

Men's Health Survey

Asking men over 50 about their experiences of local healthcare services

Executive Summary

- Age Concern Hampshire surveyed men over 50 to find out more about their experiences of local health and social care.
- The aim was to increase understanding of the issues men face, and to use this information to improve services for the future.
- The survey found that, while men feel that their experiences of services are generally positive, and do not present them with significant barriers in terms of getting the help they need, they show a strong preference for self help, and being able to independently maintain and monitor their own health.
- There is also a very strong sense that while NHS services are valued, and that individual clinicians provide quality care, there is pressure on staff to meet targets and this can result in lack of co-ordination and communication with the patient, especially when several services are being accessed concurrently. There was also some frustration with accessing out of hours care, or being able to get emergency advice without going to A&E.
- The report recommends that this feedback is taken into account in planning improvements to patient experiences, especially in respect of hospital discharge, and in partnership working. What makes sense to "us" internally as professionals, can be very confusing, and in conversation it was evident that there was not a clear distinction between which services were provided by whom – for example, a respondent who was eventually assessed as needing day care after a hospital admission, saw himself as having accessed NHS services only and did not identify with Adult Services or Voluntary Sector services, although both were part of his experience.
- The survey focussed mainly on experiences of health and social care at the point of use, and it would be valuable to explore the theme of independence further and talk to men about their experiences of health prior to accessing these services and at what point they feel self care is not sufficient.
- The theme of communication and co-ordination of services is a key one – from the perspective of the patient, it often feels that this is unclear, disjointed, and inefficient. "Joined up thinking / working" was a phrase that came up several times in responses.

Background

Age Concern Hampshire was awarded a grant from the Healthwatch Hampshire Community Cash Fund to carry out this survey.

We wanted to talk to men over 50 in the local community in settings where they feel comfortable and gather their views on health and social care, and how well these services meet their needs. We also want to ask them what could improve their general health and wellbeing, especially mental health, which is a significant “hidden” problem amongst older men. We used a variety of approaches to reach the widest possible audience including informal group sessions, structured interviews, and online survey mechanisms, and analysed the feedback that we gathered.

Older men, particularly those who live alone, are at risk of developing depression, a reduced quality of life, and poor health exacerbated by lower take up of health and social care services compared to women. They are less likely to be in touch with their families, and more likely to struggle in maintaining a social circle. Many older men are also taking on a caring role, which brings huge pressures – without the right support, this can have a significant impact on their health and wellbeing. We wanted to ask men what their experiences of accessing services are, and what potential barriers exist.

We used a core range of questions focusing on which services have been accessed, what the experience was like, what would or could stop them from seeking help, what were the barriers, how satisfied they were with the outcome, how easy it was to get the right service for their needs, how they would describe their wellbeing, their sense of control over their daily lives, how happy they were with their ability to look after themselves, their home and their diet, amount of contact with other people, and how health and social care services could make a difference to these aspects of their lives. We used different methods of asking these questions, including online surveys, one to one interviews, and informal sessions with existing groups.

Aims & Objectives

- To gain a greater understanding of the experience of older men using health and social care services, what the barriers are, and how different groups of men, particularly those who are physically or socially isolated, experience services.
- To know more about the general wellbeing of older men locally.
- To use the information gathered to improve health and social care by sharing feedback with other providers of support and services to older men.
- To use the results directly to inform how we develop our services in the future, and feedback to local health and care providers.

