

Adult Community Nursing Survey

(District Nursing, Domiciliary Phlebotomy and Tissue Viability)

Background

This is a summary of findings from the 'Your Services – Your Say' stakeholder engagement campaign that was undertaken to understand the views and experiences of patients, health and care professionals and other stakeholders accessing adult community nursing services. Services included within this report are District Nursing, Domiciliary Phlebotomy and Tissue Viability. The survey ran for an eight week period from July to September 2018.

The survey forms part of the community services review that is being undertaken by NHS East Lancashire CCG. The findings from this survey will be used, in conjunction with service intelligence, data and national guidance to inform the community services review

Aim

The aim of this survey was to understand the views of patients, health and care professionals, as well as other professionals who use or work within the district nursing, domiciliary phlebotomy and, or tissue viability services.

In particular, the survey sought to elicit what users and other stakeholders like about the services, what, if anything could be better, and any other comments or views. The demographic data of respondents was also sought to ensure the insights obtained from the survey were representative of the population. An understanding of the demographic nature of respondents is important as this may have a bearing on their responses and use of adult community nursing services.

Methodology

It was a retrospective survey to obtain views and experiences of service use and perception. People were able to feedback by the following methods:

- An online survey
- A paper questionnaire (made available through GP practices and the community nursing teams)
- Telephone
- Email

The promotional material and paper questionnaires was made available to GP practices and the community nursing teams to provide to patients, families and carers. They were also invited to participate in the survey as health professionals. To support this, the survey was also shared with community nursing service managers through the team briefing process, and by distribution of hard copies of the materials. The survey was promoted to GPs via the GP bulletin, and locality managers. In addition, the communication and engagement team promoted the survey via social media (Facebook, and Twitter), as well as traditional (print and radio) media. The CCG reaches 1,830 people on Facebook, and 5,765 people on Twitter. Typically the reach of CCG posts can be as much as three times the initial reach and often more.

Approach

The survey focused on three open questions:

1. What do you like about the service?
2. What, if anything, could we do better?
3. Is there anything else you would like to tell us about the service?

The open questions enabled respondents to articulate their views in narrative format, rather than in a rating scale such as a likert scale. The responses therefore lend themselves to a qualitative analysis approach, which was undertaken using content analysis to identify key themes and establish a framework of these themes. These were then used to consider and map the comments from respondents. Having established the content themes in a framework for East Lancashire, the framework was then cross referenced against responses for each locality, and by each professional and stakeholder group within that locality.

Findings: East Lancashire

Responses

A total of 274 patients, health and care professionals and other stakeholders responded to the survey. The majority of respondents were patients (47%). Nurses accounted for 15% of respondents, family members acting as carers (12%) and 9% of respondents were GPs.

Some people provided feedback on more than one service, therefore 331 service responses were received from 274 respondents. In Table 2 we set out feedback on the services, recognising that for 43 respondents, we received feedback on more than one service.

Respondents

Table 1 below shows who responded to the survey

Table 1. Respondents across East Lancashire

Respondent	No	%
Patient	129	47
Health professional – Nurse	41	15
Family Member (acting as a carer)	34	12
Health professional – GP	25	9
Family Member	21	8
GP Practice Manager	4	1
Unspecified	4	1
Care Home Staff	3	1
GP Practice Staff (Admin)	3	1
Health Care Assistant	2	1
Manager	2	1
Assistant practitioner	1	0
Consultant in Palliative Medicine	1	0
Health and Social Care Provider	1	0
NHS Admin Staff	1	0
RCM	1	0
Scheme Supervisor	1	0
Total	274	100

Table 2. Breakdown of responses by service (East Lancashire)

Service used including multiple use	Frequency	%
District Nursing	144	53
Not used as a service user, rather as a referrer or as a provider	42	15
Domiciliary Phlebotomy	32	12
District Nursing & Domiciliary Phlebotomy	15	6
District Nursing & Domiciliary Phlebotomy & Tissue Viability	14	5
District Nursing & Tissue Viability	9	3
Tissue Viability	8	3
Respondent didn't specify the service	5	2
Domiciliary Phlebotomy & Tissue Viability	4	1
District Nursing and Tissue Viability	1	0
Total	274	100

Table 3. No. of responses by service Figure 1.No. of responses by service (East Lancashire)

Service used	No
District Nursing	183
Domiciliary Phlebotomy	65
Tissue Viability	36
Not used	42
No response	5
Total	331

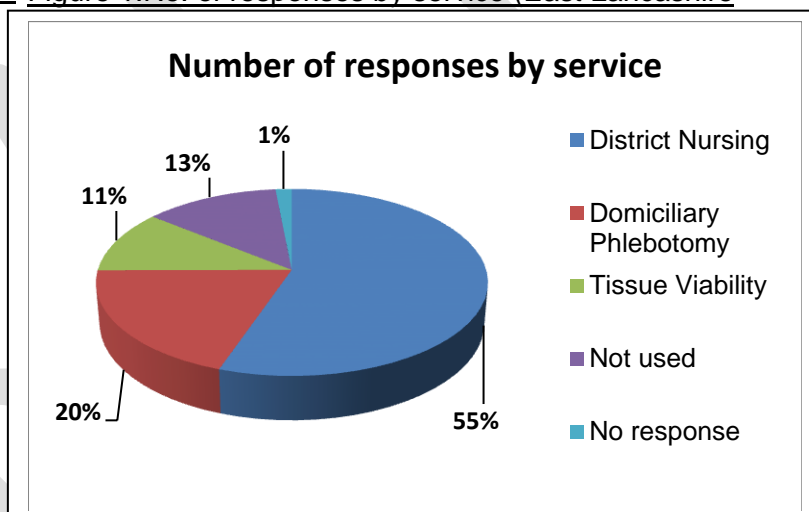


Table 4. Locality of respondent

Locality	Frequency	%
Pendle	88	32
Hyndburn	58	21
Burnley	49	18
Rossendale	47	17
Ribblesdale	29	11
Unspecified	3	1
Total	274	100

