20 July 2016, the nurses were rude and unhelpful, lacked care and when husband asked for pain killers the nurse completely ignored him, patient walked out of hospital.
- Patients husband complains that the midwife delayed discharging mum and baby from ward 8f as she had to go home. The husband report that he enquired about the baby being checked all day but this did not happen. He reports that the Midwives are not pro-active in their approach and one nurse refused to help patient
- Patient remains dissatisfied with the obstetrics treatment provided during her labour. She states the epidural given did not work and she could feel the pain and her concern were initially ignored. consequently, she had to undergo local anaesthetic due to the unbearable pain.



What service users are saying: Support (continued)

- Complainant recently suffered a miscarriage, which she claims could have been prevented if her concerns were listened to throughout her pregnancy. Although patient 'lost' her baby, she was not aware of this as she claims no investigation was carried out.
- I gave birth here in March 2016. I had an appointment to be induced at 8am (I was already 40 +10). When I arrived, I was told that 'there were no more beds'. Shockingly, I was advised to 'go elsewhere' even though I had an appointment. I refused to leave as I was too scared to go to a random place 2 hours away as they had suggested, in the morning traffic. They finally made me go to random people throughout the day and finally gave me a bed at 7pm. I asked to see a doctor as I wanted advice - a midwife at my last visit had told me that the baby was too large for my small frame and a natural birth may be risky. The midwife told me they will go find a doctor - I never saw a doctor until the next day (more about this later). I was shortly hooked up for an epidural as I had requested and finally I was due to give birth in the morning. When I was giving birth (after 12 hours on the bed) and the baby's head was peeking out, a doctor finally came and told me that there were complications as the baby was too large for me. Why did you not come yesterday? The doctor said I had no choice but to put me on stronger epidural drugs and to make me push as hard as possible as may be an emergency c-section was too late. I was horrified. I could lose my baby as a result of the utter shortage of doctors!!! Thank God, my daughter is alive. I suffered a lot of tears and cuts as a result. After the labour, I was whisked off to the post-labour ward at 10pm. This was a place of my nightmares. I never felt more alone and sad in my entire life. I asked for help with the baby as no visitors were allowed. I didn't know how to breastfeed and I was clearly struggling to feed my baby. I was told a nursing midwife would come - they finally came and gave me a couple of syringes to 'squeeze some milk out' for the baby. They didn't even teach me how to use or do this! I didn't manage to feed the baby and worried that my baby would starve! I asked for water. I was told to get up, given a tiny beaker, walk halfway around the department and get it myself even though I was in utter pain and could barely walk properly. I didn't manage to get more water after that. You could have at least given me a large jug to last me the night? I asked for help to change the baby as the baby had peed all over the sheets and me - I was given none! I cried to myself. Shame on you - you night midwives!!! Next morning, luckily a student midwife came to check on me after the night shift had ended. The student midwife was nice, taught me how to manually express (Thanks to them I didn't give up on breastfeeding!), taught me to change the baby properly and helped me get water. I had severe blood loss after my labour and had chest and breathing problems so I was being monitored. I asked to be discharged as I definitely didn't want to stay another night, a doctor came to see me after 3 hours of waiting and told me I had to stay a few more nights. I refused and signed a form to discharge myself. I was that scared to stay one more night!



What service users are saying: **Quality**

- I had a baby last year at RLH. Everything went well.
- I had a son last year at Royal London Hospital. The maternity care I received was very good. [...] the nurses too were caring and helpful.
- My wife had our son at RLH last year, and she was well cared for, including caring and treating our baby son well
- I am now visiting with my daughter and my experience was very good
- I have escorted my wife to the labour ward where my first baby due to born and got good treatment throughout the process.



- Patient was left unmonitored for a long period of time that compromised the smooth delivery of her baby
- Patient remains dissatisfied with the obstetrics treatment provided during her labour. She states the epidural given did not work and she could feel the pain and her concern were initially ignored. consequently, she had to undergo local anaesthetic due to the unbearable pain.
- Complainants have previously had a still birth, and a post mortem took place. They were not happy with the length of time it took before they received this report. Complainants are now submitting a complaint about the way they were treated immediately after the still birth, believing they were not listened too when voicing their concerns about the way the mother was feeling in the later stages of her pregnancy, and also on visiting one of the junior midwives post-natal, she began by asking how the baby was. The complainants feel it was obvious she had not read their notes.



What service users are saying: Quality (continued)

[After a successful c-section, patient received unsatisfactory postnatal care] No obs or checks were performed on me or my baby for hours. Every time I pressed my bell I was told a midwife would come but no-one ever did. After 6 hours of this my mum complained to the ward sister who was then very rude to my mum and me. They told me I hadn't been neglected, despite the fact I'd had major surgery and no obs taken, no pain relief offered or baby checks done for over 5 hours! What?! Eventually I was moved to the postnatal ward. I requested an amenity room so my partner could stay and help look after the baby. The room facilities were poor. An uncomfortable ripped up couch was provided for my partner. On my second day, I asked an HCA to change my bed sheet as it was soiled from sweat and vomit and my wound dressing was being removed. They refused because the soiling wasn't visible to their eye! And then had a go at me while I was breastfeeding. So upsetting. I don't expect an HCA to refuse a request to change a dirty bed sheet when I was paying £120 per night for the room. The midwives on the postnatal ward are clearly understaffed. As a healthcare professional myself I have great sympathy for staff on busy wards. However, the midwives on these 2 wards were rude. They are very disorganized. On my third day, I was handed a syringe of Tinzaparin by a midwife who assumed I'd been shown how to self-inject it on previous days. When I told them I'd not had any previous injections apart from one which another midwife told me was MMR injection they were shocked and said my drug chart read that I'd been having Tinzaparin injections since my op and that there was no record of an MMR being given. The midwife who had given me the MMR and made these errors then came to my room where they were asked by the other midwife what I'd been given. The midwife initially argued with me, essentially calling me a liar and said they had previously given me Tinzaparin. Luckily my partner, who'd been there the whole time and witness to everything verified that they had not given me Tinzaparin but said it was MMR. Then the midwife begrudgingly admitted their mistakes but no apology was offered. They were very rude. I was told by the doctor I could be discharged after 2 days. But the midwives were so unavailable they did not get round to discharging me for 4 days. And that was only because we kicked up a fuss about how long it was taking. I was then discharged at 9pm on a Saturday night. I couldn't leave until 10pm because my baby then needed feeding. I was sent home very late on a cold, rainy night, with my first baby. My baby wasn't breastfeeding properly but no help was given, despite my requests for help. No follow up from the community midwives until I rang them on Monday. Appalling, dangerous care.



What service users are saying: Staff attitude

- I had my second baby 2 weeks ago in Royal London labour ward. I have heard many horror stories of busy labour wards and lack of midwives. My experience however was great, [...] went on to give birth with the help of a wonderful midwife and a very helpful student midwife. Thank you for such a great experience during a very painful experience!
- My daughter, Rebecca, was transferred from the Barkantine after 18 hours labour - 8 fully dilated. She was induced successfully on a drip, with help of a suction pad and a wonderful team of 2 doctors and 3 midwives, about three hours later. Everyone was extremely efficient, calm, kind and caring. A truly professional and friendly team, who took care at every stage.
- On behalf of our family gracious thanks to all the polite courteous caring staff who brought our second boy into the world safely. I wanted to highlight how appalled I was with the attitude of patients in the ward at the same time. [...] I salute all the Royal London staff at every level. Personally anyone reading this who is tempted to take on board the one star rants of those with an entitlement attitude- ignore them. Please pass on our thanks to the staff. Wholly appreciate the work you do. No one should put up with the ingratitude of people who clearly get more out of it than they put in.