Timescale & Resources

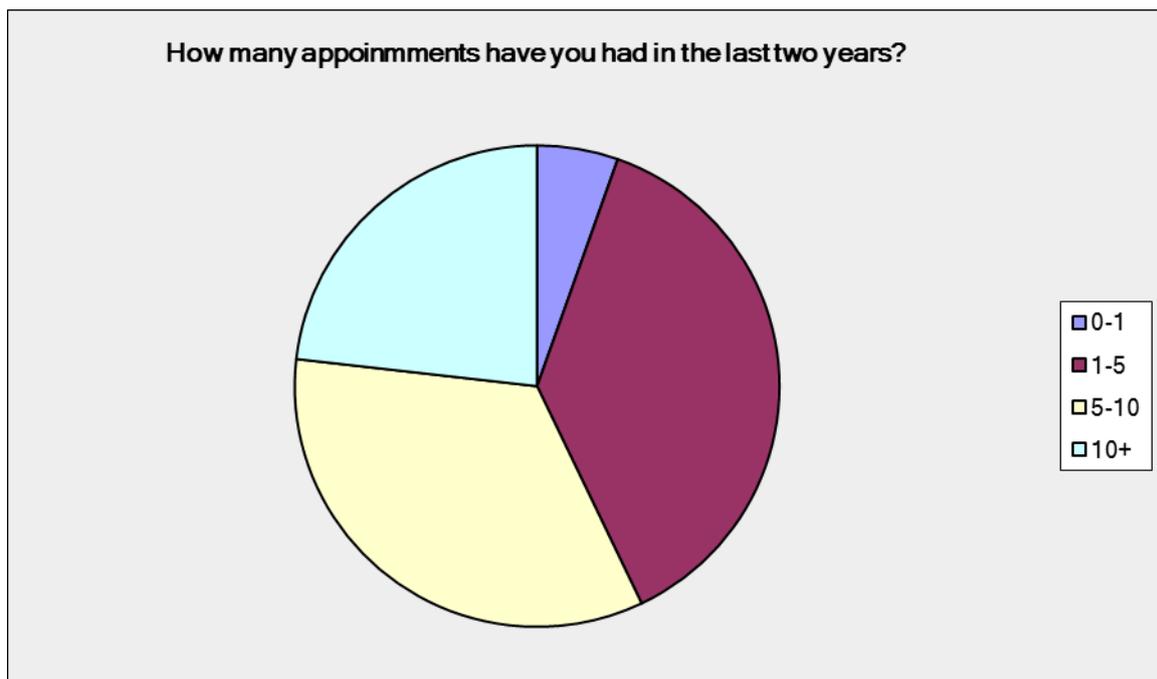
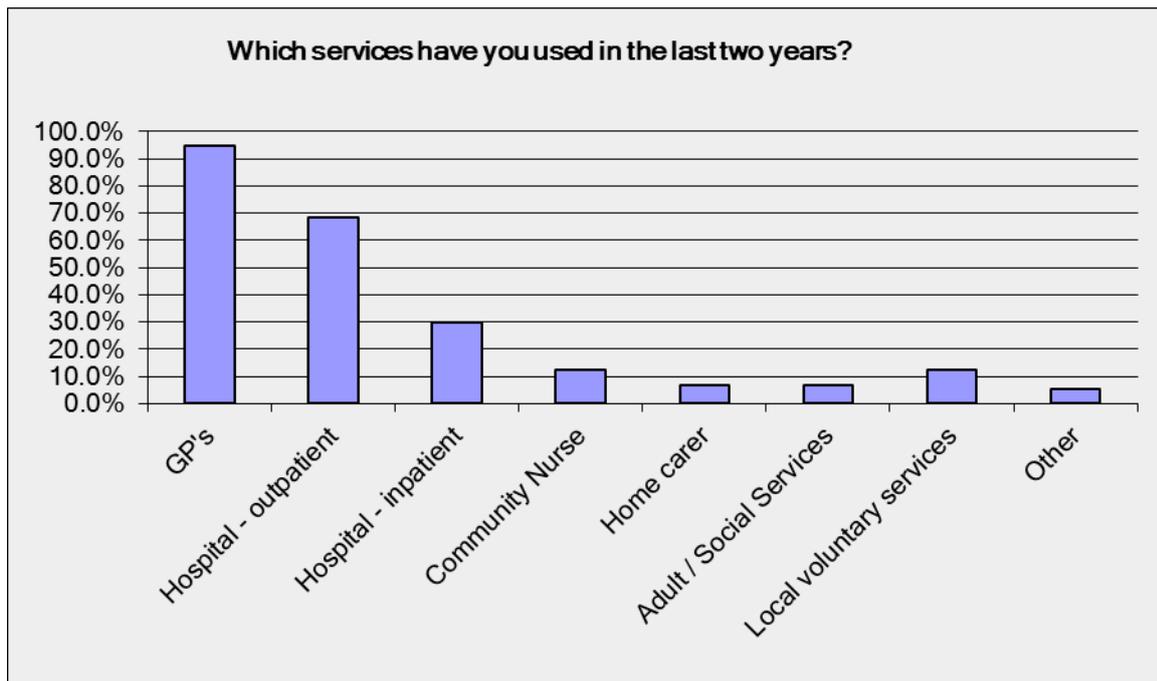
The project activity was carried out between January – March 2015. Resources were primarily staff time and travel to promote the survey and to carry out face to face interviews, as well as assessing the results. Partnership support was provided by Healthwatch Hampshire, who included the survey in funding media releases, which generated additional responses.