Figure 2. Locality of respondents (East Lancashire)

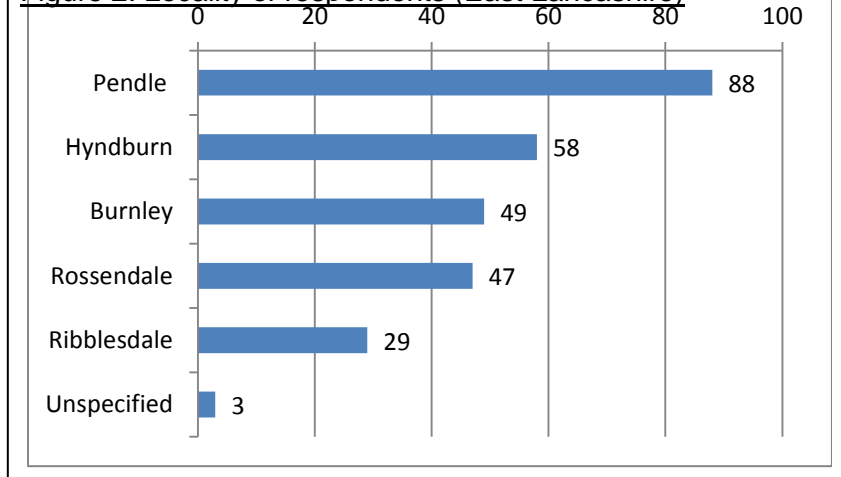


Table 4. Respondents by locality

Locality	Admin	Assistant practitioner	Care Home Staff	Consultant in Palliative Medicine	Family Member	Family member acting as a carer	GP Practice Manager	GP Practice staff	HCA	Health and Social Care Provider	GP	Nurse	Manager	NHS admin staff	Patient RCM	Scheme Supervisor	Unspecified	Total	
Burnley	1	0	0	0	6	10	0	0	0	0	3	2	0	0	27	0	0	0	49
Hyndburn	0	0	0	0	3	5	1	0	0	0	1	11	2	0	34	0	1	0	58
Pendle	0	0	0	0	6	10	1	1	2	1	13	15	0	1	35	0	0	2	88
Ribblesdale	0	0	0	0	3	4	0	0	0	0	1	5	0	0	15	0	0	1	29
Rossendale	0	1	3	0	3	5	2	1	0	0	7	7	0	0	17	1	0	0	47
Unspecified	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	3
Total	1	1	3	1	21	34	4	2	2	1	25	41	2	1	129	1	1	4	274

Table 5. Responses on services - by locality

Locality	No response	District Nursing	District Nursing & Domiciliary Phlebotomy	District Nursing & Domiciliary Phlebotomy & Tissue Viability	District Nursing & Tissue Viability	Domiciliary Phlebotomy	Domiciliary Phlebotomy & Tissue Viability	Not used	Tissue Viability	Total
Burnley	0	33	3	2	3	0	1	6	1	49
Hyndburn	0	40	1	2	4	4	0	6	1	58
Pendle	5	33	6	4	1	14	2	19	3	88
Ribblesdale	0	16	1	2	0	6	1	3	0	29
Rossendale	0	19	4	3	2	8	0	8	3	47
Unspecified	0	2	0	1	0	0	0	0	0	3
Total	5	144	15	14	10	32	4	42	8	274

Table 6. Age group of respondents

Age group	Frequency	%
65+	96	35.0
45-54	35	12.8
55-64	35	12.8
35-44	20	7.3
25-34	15	5.5
No response	73	26.6
Total	274	100.0

Figure 3. Age group of respondents

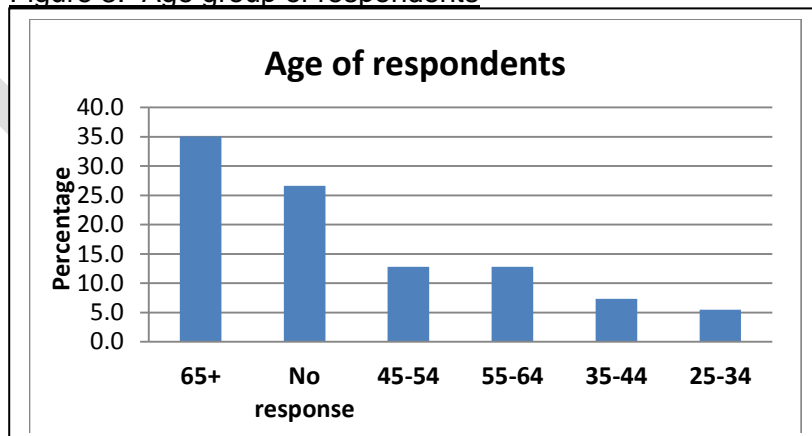


Table 7. Age group of respondents - by locality

Locality	No response	25-34	35-44	45-54	55-64	65+	Total
Burnley	13	5	3	9	6	13	49
Hyndburn	14	2	2	7	11	22	58
Pendle	26	4	7	12	11	28	88
Ribblesdale	4	1	2	2	5	15	29
Rossendale	14	3	5	5	2	18	47
Unspecified	2	0	1	0	0	0	3
Total	73	15	20	35	35	96	274