- Such uncaring staff. The main midwife was not supportive, uncaring, spoke to you with attitude and if looks can kill.
- Patient - and nurse, is appalled at the treatment she received while an inpatient on Ward 8F. She claims she was berated, mocked and treated with disregard by senior members of staff when requesting medication. She requested assistance with her wound and was not listened to until she realised she probably had an infection. Relayed this info and was finally treated.
- [Patient] raised concerns about not been able to reach the maternity department for advice and when she finally got through the staff who attended to her did not act in a professional manner which she felt was very poor and unacceptable
- Complainant attended MFAU regarding concerns surrounding her pregnancy. Claims she was made to wait for over an hour, before being told nothing could be done as she was only 18 weeks pregnant. She was later told by a receptionist to go to the delivery suite, where she says she was seen quite promptly. She would like the nurse she met initially to be spoken with about her attitude
- Received a complaint from a patient husband who informed that the patient care and treatment at the RLH Maternity ward was very poor and also the attitude of the midwife assigned to the patient did not behave in a very professional manner. She made the patient to suffer unnecessary which added to her pain and discomfort
- "Disgusting attitude from nurses". I do not recommend any lady to give birth here. They do not make u feel comfortable instead they intimidate you. They take advantage of you as you are very vulnerable. It is particular nurses in that ward who are rude the rest of them are actually nice.



DISCHARGE AND FOLLOW-ON

What patients and carers are saying:

- ❖ Some patients' discharge has been needlessly delayed because of delays in completing discharge papers
- ❖ Some patients have been discharged at inappropriate times (such as at night) when transportation was difficult to arrange
- ❖ Information on follow-on services is insufficient and not consistently given



What service users are saying: Discharge and follow-on

- [After being transferred multiple times, the complainant's daughter, who had given birth, was ready to be discharged] they told her she can go home by the midwife this was 1pm my other daughter went to pick them up 19.32pm she was told she cant go as the midwife didn't finish her discharge papers
- I was discharged and left without any advice or follow-up checking of me or my son.
- Patient's husband complains that the midwife delayed discharging mum and baby from ward 8f as she had to go home.
- I was sent home very late on a cold, rainy night, with my first baby. My baby wasn't breastfeeding properly but no help was given, despite my requests for help. No follow up from the community midwives until I rang them on Monday.
- Complainant claims to have been sent home after a c section, while still having an infection. Patient says despite returning to hospital and having a drain inserted, she remains unwell with nightly high temperatures



OTHER SERVICES AT THE RLH

COMMUNITY MIDWIVES

Note: section based on 2 comments only

What patients and carers are saying:

- The service is difficult to get a hold of by telephone; midwives do not get back promptly to patients about appointments.
- One patient reports significant delays in receiving a visit from community midwives.
- One patient reports midwives failing to carry out relevant checks (blood pressure and uterus checks).
- One patient reports midwives failing to observe basic hygiene procedures.

Our suggestions

- ✓ Ensure telephone calls are taken efficiently and returned promptly
- ✓ Offer refresher training to community midwives on hygiene, performing relevant checks on new mothers and sensitive communication.

Local people's voice

- “Midwife came with another student? maternity support worker? Neither of them washed their hands as they came into our house, the blood spot test was performed very badly leaving my baby crying and her blood being all over the card. The midwives didn't check my blood pressure, pulse or even if my uterus was involuting”
- I arranged for a home visit for Monday [...] 2pm Monday still no sign, I phoned and was informed I would receive a visit. 4pm midwife phones unable to visit”



What service users are saying: Community midwifery

- I delivered my baby at UCLH via caesarean section on Wednesday. I was discharged home on Thursday to the care of the Royal London midwives. I'm now 6 days delivered and I have not been seen by a community midwife yet. On Sunday I contacted the Royal to be told they had referred me back to UCLH as they don't provide care in my area, they asked me which is my local hospital and who I pay my council tax to. I told them it's the Royal London and my council is Tower Hamlets, therefore I come under their boundary of care. I arranged for a home visit for Monday so my sutures can be removed, baby weighed and have new-born blood spot. 2pm Monday still no sign, I phoned them and was informed I would receive a visit. 4pm midwife phones unable to visit today as attended and emergency home birth and their shift had now ended, no sorry or how are you recovering, how is your baby, any problems. Emergency home birth is not my problem, make alternative arrangements, midwifery care is 24/7, 365 days a year.
I told the midwife of the initial problems I'd had trying to arrange a community midwife visit and that I had not been seen since being discharged from hospital. I told them of my concerns about my sutures needing to be removed and baby weighed and new-born blood spot. All they said was the blood spot can be performed up to day 8. [...] It makes me question breastfeeding rates, hospital readmissions, maternal or neonatal postnatal problems, if community midwives are not visiting within the first 24-48hrs post discharge from hospital. If this is a reflection of the postnatal service they provide, or fail to provide, I'm glad I didn't deliver in this hospital. I did ask for the head of midwifery's contact details in order to complain but was given the community midwife team leaders name and phone number instead, conveniently their phone was switched off.
- I gave birth to my daughter in another hospital but as we live in RL catchment area we knew we would be seen by community midwives from Royal London. Such a disappointment [...] We were expecting visit day after being discharged from the hospital so on Saturday but no one turned up. On Sunday, I left voicemail on community midwives office number with our details - dob, mode of delivery and address. To be on the safe side I phoned in on Monday to make sure message was received by someone. I was put through to the team who covered our post code. I have given all necessary details to the midwife and they said they would phone me back later on. I waited couple of hours and eventually phoned them once again repeating everything as before. I was advised that midwife will see me tomorrow and to contact the hospital where I gave birth asking to fax over my discharge summary. Next day midwife came with another student? maternity support worker? Neither of them washed their hands as they came into our house, the blood spot test was performed very badly leaving my baby crying and her blood being all over the card. The midwives didn't check my blood pressure, pulse or even if my uterus was involuting. Just asked me few questions, then arrange next time to be seen in about 10days and they both left after probably 15minutes of mostly scribbling on the paper. When I was seen next time no blood pressure check or my uterus. The services you provide unfortunately worsen a lot within 5 years. When I had my son, the midwives paid attention to mother's wellbeing as well. I had my observations done each time, I was contacted by one of the breastfeeding supporters and offered some help if I needed any. This time it feels like you need to keep on track and making sure that you receive appropriate checks. I hope you improve your services in near future.

ACCIDENTS AND EMERGENCY

Note: section based on 4 comments only

What patients and carers are saying:

- Two service users suggested making some reading material available to people waiting for a long time in the A&E
- Two patients report not being offered painkillers they believed they needed
- One patient reports long waiting times in A&E, without being given any estimates of how long the wait should be.
- One patient felt her concerns were dismissed by the doctor in A&E.
- One patient felt the receptionist in A&E was rude and short with her.