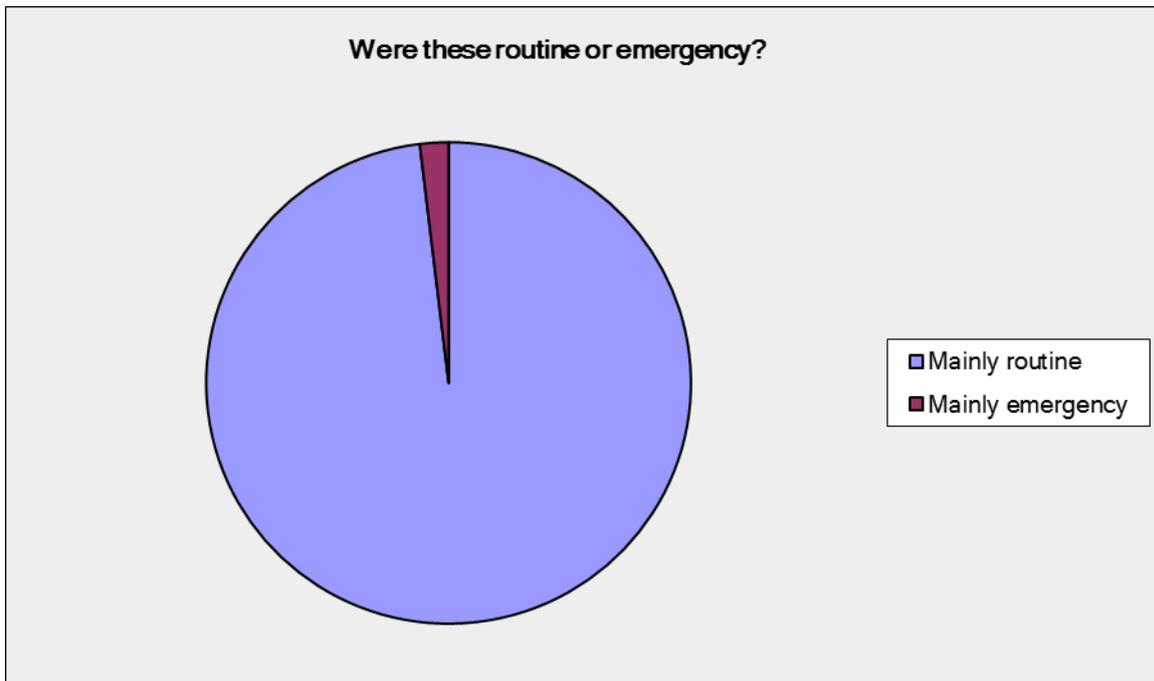
Feedback & Findings

The survey was undertaken by 57 men, who completed the questions online and in face to face settings. Groups of men participating included: golfers, attendees of Men’s Shed groups, users

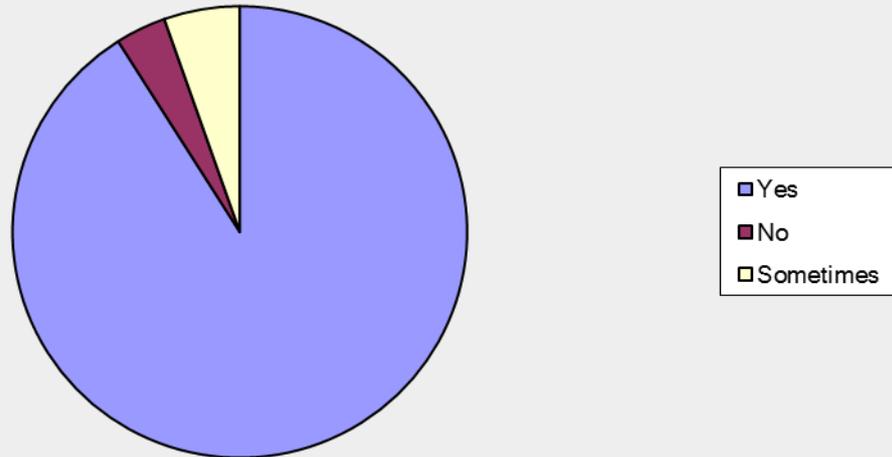
of Age Concern Hampshire activity centres and day centres, and members of the general public who saw the survey in local press or on social media.

Their responses to the questions asked are represented in table form below, with summaries of comment sections. At the end of the report is an appendix of the full survey results, which include information about specific services which have been accessed in greater detail.