Table 8. Gender of respondents (East Lancashire)

Gender	Frequency	%
Female	133	48.5
Male	62	22.6
Prefer not to say	3	1.1
No response	76	28.0
Total	274	100.0

Figure 4. Gender of respondents (East Lancashire)

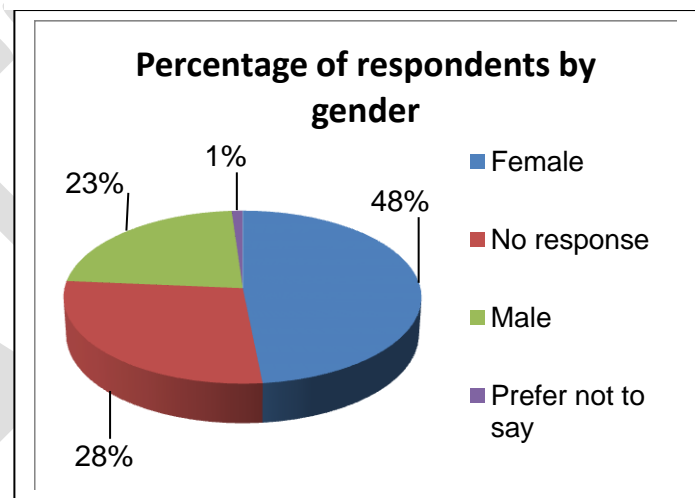


Table 9. Gender of respondents - by locality (East Lancashire)

Locality	Blank	Female	Male	Prefer not to say	Total
Burnley	14	20	13	2	49
Hyndburn	15	30	13	0	58
Pendle	27	41	20	0	88
Ribblesdale	4	16	9	0	29
Rossendale	14	25	7	1	47
Unspecified	2	1	0	0	3
Total	76	133	62	3	274

Table 10. Gender reassignment - by locality (East Lancashire)

Locality	Missing	No	Prefer not to say	Total
Burnley	15	33	1	49
Hyndburn	16	40	2	58
Pendle	27	60	1	88
Ribblesdale	6	21	2	29
Rossendale	15	31	1	47
Unspecified	2	1	0	3
Total	81	186	7	274

Table 11. Ethnicity - by locality (East Lancashire)

Locality	Missing	Asian / Asian British	Black	Mixed / Multiple	White British	White Other	Total
Burnley	16	0	0	1	34	0	49
Hyndburn	17	0	0	1	39	1	58
Pendle	27	0	0	0	61	0	88
Ribblesdale	4	0	0	0	25	0	29
Rossendale	14	1	1	0	31	0	47
Unspecified	2	0	0	0	1	0	3
Total	78	1	1	2	191	1	274

Table 12. Sexuality - by locality (East Lancashire)

Locality	Missing	Bisexual	Heterosexual	Prefer not to say	Total
Burnley	17	0	29	3	49
Hyndburn	15	0	40	3	58
Pendle	30	0	45	3	88
Ribblesdale	5	0	21	3	29
Rossendale	16	1	29	1	47
Unspecified	2	0	1	0	3
Total	85	1	175	13	274

Table 13. Religion - by locality (East Lancashire)

Locality	Missing	Agnostic / Atheist / No religion	Buddhism	Christianity	Islam	Prefer not to say	Total
Burnley	13	8	0	26	0	2	39
Hyndburn	14	3	0	36	0	5	58
Pendle	27	12	0	37	0	2	88
Ribblesdale	7	5	1	15	0	1	29
Rossendale	16	4	0	23	1	3	47
Unspecified	2	1	0	0	0	0	3
Total	79	33	1	147	1	13	274

Table 14. Disability - by locality (East Lancashire)

Locality	Missing	No	Yes	Total
Burnley	14	20	15	49
Hyndburn	16	23	19	58
Pendle	30	31	27	88
Ribblesdale	5	13	11	29
Rossendale	15	16	16	47
Unspecified	2	1	0	3
Total	82	104	88	274

Table 15. Type of disability of respondents – East Lancashire

Response	Frequency	%
No response	256	93.4
Physical	6	2.2
Long term illness	3	1.1
Physical & Long term illness	3*	1.1
Prefer not to say	3	1.1
Physical & Sensory	1*	0.4
Physical & Sensory & mental health need	1*	0.4
Sensory	1	0.4
Total	274	100.0