Our suggestions

- ✓ Offer communication training to all members of staff, including receptionists, nurses and doctors.
- ✓ Ensure patients receive easy to understand explanations about their diagnosis and recommended course of treatment.
- ✓ Offer some reading material (such as newspapers, magazines) to patients waiting to be seen. Apart from general entertainment, this could include useful information about pregnancy, child health and NHS services.
- ✓ Improve transparency of A&E triage; offer patients broad estimates of their waiting time.
- ✓

Local people's voice

- "I am pregnant of 30 weeks but came after having contractions which my GP advised to know me and baby are fine. Also found doctors and nurses at A&E are very helpful but feeling irritate as there is no entertainment such as TV or magazine at the waiting area"
- "My Wife went to A&E they done initial assessment and put her in the wrong place while her name was called out somewhere else. She had severe chest pain and not given any pain killers. All this while she is pregnant."
- "I have been to EGU a few times in the last couple of weeks due to pain in my early pregnancy, I ended up in A&E this morning with bleeding and they referred me to EGU who refused to scan me again so closely to the previous scan. I don't agree but there's nothing I can do."

What service users are saying: **Accidents and Emergencies**

- My Wife went to A&E they done initial assessment and put her in the wrong place while her name was called out somewhere else. She had severe chest pain and not given any pain killers. All this while she is pregnant. Absolutely atrocious, never been this bad, staff kept saying they will see you and never happen until 1 am. I am ashamed to call this a hospital
- I am 3 weeks pregnant and GP referred me to A & E this morning as I have been having contraction since yesterday in order to check whether me and baby are fine. Everyone at A & E are fine but felt bored due to waiting and no entertainment like TV or magazines are available. Anyone can be bored easily without the entertainments. Suggested Improvements: entertainments such as TV and reading journals needed in A & E waiting area
- I am pregnant of 30 weeks but came after having contractions which my GP advised to know me and baby are fine. Also found doctors and nurses at A&E are very helpful but feeling irritate as there is no entertainment such as TV or magazine at the waiting area. Suggested Improvements: entertainment is needed at A&E
- I have been to EGU a few times in the last couple of weeks due to pain in my early pregnancy, I ended up in A & E this morning with bleeding and they referred me to EGU who refused to scan me again so closely to the previous scan. I don't agree with this but there's nothing I can do. I called to get some advice about the pain as it was worsening. I called and explained to the receptionist who was extremely rude, they interrupted to ask for my name, I gave my first name and they sarcastically said they would need more than that, gave my 2nd name and they said, "hold please" in such a bad attitude and put me on hold without any explanation and passed me to the doctor. The doctor kept saying to take paracetamol, not helpful at all. This is my first pregnancy and there was no compassion at all, I don't understand why they would bother having their jobs if they don't wish to deal with vulnerable people. I recently gave 2 good reviews when I went to the department, if I could get them back, I would. Absolutely disgusted.

What patients and carers are saying:

- Some patients have felt that procedures and treatment options were not explained to them clearly enough; which, in turn, made them less empowered to make their own choices about treatment. (For example: a woman was not informed that an emergency consultation with a male gynaecologist would involve a physical exam; had she known, she would have preferred waiting for a female doctor to become available).
- Two different patients report suffering miscarriages/ stillbirth; it is unclear whether these were related to medical neglect, but in any case, both experienced unnecessary delays and lack of empathy from medical professionals.

Our suggestions

- ✓ Ensure patients understand what to expect of medical procedures and investigations; and that they have sufficient information and choice to meaningfully give consent
- ✓ Improve planning and admin to avoid unnecessary delays to care

Local people’s voice

“I had been referred for an emergency scan by my GP to the gynaecology department as I was bleeding for 6 weeks and possibly 10 weeks pregnant. I was initially seen by a female who I thought was a doctor. I was internally examined and we confirmed I was pregnant [...] After some waiting I was told that a male doctor was here to see me, I was resistant and a bit alarmed [...] The doctor explained that he was the only Gynaecologist available today and it's important I know why the bleeding was happening. [...] I agreed that he could examine me because I thought it would be like the way the lady did it... Which would not make me too uncomfortable. Unfortunately, it was more of a direct examination which I felt so uncomfortable [...] The doctor on the other was very professional and I did benefit from his feedback”

What service users are saying: Obstetrics and gynaecology

- Patient wants to make formal complaint regarding her care in A&E, when the patient was suffering abdominal pain and was 9 weeks pregnant, they were unable to scan the patient and told baby ok, when later told baby died.
- I had been referred for an emergency scan by my GP to the gynaecology department as I was bleeding for 6 weeks and possibly 10 weeks pregnant. I was initially seen by a female who I thought was a doctor. I was internally examined and we confirmed I was pregnant however why and where from the bleeding was taking was not. I thought we had finished and was waiting for my paper work. After some waiting I was told that a male doctor was here to see me, I was resistant and a bit alarmed as I thought it was for a research the lady mentioned. Anyway, the doctor explained that he was the only Gynaecologist available today and it's important I know why the bleeding was happening. I had relaxed by then apologised as I thought it was for the research. I agreed that he could examine me because I thought it would be like the way the lady did it... Which would not make me too uncomfortable. Unfortunately, it was more of a direct examination which I felt so uncomfortable about after. I really felt they could have been more culturally sensitive and I really wish I knew what kind of an examination it was because I would not have agreed to it. I really feel that a female doctor should be available for such examinations and in future I will take the initiative to ask what an examination entails and request specifically for a female. Although these things I was assuming due to the high number of culturally sensitive patients the hospital would have already dealt with. The doctor on the other was very professional and I did benefit from his feedback. It's just that couldn't help the way I felt afterwards. Thanks for everything.
- Patient was asked to come to the hospital to have a procedure done to remove her baby from the womb. Patient experience unnecessary delay/ lack of care/ empathy/ room availability

What patients and carers are saying:

- ❖ Some patients were happy with their sonographers while some were not; opinions are mixed.
- ❖ A small number of patients have been made to feel uncomfortable or judged when receiving routine scans or investigations, because of factors outside of their control/ how their bodies are behaving (ex: the sonographer who blamed an expectant mother for the fact that her tense abdominal muscles were blocking the view). This can be perceived by patients as highly disrespectful and disempowering.
- ❖ Sonographers receiving positive feedback are described as giving information and explanations in a friendly manner; those who receive negative feedback reportedly are impatient, short with patients and do not give sufficient explanations.

Our suggestions

- ✓ Offer training in sensitive communication to sonographers; emphasise the importance of offering clear and detailed information.
- ✓ Identify examples of good practice within the hospital and share them among colleagues.

Local people's voice

- "I am here at RLH for a scan, as I am pregnant and my doctor has referred me here for more internal investigation. The scan was not comfortable and the staff did not do much to help me relax."
- "I was very impressed with the service I received when I went for my 12-week scan at the Royal London Hospital. All of my appointments were on time and every member of staff I met was friendly and knowledgeable."
- "I had my first scan in RLH in February. It went really well and I had a very nice sonographer who explained all the details and assured me that everything's fine. [..] [My second scan] turned out to be quite unpleasant or rather traumatic experience. The sonographer was rather impatient and kept complaining that due to my rigid abdominal muscles, the view wasn't clear. The sonographer kept probing hard to get a good view and made me very uncomfortable with their sarcastic words".