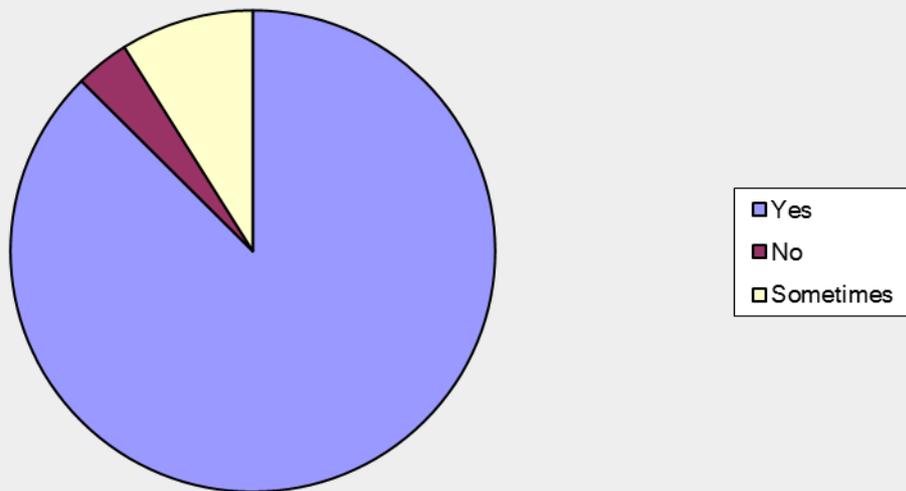




Were you given the right amount of information in a way that makes sense?



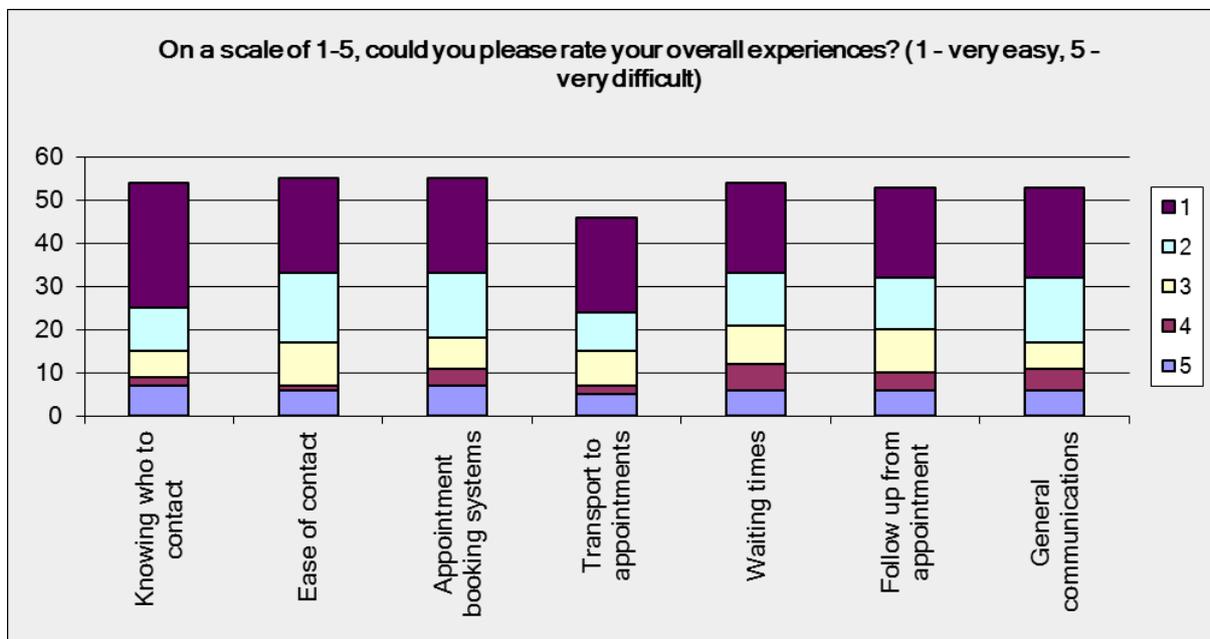
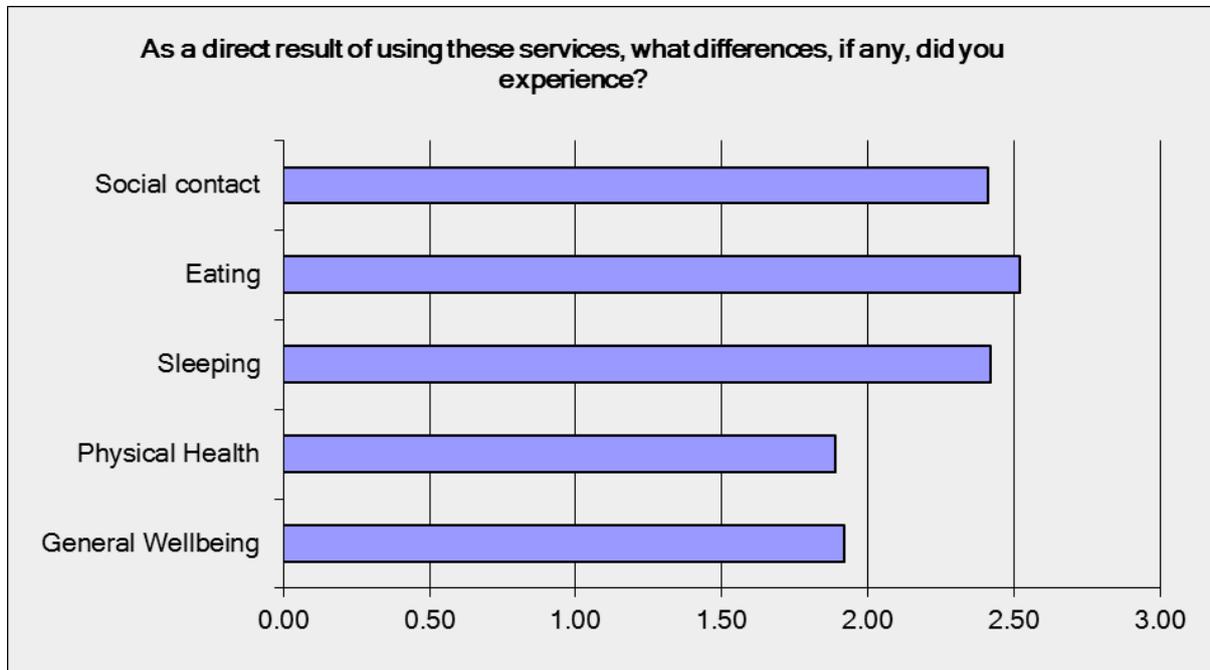
Did you feel listened to?