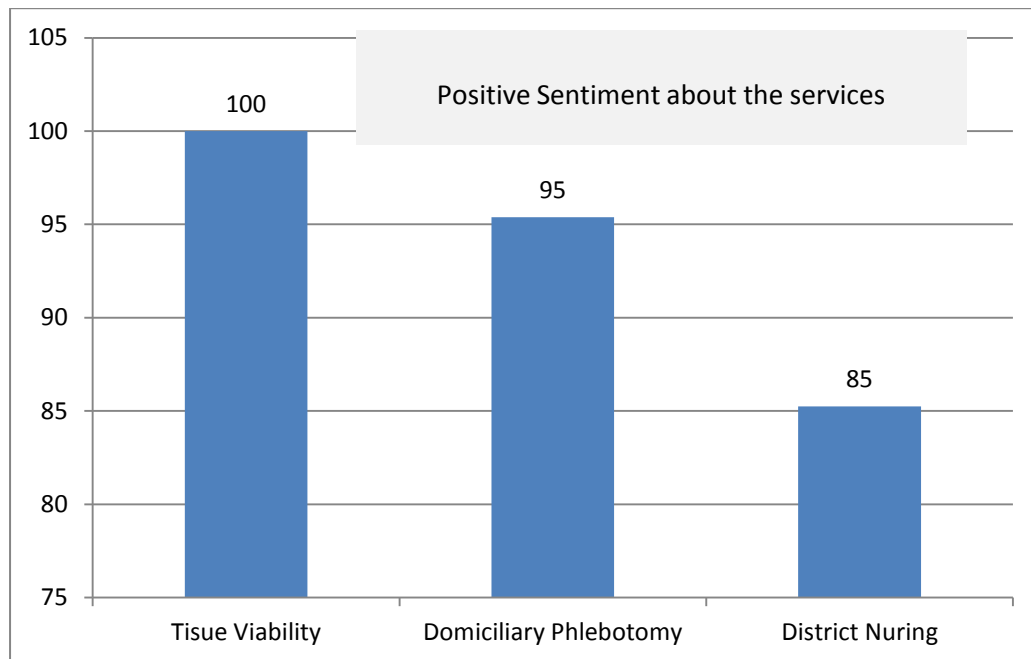
15 (5%) individuals reported having a disability. Of these, 5 (2%) individuals reported having multiple disabilities.

Table 16. Type of disability of respondents by locality in East Lancashire

Locality	Missing	Long term illness	Physical	Physical & Long term illness	Physical & Sensory	Physical & Sensory & mental health need	Prefer not to say	Sensory	Total
Burnley	44	0	3	0	0	0	1	1	49
Hyndburn	54	0	0	1	1	0	2	0	58
Pendle	82	3	1	2	0	0	0	0	88
Ribblesdale	28	0	1	0	0	0	0	0	29
Rossendale	45	0	1	0	0	1	0	0	47
Unspecified	3	0	0	0	0	0	0	0	3
Total	256	3	6	3	1	1	3	1	274

Sentiment about the services

An analysis of the sentiment respondents had concerning the services, shows that positive sentiment about all three services is high. The service with the highest reported positive sentiment is the Tissue Viability service (100% of comments), with Domiciliary Phlebotomy achieving 95%, and District Nursing achieving 85% positive sentiment from respondents. The sentiment assessment is an interpretative assessment, and is characterised by the comments made by respondents.



The negative sentiment amounted to 3 respondents for domiciliary phlebotomy who were all Pendle based respondents. The negative sentiment for district nursing amounted to 7 respondents in Burnley, 9 in Hyndburn, 7 in Pendle, 1 in Ribblesdale and 1 in Rossendale.

The key themes for each community nursing service, within each of the localities and by profession or respondent group

In the next section, we have provided a breakdown of the themes that were derived from the qualitative analysis, these are provided for district nursing, domiciliary phlebotomy and for tissue viability. We look at what the themes are for the preferences about the service (what is liked about the service), what could be better, and what else people wished to say about the service. The data looks at this from the perspective of the respondents (professionals and other respondents, including patients and carers) and from each of the localities.



District Nursing Service

District Nursing service: what each profession and respondent group likes about this service

Patient

Available 24/7, friendly, reliable, responsive, caring, compassionate, supportive for housebound, friendly, organised, effective, knowledgeable, well-managed, professional, efficient, competent, convenient, skilled, respectful, easy to access, everything!, excellent, dedicated, good communication, flexible, patient-centred, aware of other services, good palliative care, experienced, local, a community resource, satisfied with service.

GP

Accessible, local, responsive, professional, caring, enthusiastic, competent, good palliative care, patient-centred, positive patient feedback, dedicated, contactable by phone, excellent service, friendly, good communication and engagement, hardworking, well organised, a community resource, good working relationship, hands on.

Practice Nurses

Compassionate, accessible, available 24/7, caring, excellent service, community focused, dedicated, efficient, reliable, enthusiastic, willing to learn, holistic approach, patient-centred, professional, hardworking, good palliative care, knowledgeable, skilled, proactive, supportive, experienced, responsive, inclusive.

Family member as carer

Everything!, available 24/7, efficient, caring, knowledgeable, skilled, compassionate, excellent, dedicated, supportive for housebound, friendly, convenient, dedicated, easy to access, professional, responsive, reassuring, patient-centred.

Family members

Caring, available 24/7, compassionate, inclusive, knowledgeable, friendly, flexible, professional, efficient, excellent, respectful, supportive for housebound.

Manager

Knowledgeable, experienced, skilled, available 24/7.

GP Practice Manager

Effective, efficient, excellent, well-managed, well-organised.