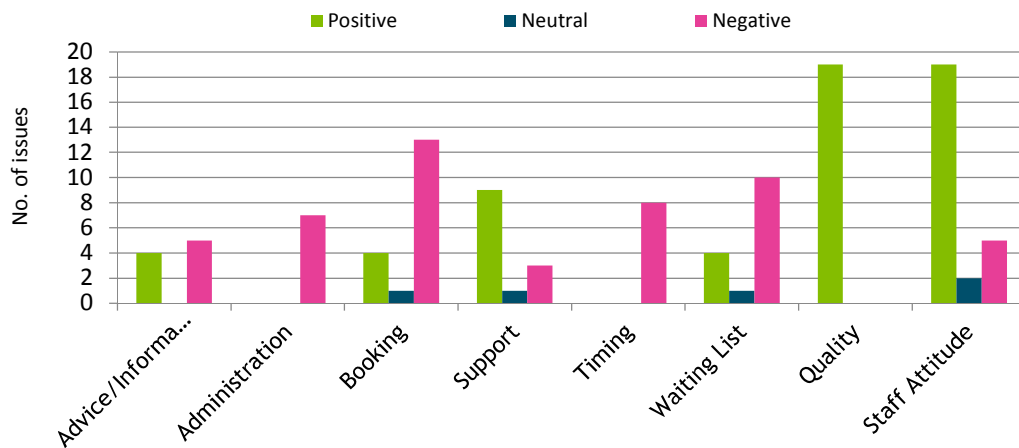
What service users are saying: Radiography and ultrasound

- I am here at RLH for a scan, as I am pregnant and my doctor has referred me here for more internal investigation. The scan was not comfortable and the staff did not do much to help me relax. Suggested Improvements: Staff should show more empathy and listen more to their patients' needs
- I am 21 weeks pregnant and had my first scan in RLH in February. It went really well and I had a very nice sonographer who explained all the details and assured me that everything's fine. For my 20th week scan, my husband and myself were quite excited as this would mostly be our last scan offered by NHS. However, this turned out to be quite unpleasant or rather traumatic experience. The sonographer was rather impatient and kept complaining that due to my rigid abdominal muscles, the view wasn't clear. The sonographer kept probing hard to get a good view and made me very uncomfortable with their sarcastic words. Also, I just saw the screen twice and wasn't shown after that. The sonographer kept complaining that I was tensed and causing the view to be obstructed. In all neither did I see my baby clearly on the screen nor did I enjoy the overall experience. The sonographer managed to get all the required measurements and parameters, however I plan to visit a private clinic once again for the scan. This staff needs to be more considerate and patient. Hospital can contact me for further details.
- I was very impressed with the service I received when I went for my 12-week scan at the Royal London Hospital. All of my appointments were on time and every member of staff I met was friendly and knowledgeable. I actually fainted when I had my blood taken and the team were amazing, ensuring that I was alright. I can't thank them enough for their help and support.

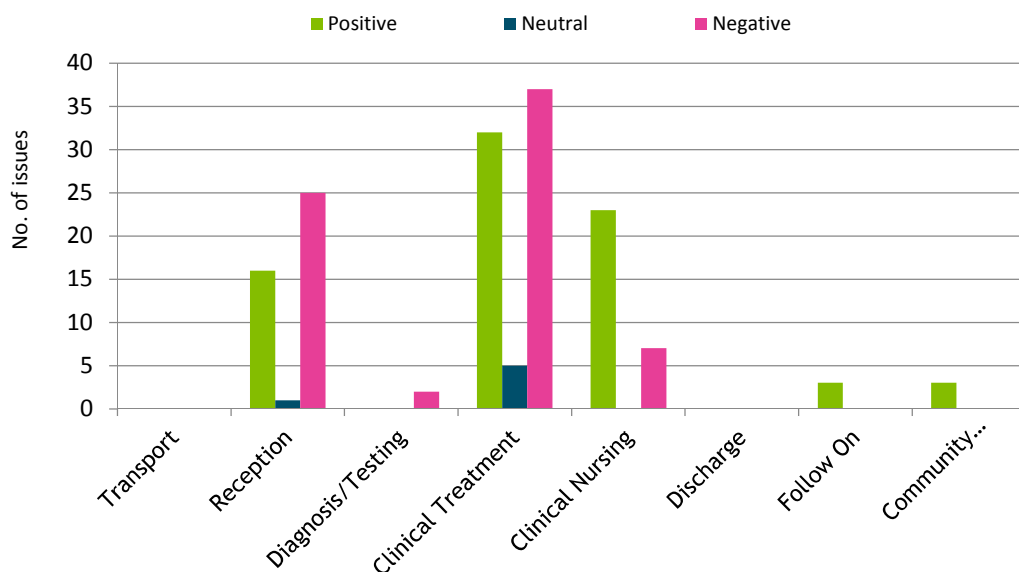
GP SURGERIES

The issues receiving the most comments overall are **quality** and **staff attitude**; sentiment towards both is overwhelmingly positive.

On the other hand, sentiment about **booking** and **administration** in Tower Hamlets GP surgeries is negative; sentiment about **advice and information** is mixed.



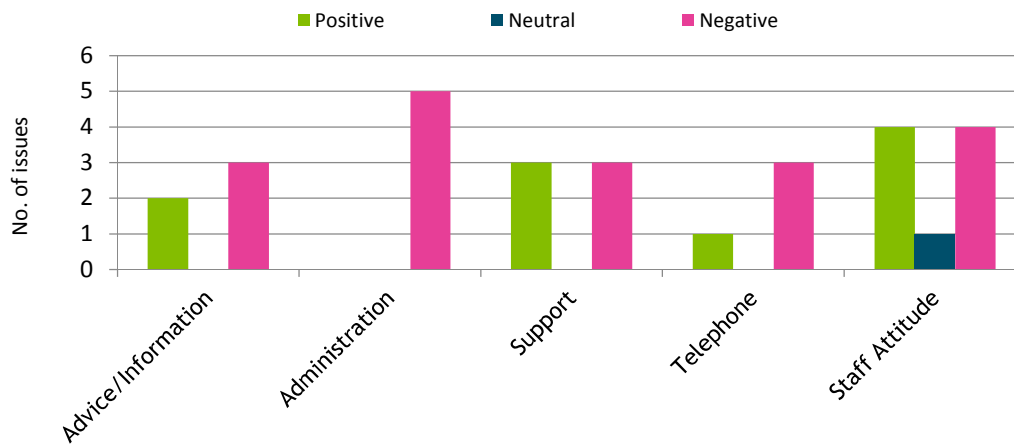
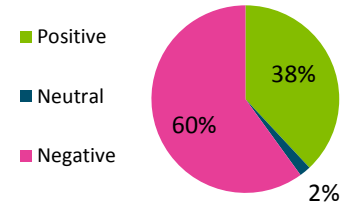
In terms of the care pathway, sentiment about **clinical nursing** is largely positive, while sentiment about **reception** is leaning negative and sentiment about **clinical treatment** is mixed. However, please note that most comments on clinical nursing referred to the Barkantine Birthing Unit, which is discussed on a separate section.



CARE PATHWAY OVERVIEW

Reception

Sentiment about reception in GP surgeries among maternity service users is **60% negative**. Service users are particularly dissatisfied with **administration** and **telephone**, while opinions on **staff attitude, support and advice/information** are mixed.



What patients and carers are saying:

- ❖ Reception staff receiving positive reviews are forthcoming about information and communicate clearly with patients. Those receiving negative reviews only give out vague information and fail to answer service users' question.
- ❖ Difficulty in contacting GP practices by phone and in obtaining timely appointments are universal problems; and seen by service users as mostly unavoidable. However, where patients perceive the attitude of reception staff as being helpful and constructive, administrative issues are treated with a higher degree of understanding.
- ❖ There have been cases of patients being wrongly booked (ex: to see a midwife when they needed a doctor) or missing on their appointments because of admin mistakes.