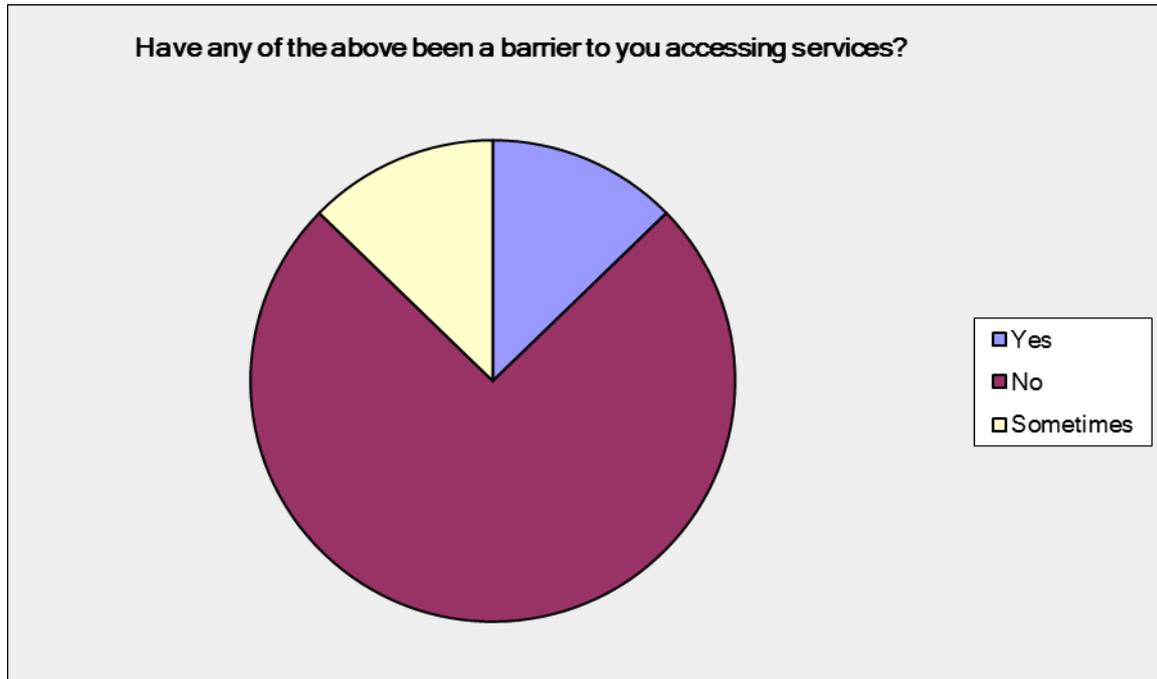


Is there anything else you can tell us – selection of comments:

- *When I had the hospital appointment, I was told by the consultant I had nothing to worry about but have had nothing in writing.*
- *I have some medical background and it does help in my questioning- I don't know how others would fare.*
- *With the exercise regime that Zoe instructed me in I have been pain free ever since, for the first time for many years.*
- *Poor co-ordination within the medical practice in dealing with my case*

- GP pick up on the single piece of information they think can solve the issue easily for them and do not listen to all the comments/issues made by the patient.