Care Home Staff

Flexible, supportive, knowledgeable, friendly, reliable, responsive.

District Nursing service: what each profession and respondent group thinks could be better about this service

Care Home Staff

Stop visits to dual registered care homes (unnecessary cost and duplication), make referral for DN service easier.

Consultant in palliative care

More staff

Family member

Improve GP/DN communication, explain why home visits are denied, make every contact count and use existing information rather than having to repeat it multiple times, more staff, ensure nurse continuity rather than different nurses, for palliative care arrange more frequent contact with family, and arrange more night staff.

Family member - carer

Continuity of care, improve the responsiveness of DN on call service, ensure all relevant information in the notes (i.e. allergies), provide more information such as leaflets with contact details, more staff, obtain patients views, ensure the right (appropriate) continence pads/sheets are provided, be organised and clear when home visits will happen.

GP practice manager

Explain why home visits are denied, improve the delays in the provision of wound care dressings.

GP

Train staff to use GP referral forms, improve GP/DN communication, provide more information in requests for home visits, improve access to and referral process for home visits, improve communication between PNs and DNs around patients with LTCs, communicate the results of investigations, more staff, use agreed prescribing forms and improve detail in them, reduce barriers to prescribing by reducing the authorisations, reduce the bureaucracy around the service, reduce delays in the provision of wound care dressings.

Practice Nurse

Improve communication between services, improve GP/DN communication, improve continuity of care, improve the IT/infrastructure, promote the service more, improve access to mental health information and resources, more staff, be more proactive, promote self-care more, improve the delay in wound care dressing provision, provide weekend treatment room services.

Patient

Improve weekend availability and access, improve the communication skills (listening and remembering information, empathy), stop visiting dual registered care homes, provide continuity of care to see the same nurse, improve access to DNs, improve staff internal communication, improve publicity about DN service, co-locate service with GP practices, improve staff confidence in treatment decisions, improve staff pay, more staff, staff spend more time with patients, improve the delays in obtaining prescriptions, consider more home based treatments, improve twilight service staff attitudes, visiting times need to be organised better with clarity about times, improve the delay in wound care dressing provision.

RCM – improve the management and organisation of home visits.

District Nursing service: anything else each profession and respondent group wishes to share about this service

Care Home Staff

More overnight cover needed, responsive.

Consultant in palliative care

Supportive, coordinated.

Family member

Compassionate, work more closely with hospices, excellent service, palliative care is excellent.

Family member - carer

Need more staff, busy staff, listen to patients, continuity of care needed, efficient service, excellent/good service, supportive, patient-centred, valued, friendly, clearer communication for carers needed, improve OOH contact, responsive, inclusive, avoid cancelling home visits at last minute.

GP practice manager

Could be more flexible could be more helpful.

GP

Continuity of care needed, GPs receive lots of similar queries which waste GP time (frequently asked questions needed), excellent service, needs properly funding in primary care.

Practice Nurse

Compassionate, excellent service, flexible/adaptable, friendly/approachable, reassuring, good communication, hardworking, proactive, integrated with other services, patient-centred, open to change, needs promoting, supports patient independence, well managed/organised.

Patient

24/7 service, supportive, easily contactable, approachable/friendly, avoid duplication of DN's going into care homes where they have trained nurses already, can carers be trained to refer to DN service? Compassionate, patient-centred, reassuring, consistency of skills (i.e. dressings) needed, dedicated, staff lack confidence in some areas, respectful, professional, DN's could provide all community care, visiting times – DN's need to visit on time, DN's need to communicate results, efficient, caring, excellent/good service, need more staff, busy, flexible, improve communication between admin staff and DN's, integrated well with other services, continuity of care is needed, valued service.

RCM

Valued service.

Scheme supervisor

Has a good working relationship.



District Nursing Service

Burnley

Available 24/7, friendly, responsive, reliable, caring, compassionate, supportive, knowledgeable, skilled, reliable, honest, competent, polite, easy to access, efficient, everything! professional, excellent/good, aware of services, On EMIS, dedicated, supports the housebound, good communication and engagement.

Hyndburn

Available 24/7, caring, flexible, compassionate, community-focussed, friendly, organised, effective, well-managed, competent, knowledgeable, skilled, convenient, supports the housebound, supportive, easy to access, responsive, efficient, professional, respectful, enthusiastic, willing to learn, holistic approach, excellent service, patient-centred, good communication, local, good working relationship, personalised service, proactive, connected and integrated with other services, reassuring.

Pendle

Accessible, responsive, professional, approachable, supportive, available 24/7, efficient, caring, inclusive, knowledgeable, compassionate, enthusiastic, competent, excellent, community-focussed, good palliative care, patient-centred, good patient feedback, respectful, friendly, dedicated, easy to access, contactable by phone, everything!, polite, experienced, local, supports the housebound, well-organised.

Rossendale

Accessible, local, approachable, responsive, friendly, supportive, knowledgeable, good communication and engagement, available 24/7, caring, professional, compassionate, efficient, convenient, reliable, everything, excellent, supports the housebound, dedicated, proactive, good palliative care, hands-on.

Ribblesdale

Accessible, local, available 24/7, compassionate, caring, inclusive, knowledgeable, professional, dedicated, easy to access, good palliative care, responsive, efficient, reliable, everything, excellent, supports the housebound, patient-centred, friendly, good communication and engagement, supportive, good patient feedback, convenient, skilled, well-managed/organised.