What service users are saying: Telephone

- On hold forever and test results handled badly. Have to ring a multitude of times to speak to anyone, on hold frequently. Received a phone message from the GP at the end of practice hours so no answer when rang back immediately informing me I had been booked a hospital appointment following some test results and to call back reception the following day to receive information on the results, as the tests are pregnancy related waiting a night for information has churned up a lot of anxiety and stress from being completely left in the dark. I rang back first thing and after being on hold eventually spoke to someone who through no fault of their own couldn't make sense of the notes they then said they would call get someone to call me back, I could see we weren't getting anywhere and asked if they could at least tell me the figures on the results so I could go away and consult another doctor, but no joy. After 7 hours no call back my husband rang and they said someone would call to help in an hour, feeling massively fobbed off we politely persevered. Someone rang back two hours later said they can't tell me and to make an appointment. Trouble is now I have to walk into a treatment appointment at the hospital with no information and no test results. Disappointed with the level of care and lack of empathy, with no effort to mutually work towards a solution. (Albion health Centre)



What service users are saying: Support

- One of the best in the area. Request for call from doctor on call is usually good but sometimes it can be later than the time they said they will call you at, but that is due to the nature of work they do, never has a request ever been unfulfilled. (Blithehale health centre)



- Impossible to obtain an appointment even for infants. My one year old was very sick with scary skin blisters. I came early in the morning to try to obtain an appointment (as for this practice procedure) only to be told they don't have appointment! But it was a baby and extremely sick and I followed their procedure to get an early appointment. This is totally unacceptable - to deny an appointment to an extremely sick baby. (City Well-being practice)



- Most rude, unhelpful, receptionist firstly wasn't able to find data on the system then, after we requested a priority appointment with the doctor (baby in total pain) they kept saying that it was up to the doctor to decide whether to visit the little one or not. This receptionist seemed to be pleased to use their pointless authority. (St Andrews Health Centre)

What service users are saying: Administration

- This place is so disorganised it's shocking! We came for a 6 month check up with our baby, waited for almost an hour and it turns out they just forgot about us and a bunch of other patients. The nurses were leaving to go home and we pleaded with them to see us. Luckily, they agreed. Fast forward 6 months and again waiting for almost an hour with a 1 year old baby to have her jabs. All because of some mix up. We ended up going home without it and having to rebook. (St Andrews Health centre)
- Visited the practice after making an appointment weeks ago to see a doctor regarding my heart and lung check, it is my first pregnancy and really rely on the professionals to get things right. So when calling and telling the receptionist I need an appointment for heart and lung checks and I'm pregnant and they say you need to see a midwife I take their word for it, only then to go to my appointment and be seen by the midwife who abruptly says no I can't see you go to reception. I now figure out the receptionist didn't know what they were doing and booked me in to see the wrong person. The receptionist is now saying I have to wait another 4 weeks before I see a GP. And then has to cheek to get defensive when I question why so long (Jubilee Street Practice)



What service users are saying: Advice/ information

- Reception staff very helpful. Informed me of paediatric drop in session, very informed. Generally, am very pleased so far, hope care will be as good for new child as has been for me. (Aberfeldy practice)
- I received a letter detailing my missed appointment [...] from GP practice management which seemed quite aggressive and unreasonable, I called direct to speak to practice management that I was in hospital regarding my baby [...] Rudely they answered the phone then continued with the same attitude though out call that I should of called from hospital [...] I am a 33 year old women and really felt the practice management have no customer service training and was only willing to recite policy procedure . At that point, I chose to make a formal complaint regarding their attitude towards me and they hung up on me. I think it's disgusting how I was treated and would never intentionally miss an appointment, but being a first-time mum, you just have one focus your baby at that stressful time in the hospital that was my main concern. (Harley Grove practice)



What service users are saying: **Staff attitude**

● The reception staff are very helpful and friendly yet professional and approachable. There is usually a Bengali speaking member of staff on duty. When mistakes occur, and on a few occasions, they have occurred, both admin staff/management and doctors work together to resolve it. We all make mistakes, it's what we do to resolve it that matters. (Blithehale health centre)



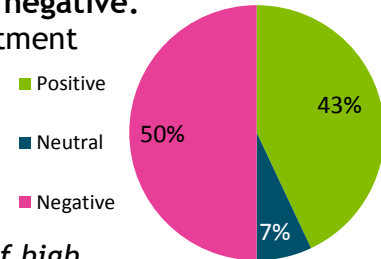
● Good service, caring staff. I have always had a good experience at this surgery, with all of the doctors, the nurse and the reception staff. (Pollard Row Practice)

● As I had to wait some time to see the nurse at the clinic my toddler was getting frustrated and started to cry. One of your rude receptionist told me that they could not hear the patients and told me to go wait outside! Is that how you meant to treat patients? I do not think telling a patient to wait outside with 2 young children is acceptable especially when it was cold, raining and getting dark and I would not be able to hear my name being called for my appointment. I felt very embarrassed as they did this to me in front of all the other patients. Please train your receptionists to be able to treat patients with some respect! (All Saints practice)

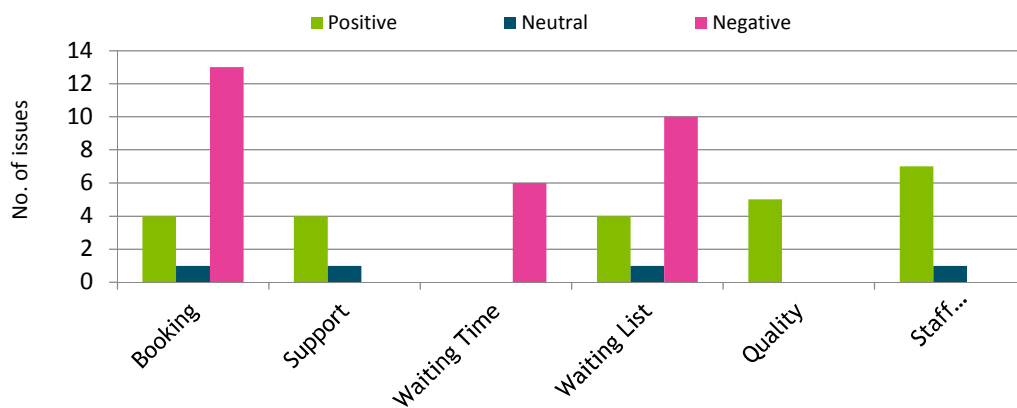


Clinical treatment

Sentiment about clinical treatment in GP surgeries is **50% negative**. While service users are happy with the quality of the treatment they receive, with the support they receive and with staff attitudes, they are unhappy with booking, waiting lists and waiting times.



The general perception is that *GP services are difficult to access, but once one is able to access them, they are of high quality.*



What patients and carers are saying:

- ❖ Patients generally trust their GP's and appreciate having continuity of care.
- ❖ GP's are generally seen as caring and knowledgeable.
- ❖ Many patients believe that the current waiting lists to get an appointment and waiting times at the surgery are unsuitable for new-born babies and expectant or new mothers.
- ❖ Some surgeries have implemented a triage system for emergency appointment, in which patients are called back to either receive an appointment or self-care/ referral advice over the phone. A number of patients find this unsatisfactory, as some have received self-care advice instead of an appointment they believe they should have had.