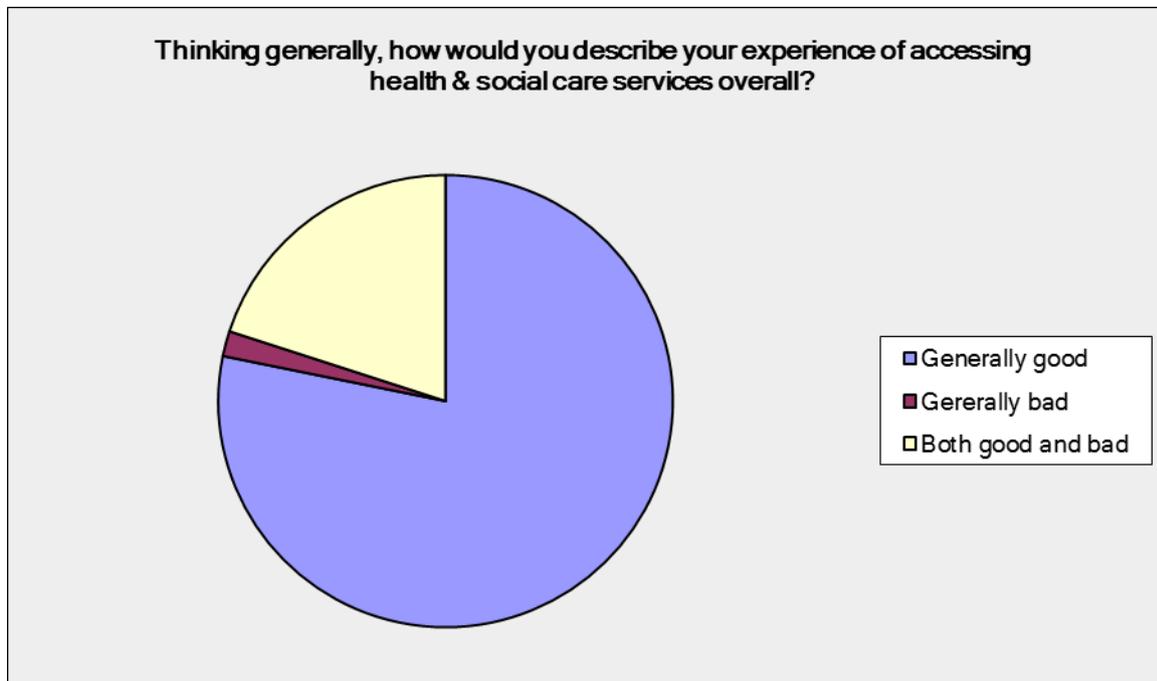
Comments on this question:

- *I would be very happy to pose a question to, say, a Nurse Practitioner by email. Also my surgery's telephone appointments with Drs works well. I only try to see a specific Dr if totally necessary. Sometimes I have, in consequence, had same day appointments with a Dr.*
- *Having a non urgent but painful condition over a long week end and not being able to see anyone or find information other than a trip to A and E which I felt was not called for (but could see why people would choose that option) and waited to see my GP the following week.*
- *Duplication of appointments with consultants resulting in delay in receiving urgent treatment. Lack of co-ordination within the practice.*
- *Consultant access after surgery non existent even though said it would be straight forward- now gets rerouted through triage which take another wait, the MRI another wait then triage for results another wait, then back to consultant another wait. Simple- not, efficient for the consultant's waiting list but useless for patient.*
- *I have Vascular Dementia and look after my wife who has a different type of Dementia and is severely visually impaired. If it were not for my Daughter I would be unable to access anything at all.*

Have you experienced any other problems? Please tell us about them:

- *No not for me but for my Father regarding Social Care provision. Delayed discharge due to poor communication and availability.*
- *None at all excellent service.*
- *Have had an application in for Continuing Care Funding for my Wife since Early February 2014, it is an appalling process and needs urgent reform.*

- *I am increasingly aware of how busy my surgery is and this has meant I feel less inclined to contact them than before when I have ongoing pain but would contact them if I was suffering badly.*