District Nursing service: what each locality thinks could be better about the service

Burnley

Availability at weekends, use a person not an answer machine, continuity of care, explain why home visits denied or not carried out, improve access and contact with DNs, make referral to DNs easier, provide better patient information (i.e. leaflets) with contact information, make every contact count – use information available stop repeatedly asking same questions, more staff, obtain service user views, improve GP /nursing communication, reduce the bureaucracy, organise home visits better, improve the delays in obtaining wound dressings.

Hyndburn

More empathy with patients, listen and remember what patients have said, improve GP/DN communication, continuity of care, improve communication between DN staff, improve pay, improve DN waiting times for acute conditions, more staff, allow DNs to prescribe to reduce delays by GPs, promote self-care, provide the right continence supplies, improve the organisation of visiting times and visits, reduce the delays in obtaining wound care dressings, allow DNs to work like PNs (less bureaucratic model).

Pendle

Improve GP/DN communication, improve continuity of care, provide more information for GP home visits, explain why DNs visit denied, improve DN/PN communication around patients with LTCs, ensure senior nursing staff input into request for GP home visit (DN HCAs less knowledgeable), improve publicity about DN service, co-locate DNs in primary care, improve staff confidence in treatment choices, invest more in DN service, more staff, ensure more time is spent with patients, use agreed prescribing forms and ensure all information on them, remove the bureaucracy /authorisations for prescribing, organise visits better, deal with delays in obtaining wound care dressings.

Ribblesdale

Improve communication between community nursing services, improve continuity of care, improve responsiveness of on call service, more staff, more time with patients, offer more treatments at home (i.e. transfusions, joint injections), organise visits/visiting times better.

Rossendale

Improve GP/DN communication, train staff to use GP referral forms, improve continuity of care, explain why DNs won't go or deny a home visit, improve DN IT and infrastructure, include more information in notes (i.e. allergy information), communicate the results of nursing investigations (i.e. swabs), provide more access to information/resources on mental health for DNs, more staff, more night staff for palliative care, more frequent contact with families where in receipt of palliative care, promote more self-care, make referral to DN service easier, improve visiting arrangements and organisation.

District Nursing service: what else localities would you like to say about the service

Burnley

24/7 service, easily contactable, approachable, compassionate, skills (i.e. dressings) could be more consistent across the team, continuity of care could be improved, GPs receive a lot of similar queries (frequently asked questions/answers within DN team?), DNs could listen more to patients, need clearer information for carers, responsive service, valued service, supports independence for housebound, cancelled visits by home wastes time, efficient service, excellent, busy service, need more staff, confident with staff, friendly, good communication, reassuring.

Hyndburn

Compassionate, supportive, patient-centred, DN care excellent, could DN provide all community care, hardworking, proactive, knowledgeable, palliative care is excellent, reassuring, respectful, responsive, easy to contact, inclusive, valued, don't communicate results, easily contactable, efficient, 24/7 service, caring, dedicated, adaptable, friendly, good communication, texting system works, good working relationship(s).

Pendle

24/7 service, easily contactable, approachable, compassionate, dedicated, lacks confidence in some areas, DNs visits on time and not late, palliative care is excellent, valued service, well managed/organised, efficient, good/excellent service, friendly.

Ribblesdale

24/7 service, good/excellent service, supportive, patient-centred, carers could be trained to refer to DN service, more staff, they are busy, improve continuity of care, needs funding properly in primary care, out of hours contacts need improving, service needs promoting more, well organised, supports independence for the housebound.

Rosendale

Service is busy, needs more staff, compassionate, friendly, reassuring, needs to consider working closely with the hospices, dedicated, professional, respectful, improve communication between nurses and admin staff, integrated with other community services, need more overnight cover, responsive service, valued service, excellent service, supportive, flexible, adaptable.

Table 17. District Nurses – What do you like about the service?

Theme	No of references (denoting “weight” of theme)
Supportive	49
Friendly	43
Responsive/quick	33
Caring	29
Available 24/7	24
Knowledgeable	23
Excellent	23
Compassionate	22
Efficient	21
Professional	19
Easy to access/accessible	14
Reliable	13
Supports the housebound	13
Good	12
Patient centred	12
Dedicated	11
Skilled	9
Everything about the service	8
Competent	8
Organised	7
Good palliative care	5
Local	4
Respectful	4
Convenient	4
Approachable	3
Good communication and engagement	3
Available	3
Inclusive	3
Community focused	3
Good patient feedback	3
Enthusiastic	2
Flexible	2
Effective	2
Well managed	2
Holistic	2
Proactive	2
Polite	2
Honest	1
Hands on	1

Table 18. District Nurses – What could be better about the service?