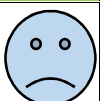
What service users are saying: **Booking**

- Here for drop in session for baby clinic. Typically for regular appointment call in to reception and GP calls back and will advise on appointment. Sometimes GP will not advise appointment but pharmacist etc. This can be very frustrating, especially with child ear infections etc. Sometimes, due to unhappiness with triage service end up seeing private GP. Do not like to do this, not only for money costs but private GP's have less experience, only use them when NHS GP will not/cannot see me. (Aberfeldy practice)
- New born baby need to be seen within 48 hours.
- Appointments system need to improve and new born baby should get their appointment within 48 hours of their call.
- The appointments system is not accessible enough. You call in the morning at 8am sometimes I'll get an appointment for a few days ahead and sometimes not. I have to ring back the next day. [...] Some disabled /people are not always able to be up as early to make that morning appointment due to a number of reasons such as the medication they take. New mothers dealing with their baby night shifts. I'm sure others could add other valid reasons. This appointment system in place if essential to be run this way I do believe it then is a good idea to split it into morning and afternoon such as dish out some appointments in the morning and some in the afternoon. Least this way it is fair and accessible to everyone's needs. (Stroudley Walk health centre)



What service users are saying: **Waiting time**

- Also when you're at practice they are over running, today appointment is so far 40 mins late. (Limehouse practice)



What service users are saying: **Quality**

- It's important to feel very comfortable with GP. Here I saw same GP through out pregnancy who was very good and wanted to have follow up appointments and check ups. This very important as you feel confident in their care and knowledge of your situation. Should always be able to request specific GP (Aberfeldy Practice)
- Great health visitors, baby clinic, practice nurses and all of the gps I have seen have shown excellent knowledge and treated me with kindness and compassion, always going out of their way to help. (The Mission Practice)



What service users are saying: **Staff attitude**

- Dr Alex was very friendly and caring and knows my baby's history well.
- [Patient visited GP with newborn experiencing breathing problems] The doctor's willingness to seek second opinion from their colleague, who as available within minutes - was reassuring - nothing is worse than a person who thinks they know best and know all that there is to know. It also indicates a good working structure within the surgery. They dealt with the incident so swiftly and ever so promptly. We did not realise the severity of the problem until we got to the hospital via ambulance called by the doctor. In hindsight, the doctors identified the severity of the problem but dealt with it in a manner so as not to alarm us - panic/fear and confusion that can hinder the process of obtaining medical history on patient from parents.



What service users are saying: **Waiting list**

- Very frustrated to get an appointment for my new born baby within my GP as waited 2 weeks long.
- Usually the experience is quite easy, call in and reception make an appointment. It can be a very long wait time for the appointment though.



What service users are saying: **Support**

- Found Dr. Alex nice and helpful.
- Majority of doctors are very good, they take the time to listen, give clear explanations and advice on medicine and course of treatment. (Blithehale Health Centre)
- I do not have a bad word to say about the surgery or its staff they are very helpful. (Stroudley Walk Health Centre)



CASE STUDY: The Blithehale Health Centre

The Blithehale Health centre is a GP surgery based in the Bethnal Green/ Weavers Field area. In addition to the GPs, they offer a wide range of other services including: Psychologist, Health Visitors, Baby Clinic, Antenatal Clinic, Family Planning, Blood Clinics, New Patient Health Checks, Nurse Clinics and home visits for those who are housebound.

Among **maternity users**, sentiment about the Blithehale Health Centre is 73% positive, 18% negative. **Overall**, sentiment about the Blithehale Health Centre is **83% positive**. It is remarkable that even comments about booking, which generally strongly lean negative, are mostly positive in the case of the Blithehale Health centre.

The Blithehale Health Centre may not necessarily be less busy or better resourced than other GP surgeries in the borough: difficulties in getting appointments are mentioned, not unlike in other GP surgeries. However, what makes the difference seems to be *an organisational culture* of providing friendly customer service and useful information to patients. For example, while experiencing issues with their phone lines (June 2017), the surgery posted the following on their website:

Important!

We are aware that there are a number of issues with our new phone system and that some patients are reporting having difficulties contacting the practice. We are currently working to get a new provider and hope to have these problems resolved as soon as possible. In the meantime we would like to apologise and to thank you for your patience.

Did you know that if you bring picture ID into the practice we are able to provide you with login details which will enable you to make GP appointments, order prescriptions, and access some of your medical record online? If you are interested in this please speak to a member of our reception team.



Our suggestions

- ✓ Conduct further research to identify the reasons for the higher levels of satisfaction with the Blithehale Health Centre
- ✓ Identify examples of good practice within the surgery and share them with other relevant health providers
- ✓ Consider directly involving staff at the Blithehale Practice in sharing experience and good practices with other health providers, if possible.

Local people's voice

- “It is huge and they clearly have a lot of people on their books but they always seem to do whatever they can to accommodate your needs. There is inevitably a queue on the phone to get appointments but when you do get through, you are always treated fairly and every effort is made to meet your needs.”
- “Majority of doctors are very good, they take the time to listen, give clear explanations and advice on medicine and course of treatment.”
- “They are well-resourced and efficient, the nurses are lovely and they have good initiatives to help patients self-serve.”



What service users are saying: Booking and reception

- One of the best in the area. Booking same day appointment or 48hrs appointment can be impossible as you have to phone at 8:30 am, and it can be impossible to get thru. But that is common with any surgery and it is beyond their control. However, online facility is reliable and secure for booking appointment in advance and requesting prescriptions. And you are sent appointment reminder to your mobile, not a new service, they have been doing it for many years. [...]Request for call from doctor on call is usually good but sometimes it can be later than the time they said they will call you at, but that is due to the nature of work they do, never has a request ever been unfulfilled. I have recently had to take my youngest to see the doctor, no appointment was pre-booked and this was coming up to 6pm. The receptionist arranged for a doctor to call back and the doctor agreed to see us with minutes to spare. The reception staff are very helpful and friendly yet professional and approachable. There is usually a Bengali speaking member of staff on duty. When mistakes occur, and on a few occasions, they have occurred, both admin staff/management and doctors work together to resolve it. We all make mistakes, it's what we do to resolve it that matters.
- I cannot say enough good things about this surgery. It is huge and they clearly have a lot of people on their books but they always seem to do whatever they can to accommodate your needs. There is inevitably a queue on the phone to get appointments but when you do get through, you are always treated fairly and every effort is made to meet your needs.
- Professional and friendly approach. Easy to book an appointment, helpful staff at reception, good service
- I have found the admin side easy to negotiate, as the clinic website is excellent and I follow the receptionists' advice to call early if I need a routine GP appointment within 2 days. Also, it's worth picking up leaflets next to Reception such as 'important phone numbers' for local services (e.g. St Barts hospital departments, walk-in centres etc) as these numbers can be like gold-dust and are not always on the internet as you'd expect.
- Over a month ago, I went to the Health Centre. That's when I got to meet one of the reception staff. They were keen to answer all my questions, yet their service went beyond my expectations. They were extremely professional yet so caring and passionate for their work