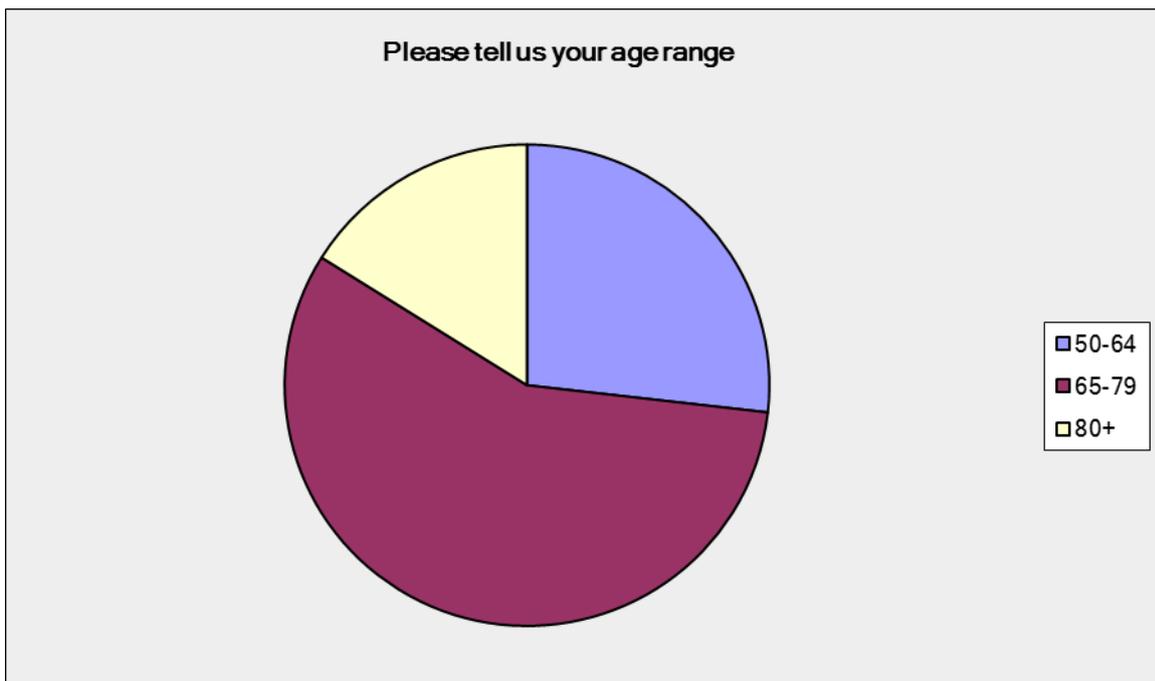
Are there any further experiences, good or bad, you would like to share?

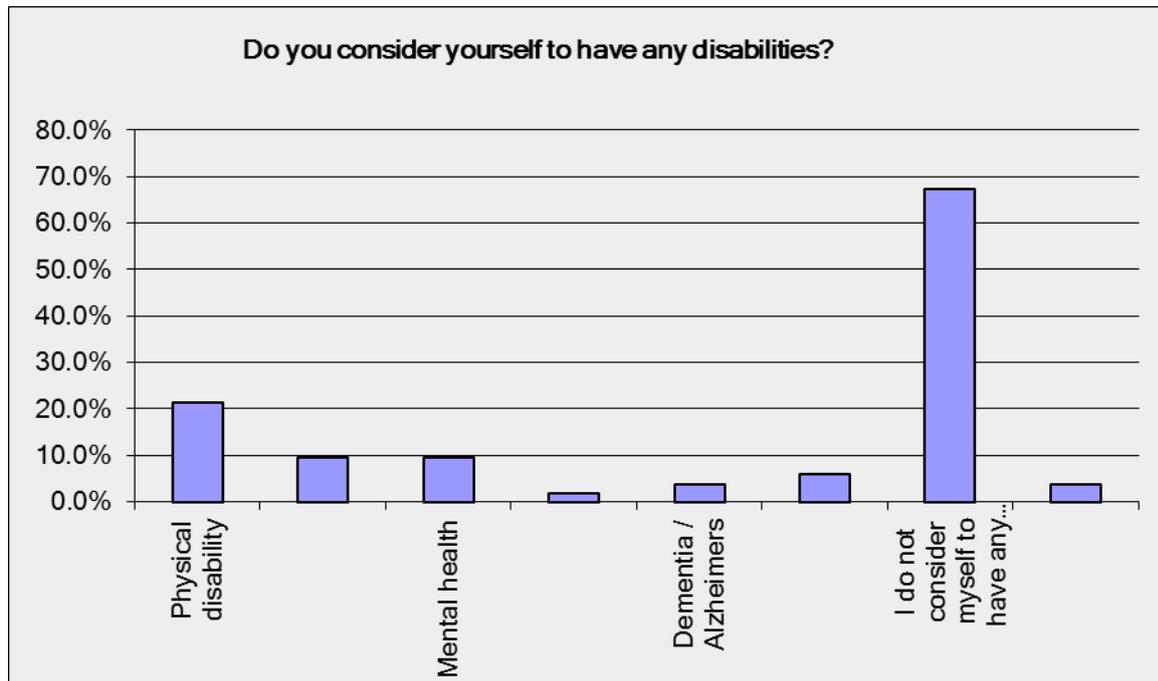
- *I care remotely for my father of 98. The disconnect between Social Care and the NHS is a big problem.*
- *I want to get my independence back by taking advice.*
- *General day to day health issues - like to do myself but need support for serious condition. More information for people on general health.*
- *Night-time nursing supervision was poor in the men's ward at Soton General. Some of the (male) night staff were rude and short-tempered with patients who clearly had major ongoing problems. The air-conditioning had broken down, and a noisy portable unit was in use.*
- *My GP service formerly had an excellent drop in service for blood tests, travel inoculations and advice, plus simple minor injuries. All these have gone making travel, waiting times and pressure on local hospitals far worse - I don't understand why when the space is still available and presumably now unused.*