Theme	No of references (denoting “weight” of theme)
Increase staffing (more staff)	11
Improve communication (GP, nursing, between staff)	10
Improve continuity of care (multiple nurses involved in care of patients)	9
Improve availability of dressings (avoid delays, waiting for GP orders etc.)	8
Improve the communication and information around home visits	4
Ensure nurses have more time for/with patients	4
Prescribing: enable nurses to prescribe to reduce delays	3
Ensure weekend availability/treatment room availability	2
Stop visiting dual registered care homes (duplication)	2
Make referral to service easier/less bureaucratic	2
Ensure access to phlebotomy easier/quicker	2
Improve responsiveness of on call DN service	2
Listen to patients	1
Twilight services – improve staff attitude	1
Consider more treatments at home (blood transfusions, joint injections etc.)	1
Promote self-care more	1
Promote the service with more information	1
Encourage staff to be more proactive/creative	1
Incontinence supplies provision not appropriate	1
Co-locate DN services with primary care	1
Enable staff to be more confident about treatment choices	1
Make every contact count, use existing information to avoid asking the same information repeatedly	1
Improve access to mental health resources/support	1

Table 19. District Nurses – Anything else?

Theme	No of references (denoting “weight” of theme)
Valued service	25
Excellent	22
Friendly	10
Good	8
Compassionate	7
Available 24/7	6
Supportive	6
Need more staff	5
Dedicated	4
Easy to contact	4
Knowledgeable	3
Flexible	3
Reassuring	3
Responsive	3
Supports independence	3
Approachable	2
Home visits – not delayed or cancelled at last minute	2
Integrated with other services	2
Skilled	1
Caring	1
Hardworking	1
Proactive	1
Inclusive	1
Respectful	1
Palliative care excellent	1



Your services...

Your say



Domiciliary Phlebotomy Service

Domiciliary Phlebotomy: what each profession and respondent group likes about this service

Consultant in palliative medicine

Supportive, responsive and knowledgeable.

Health care assistant

Knowledgeable and supportive.

GP

Convenient, effective, excellent, knowledgeable, prompt, professional.

Nurse

Efficient, accessible, excellent, avoids hospital, skilled, expert, compassionate, innovative, responsive, integrated with other services, knowledgeable, organised, professional, exceptional, supportive.

Patient

Compassionate, dedicated, excellent, helps avoid hospital, experienced, knowledgeable, skilled, expert, supportive, professional, and reassuring.

Domiciliary Phlebotomy: what each profession and patient group thinks could be better about this service

Family member

It's not integrated; skill up nurses so there is continuity rather than different specialisms.

Family member acting as a carer

More staff, fully trained staff.

GP

Better communication with GPs required, clarity about services available, improve waiting time for domiciliary phlebotomy, more responsive for urgent bloods, availability of service for the temporarily housebound.

Nurse

Be responsive, listen to the patient, improve liaison between GPs and consultants, good service, more staff.

Patient

Clarity required about purpose of visit, excellent service, more staff, and upskill district nurses (to provide this).

Domiciliary Phlebotomy: what else would each profession and respondent group like to say about this service?

Consultant in Palliative Care

Electronic records help information sharing.

Family member acting as a carer

Nurses should be allowed to prescribe independently.

GP

Continue this service.

Nurse

Community nursing needs to be in the community, nurses should be able to prescribe independently, grateful for this service, it is a valued service.

Patient

Grateful as it supports independence, we need more staff in primary/secondary care, professional, knowledgeable, safe, supportive.

Domiciliary Phlebotomy: what each locality likes about this service

Burnley

Knowledgeable, expert, skilled, organised, integrated.

Hyndburn

Compassionate, dedicated, expert, innovative, responsive, integrated, professional, supportive, knowledgeable.

Pendle

Convenient, efficient, accessible, experienced, knowledgeable, supportive, prompt, professional, reassuring.

Ribblesdale

Effective, excellent, skilled, responsive, expert, knowledgeable, exceptional.

Rossendale

Excellent, avoids hospital, professional, skilled.

Domiciliary Phlebotomy: what locality thinks could be better

Burnley

Better communication with GPs, more staff, fully trained staff, not integrated, skill up nurses so there is continuity rather than different specialisms, enable nurses to prescribe independently.

Hyndburn

Have clarity about purpose of visit, more staff.

Pendle

More responsive for urgent bloods, availability of service for the temporarily housebound
Excellent/good service, more staff, and Upskill district nurses.

Rossendale

Be responsive, listen to the patient, improve liaison between GPs and consultants, more responsive for urgent bloods.

Ribblesdale (no feedback received)

Domiciliary Phlebotomy: what each locality would like to say about this service

Burnley

Nurses should be able to prescribe independently.

Hyndburn

Grateful for this service, supportive, knowledgeable, valued, well managed service, staff busy and hardworking.

Pendle

Community nursing needs to be in the community, more staff required in primary and secondary care.

Ribblesdale

Continue this service.

Rossendale

Grateful as it supports independence, professional, knowledgeable, safe.

Table 20. Domiciliary Phlebotomy – What do you like about the service?

Theme	No of references (denoting “weight” of theme)
Knowledgeable	9
Skilled	6
Expert	6
Excellent	4
Supportive	4
Professional	3
Responsive	3
Compassionate	3
Integrated	2
Innovative	1
Convenient	1
Effective	1
Efficient	1
Accessible	1
Avoids hospital admission	1
Dedicated	1
Experienced	1
Reassuring	1
Organised	1
Exceptional	1

Table 21. Domiciliary Phlebotomy – What could be better about the service?

Theme	No of references (denoting “weight” of theme)
Improve GP hospital Liaison	2
More staff	2
Listen to patients	1
Be more responsive	1
Improve communication with GPs	1
Be clear about purpose of visit	1
Be clear about the service and what it offers	1
Upskill DNs (to do this)	1
Ensure service is more integrated	1

Table 22. Domiciliary Phlebotomy – Anything else?