What service users are saying: Doctors and nurses

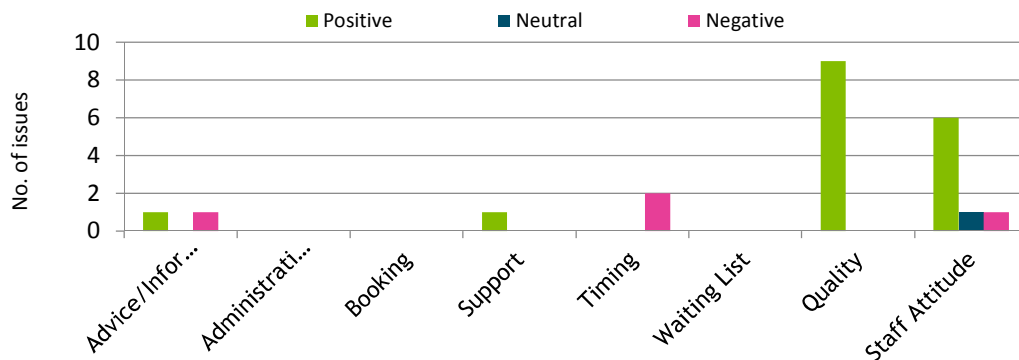
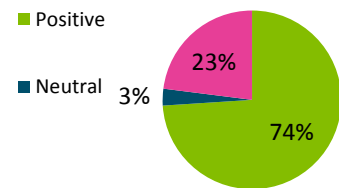
- Majority of doctors are very good, they take the time to listen, give clear explanations and advice on medicine and course of treatment. A couple of new/trainees have pointed out 10 minutes per patient rule or 2-3 problems per appointment - haven't seen them since. To be pressured with time, it can be distressful for some patients, especially the infirm. [...] Years ago, I took my child in with breathing problem - it didn't seem urgent for A&E. The doctor we saw was maybe new - we had not seen them before, and we do use the surgery a lot. The doctor's willingness to seek second opinion from their colleague, who as available within minutes - was reassuring - nothing is worse than a person who thinks they know best and know all that there is to know. It also indicates a good working structure within the surgery. They dealt with the incident so swiftly and ever so promptly. We did not realise the severity of the problem until we got to the hospital via ambulance called by the doctor. In hindsight, the doctors identified the severity of the problem but dealt with it in a manner so as not to alarm us - panic/fear and confusion that can hinder the process of obtaining medical history on patient from parents.
- I have lived in London for 11 years in various parts of the capital and Blithehale Clinic in Bethnal Green is the best health centre I have been a patient at. They are well-resourced and efficient, the nurses are lovely and they have good initiatives in place to help patients self-serve. I have seen two GPs [...] they were both supportive and proactive in helping me get the treatment I needed. Most recently I have had multiple sessions with a GP who is providing support with an ongoing chronic condition, and I have felt reassured and listened-to throughout the whole process. Wish I could name the GP who is doing a wonderful job, but instead I'll leave a positive review of the clinic and write a letter to the practice.



THE BARKANTINE BIRTHING UNIT

Overall, sentiment about maternity services offered by the Barkantine Practice (including the Barkantine Birthing Unit) is **74% positive**. A total of 11 service users have given feedback about it.

Quality and **staff attitude** are the most discussed topics; receiving overwhelmingly positive feedback; while negative feedback has been received about **timing**.



What patients and carers are saying:

- The birthing unit itself receives better reviews than the usual maternity-related GP services.
- The birthing unit is seen by patients as a suitable place for having a less medicalised birthing experience, with a higher degree of user involvement, as well as more privacy and dignity.
- Midwives at the Barkantine Birthing Unit are seen as friendly, empathetic and professional by service users

Our suggestion:

- ✓ Identify examples of good practice (particularly around communication) and share them with nurses and midwives at the RLH, particularly those working in the Lotus Birthing Centre

Local people's voice

“Thank you to the wonderful midwives who supported me through the (surprise) Breech birth of my daughter. Although the circumstance weren't ideal they supported me to birth my daughter standing up with minimal intervention. I didn't have a clue how serious the situation was until afterwards, due to the calm & professional approach of the midwives. Aftercare was great, as was the follow up when I had questions about the birth a few months down the line.”

What service users are saying: **The Barkantine Birthing Unit**

- A mother in Canary Wharf got the great big beautiful benefit of being under wonderful midwife Becky White's care on Monday. [...] We knew at once we were in wonderful hands, because at somewhere like the Barkantine, midwives get the chance to follow births with their eyes and ears - they develop a keen instinct for what normal sounds like, looks like and feels like. In such a situation a doula is pretty redundant as this is the gold labouring mothers need so much - that palpable trust is a precious, labour-promoting resource and they draw on it heavily. This particular situation was a homebirth, and when K asked to be left in her bedroom alone, Becky quietly sat in the sitting room, respecting the mother's choice not to be observed. K also didn't want any vaginal exams or foetal heart checks (this was an on the spot decision as she said she could feel her baby was well for herself) and again Becky smiled and accepted K's choice, sending a signal of trust which in turn helped the mum to feel good in herself. Though the labour unfolded in a rather singular way (contractions were six mins apart all night culminating at 4.30am in what sounded like one long 5 minute contraction and a baby soon after), Becky had the experience and confidence to feel her way and read the labour just by listening and watching unobtrusively. The room was pitch black, and when she needed light, she used her phone. It was especially clever as the mother wanted very close up contact with me, her doula, which putting Becky at a slight remove, made it that bit harder for her to get a sense of how things were unfolding. When the baby started to come, she knelt close by, encouraging K gently - connecting naturally and effortlessly thanks to all those hours she'd spent respecting K's choices and 'Being with'. I don't think people consider stand alone birth centres enough. [...] It helps the mother to dig deep, the environment is truly home from home, and staff are exquisitely attuned to what women need. Find out if there is one in your area.
- I had both my babies here amazing experience lovely from the beginning to the end
- One of the best days of my life was spent here. The facilities, care and attention was exactly what I needed to make my birthing experience wonderful. An hour after my daughter was born, I said I couldn't wait to do it again. My husband stayed overnight and we were given the space and privacy to enjoy our time as a new family, yet felt we could call for help when needed. Would highly recommend and will be back for the next one. The midwives were brilliant and gave me the confidence to trust my body.
- Thank you to the wonderful midwives who supported me through the (surprise) Breech birth of my daughter. Although the circumstance weren't ideal they supported me to birth my daughter standing up with minimal intervention. I didn't have a clue how serious the situation was until afterwards, due to the calm & professional approach of the midwives. Aftercare was great, as was the follow up when I had questions about the birth a few months down the line
- The barkentine and the staff provided 1st class care throughout your stay. They provide a relaxed environment, perfect for active birthing.

What service users are saying: **Prenatal/ postnatal GP services at the Barkantine Practice**

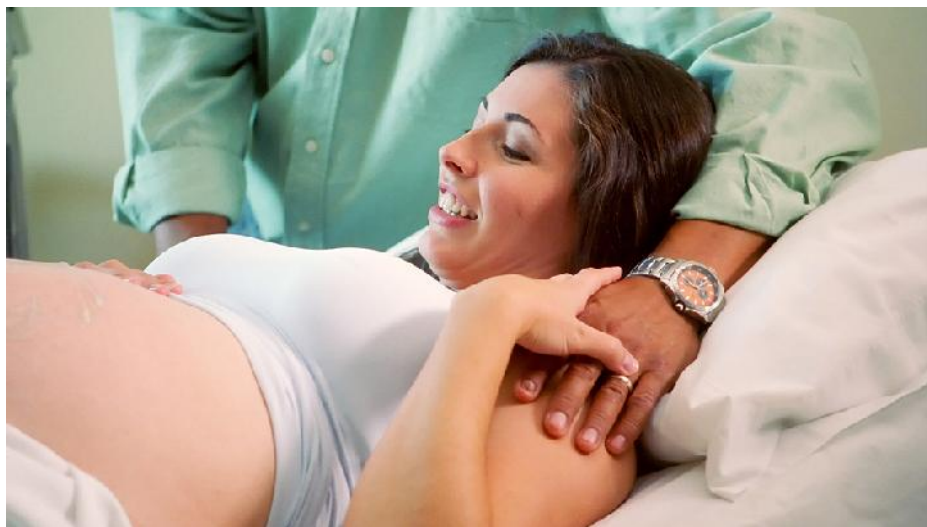
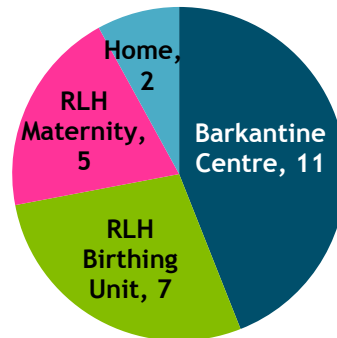
- They are late usually. It's even problem in the morning after they opened, but it gets worse later on. Usually I have to wait 20-30 mins even I have an appointment. I have this problem both with GPs and midwives. I am pregnant and it's really frustrating to wait between ill people even if i arrive promptly to my appointment. I usually have my son with me, so we both risk to get some illness there. I think that's a problem in this clinic that need to be solved somehow (they have the baby clinic with the same waiting area too). The midwives are really professional and kind. I had mixed feelings with doctors, so I try to visit the one I like. Smaller but still a problem, that there is usually too hot inside the waiting area, so earlier in my pregnancy I had to stayed out while I waited or get fainted really soon.
- Hopeless. No doctors available at walk-in centre. Nurse was arrogant. Gave our baby medication without telling us they were doing it. Took prescription to chemist and they said the prescription was wrong and not suitable for a baby.



Where would you prefer giving birth?

This question was asked by Healthwatch Tower Hamlets to participants to a Healthwatch Community Event hosted by the Barkantine Practice in April 2017.

The possible options were: at home, in the Barkentine midwife-led unit, in the Royal London Hospital maternity, or in the newly opened birth centre at the Royal London Hospital.



Home

Advantages	Disadvantages
More comfortable (1 mention)	Complications may arise (1 mention)

- ☛ *“Comfortable in own house, unless complications”*

Barkantine MLU

Advantages	Disadvantages
Facilities & services: <ul style="list-style-type: none">- Water birth (1 mention)- Hypno-birthing (1 mention)- Breastfeeding support (2 mentions)- Prenatal care (1 mention)- Postnatal care (2 mentions)- More comfortable (1 mention)- Feels homely/ not like a hospital (3 mentions)	<ul style="list-style-type: none">- No doctors on site (2 mentions incl. 1 first time mom)- Midwives often late (1 comment)

- ☛ *“Midwives at RLH gave a different vibe than midwives at Barkantine. RLH- were clinical and you don't change ideas through tour & conversation.”*
- ☛ *“Happy to have; ideal birthing place; home away from home; calmer; different midwives, good environment”*
- ☛ *“Pregnancy care at Barkantine good, but midwives often late (even if first appt at GP surgery!) & tension between midwives & receptionists. Breastfeeding team good. Problem may be moving between centres & main GP. Centres not set up/ prepared when they arrive. [...] Midwives have to carry/ bring all of own kit. Why can't they have a cupboard in GP surgery for regular weekly sessions?”*
- ☛ *“No doctors on site. First baby, I want to feel safe”*

Royal London Hospital Birth Centre

Advantages	Disadvantages
Close to hospital (1 mention)	Bad reviews of hospital may inspire distrust (1 mention)
Doctors on call (1 mention- 1 st time mum)	
Frees up capacity from hospital for lower risk births (1 mention- implied)	
Feels homely/ not like a hospital (2 mentions)	

- *“Feel safer with doctor on call. Visual appeal- centre looks more like home.”*
- *“1st baby; close to hospital. So long as midwives are nice, supportive and kind”*

Royal London Hospital Maternity

Advantages	Disadvantages
Prenatal care (1 mention)	Too busy/ may not have capacity (1 mention)
More comfortable (1 mention- first time mom)	Inaccessible facilities (1 mention)
Giving birth with doctors, not midwives (2 mentions incl. 1 first time mom)	Feels overly clinical/ impersonal (1 mention)
	No personalised birthing experience/no choice and empowerment (2 mentions)

- *“Hospital is stressful; like a carousel; no personal touch. My baby was overdue. Clinical, cold midwives. Not supportive”*
- *“Traditional hospital- things could go wrong & I would like a doctor for more peace of mind. Makes me feel safe. Doctors know what they're doing.”*
- *“Royal London was too small; 4 rooms. Could be too busy, just had baby 4 weeks ago. Live across the road to RLH, but took cab to Barkantine”. [Respondent would consider using the RLH birthing unit instead in the future]*

What we have learned

Home birth is not a popular option. Some women may find it more convenient, but there is fear of complications and emergencies. Giving birth **at the Barkantine centre** appears to be the most popular option among women who took part in the activity. However, this is not in line with borough-wide data. According to the Health Scrutiny Panel's 'Review of Maternity Services at the Royal London Hospital' 2016 Tower Hamlets report, "the maternity services department at the RLH delivers over 5,000 births a year [...] approximatively 400 babies are born each year at the Barkantine Centre".

It could be the case that respondents are more likely to choose Barkantine because it's in their immediate local or GP area and they are more likely to be familiar with it. It is noteworthy, however, that not all respondents were currently pregnant women. It could also be the case that residents find the idea of a midwife-led unit appealing in principle, but would rather choose the hospital, which they perceive as safer, when they have to make a real decision.

This would be in line with the Health Scrutiny Panel's 2016 report's findings that "in 2014 there were 806 women who were booked to give birth at the Barkantine and of those, 402 had their babies there. The majority of women who had chosen the Barkantine but had their babies elsewhere were admitted to the RLH (46.9%)". Distance from hospital/appropriate medical assistance in case of emergencies or complications is the concern most quoted regarding the Barkantine MLU.

On the other hand, respondents like the Barkantine MLU because it feels homely/not like a hospital, offers empowerment and choice; and comprehensive/holistic services not available in the more structured environment of the RLH maternity.

Giving birth at Barkantine is perceived as being alternative, untraditional, personalised. In contrast, **the RLH Maternity** is preferred by some respondents specifically because of giving birth with doctors (perceived to be more competent), not midwives. Giving birth at the RLH is perceived as being clinical, traditional and impersonal; some patients may prefer this approach while others find it alienating.

The **RLH Birthing Unit** may be, in this respect, the best of both worlds.

It offers services similar to Barkantine, with the same personal and untraditional vibe, while in reassuringly close proximity of doctors, hospital and facilities for treating emergencies and complications.

Thus, it could potentially assuage the fears of those who would not consider giving birth at Barkantine because of the lack of immediate access to emergency C-sections and medical consultants, and ease some of the pressure the RLH maternity is currently facing.

What Happens Next

Under the Health and Social Care Act 2012 Healthwatch Tower Hamlets has a statutory duty to:

1. Promote and support the involvement of local people in the commissioning, the provision and scrutiny of local care services.
2. Enable local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
3. Obtain the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
4. Make reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.

In line with these duties a copy of this report will now be circulated to the following organisations.

- ❖ Maternity Voices (local mothers who work to influence services)
- ❖ Barts Maternity Programme Board
- ❖ Tower Hamlets Clinical Commissioning Group - Clinical Quality Review Meeting
- ❖ Tower Hamlets Health Scrutiny Sub Committee
- ❖ Tower Hamlets Health and Wellbeing Board
- ❖ Care Quality Commission
- ❖ Healthwatch England