Theme	No of references (denoting “weight” of theme)
Grateful for service	2
Continue the service	1
Use electronic records to help information sharing	1
Valued service	1
Well-managed	1
Good integration	1
More staff	1
Professional service	1
Knowledgeable	1
Supports independence	1



Tissue Viability Service

Tissue Viability: what each profession and respondent group likes about this service

GP

Convenient, effective, useful service, excellent, knowledgeable.

Nurse

Excellent, skilled, knowledgeable, supportive, expert, dedicated, good liaison, organised, professional, very good.

Patient

Efficient, professional, expert, knowledgeable, skilled, compassionate, supports independence, helped avoid hospital, resulted in a good outcome, supportive.

Tissue viability: what each profession and respondent group thinks could be better

Family member

Integrate the service better, aim for continuity of service through one rather than different/multiple nurses.

Family member acting as a carer

Improve hospital (ward) and TV nurse communication, have more fully trained staff.

GP

Better communication with GPs required, nurses to refer directly for wound care than via GPs, reduce the delay for dressings by allowing nurses to order these rather than through the GP, nurses to have a ready supply of dressings.

Nurse

Be responsive, listen to the patient, improve liaison between GPs and consultants, nurses should be able to order dressings rather than via the GP which causes unnecessary delays, TV nurses could provide education sessions locally, good service, and more TV nurses.

Patient

Delays waiting for dressings via GP when nurses could order them, excellent service, need to be forewarned about visits, more staff, upskill DNs?

Tissue viability: what else would each profession and respondent group like to say?

Consultant in Palliative Care

Electronic records help information sharing.

Family member acting as a carer

Ensure nurses can order supplies rather than GPs which causes delays.

GP

Continue to provide the service.

Nurse

It's a good service, grateful for the service, service better in the community, a valued service, while nurses can identify and diagnose problems (i.e. infections) they cannot prescribe and there are delays waiting for the GP to do so.

Patient

TV and DN nurses liaise well, grateful for this service, it has supported independence, need more staff, professional, knowledgeable, safe, supportive, knowledgeable, well managed, staff busy and hardworking.

Tissue Viability: what each locality likes about this service

Burnley

Knowledgeable, organised, skilled, good liaison, expert.

Hyndburn

Efficient, professional, expert, dedicated, knowledgeable, supports independence, compassionate.

Pendle

Convenient, expert, knowledgeable, supportive.

Ribblesdale

Effective, useful service, excellent, skilled, knowledgeable, supportive, responsive.

Rossendale

Excellent, professional, skilled, supports independence; helps avoid hospital, good outcomes, and TV nurse very good.

Tissue Viability: what each locality thinks could be better about this service

Burnley

Allow nurses to prescribe and order dressings to avoid delays waiting for GPs to do so, improve GP communication, improve hospital/TV nurse communication, integrate the service better, aim for continuity of care – one nurse rather than multiple/different ones, provide fully trained nurses, good integration between TV nurses and DNs.

Hyndburn

Avoid delays for dressings by allowing nurses to prescribe and order rather than GPs; provide education sessions locally, more staff.

Pendle

Excellent/good service, More staff in both primary and secondary care, nurses to refer for wound care rather than GPs to avoid delays, Avoid delays for dressings by allowing nurses to prescribe and order rather than GPs, nurses to have a ready supply of dressings.

Rossendale

Be responsive, listen to the patient, improve liaison between GPs and consultants, more staff.

Ribblesdale (no feedback received)

Tissue Viability: what else localities would like to say about this service

Burnley

Nurses should be able to prescribe independently.

Hyndburn

Grateful for this service, supportive, knowledgeable, valued, well managed service, staff busy and hardworking.

Pendle

Community nursing needs to be in the community, more staff required in primary and secondary care.

Ribblesdale

Continue this service.

Rossendale

Grateful as it supports independence, professional, knowledgeable, safe.

Table 23. Tissue viability – What do you like about the service?

Theme	No of references (denoting “weight” of theme)
Knowledgeable	9
Skilled	6
Expert	4
Excellent	4
Supportive	3
Responsive	2
Professional	2
Convenient	1
Effective	1
Useful	1
Efficient	1
Experienced	1
Organised	1
Good liaison	1
Compassionate	1
Helps avoid hospital	1
Good outcomes	1

Table 24. Tissue viability – What could be better about the service?

Theme	No of references (denoting “weight” of theme)
Improve the delay in ordering dressings	3
More staff	2
Improve GP/hospital liaison	2
Listen to patients	1
Be more responsive	1
Be clear about purpose of visit	1
Should be able to make direct referral to wound services	1
Should provide education in localities	1
Be clear about services provided	1
Upskill DNs (to provide this service)	1
Be more integrated with other services	1
Improve referral process	1
Provide fully trained nurses	1
Improve GP communication	1
Aim for continuity of nursing	1
Visits could be better planned/organised	1

Table 25. Tissue viability – Anything else?

Theme	No of references (denoting "weight" of theme)
Grateful for service	3
Can nurses order supplies to speed delivery	2
Supportive	2
Continue the service	1
Supports independence	1
Ensure good liaison between District Nurse and TV nurses	1
Good integration	1
Staff are hardworking	1
Well managed service	1

DRAFT