What suggestions would you like to make to improve services – think “in an ideal world”

- *Each patient to have a 'champion' within the health team to ensure that their range of needs is understood and met, eg if seeing one clinician, other aspects of their health are taken into consideration.*
- *Take pressure off overworked health and social care professionals by improved pay, recruitment and working conditions. Recognise the value of these people and eliminate blame and compensation cultures.*

- *Social Care and the NHS would be joined up. Also more resources at Community level - in the home.*
- *Trying to do exercise to keep legs healthy and stop falling over.*
- *More doctors more nurses very independent - do my own shopping etc. My family want me to ask for help nearly 90 - keep myself in good health.*
- *Do our own blood pressure bought our own monitor keep our own record 6 monthly health checks.*
- *Individuals should take personal responsibility for their health and well-being.*
- *Social care and medical care needs to come under one umbrella to stop the buck passing for bed blocking and snarl ups in patient care. Communication needs to be improved.*
- *Joined up thinking by GP prior to admission to hospital.*
- *You would see a named GP within a few days of requesting an appointment and have more than 10mins to discuss the reason for the visit.*
- *Perhaps suggestions for our own help, eg purchasing our own blood pressure monitors, with guide lines on the expected blood pressure figures with consideration for our individual health.*





Summary of findings:

The majority of respondents were in the 65-79 age group and did not report themselves to have what they considered to be disabilities, although many commented in conversation that although they did not consider themselves to be disabled, they did need physical assistance, or have some limitations on mobility.

GP's and outpatient hospital services were the most commonly used services with much fewer numbers of respondents having accessed social care services or voluntary care services. However, it was evident in face to face interviews that there was not always a clear distinction between ownership of different services – for example, a client in a day centre run by Age Concern Hampshire, funded by Adult Services, did not consider himself to have accessed voluntary services or social care in any way, as his initial contact was with the hospital. In face to face interviews it was possible to record this, but the majority of surveys were completed online. It is therefore highly likely that discussion with those respondents would have revealed similar multiple services being viewed as a whole.

Overall, questions regarding patient experience stimulated positive responses – there was generally good experiences of interacting with staff on a one to one basis, and respect for those staff and the difficult job that they do. There were comments about the amount of time available to speak to a GP, and the pressure on staff to see people quickly to meet targets. Respondents saw a link between this pressure and negative issues in their own experiences.

Responses to improvements or declines in different aspects of health and wellbeing as a consequence of help were mixed. The majority of participants reported no change, although given that the cohort surveyed are an ageing group with some long term health issues, even good care would not result in improvements across the board. On the question relating to

overall experiences, the majority of respondents rated specific aspects, such as waiting times, at the “easy” end of the scoring scale.

In comments, it is possible to identify several key themes recurring:

Independence and self care: advice on maintaining health, desire to retain independence, comments about actions already taken to monitor their own health, being able to access information and advice without attending GP appointments.

Communication and continuity: sharing of information within practices and across departments, continuity between health and social care services, and communication of internal processes to the patient.

Time: Limited time in appointments, staff having limited time available, and delays in waiting times both for treatment and appointments, and in accessing social care support through applications for assistance.

Next Steps

- This report will be shared within Age Concern Hampshire to enable service delivery staff and those with strategic operational responsibilities to make decisions about how we can shape our own services in response to the feedback.
- This report will also be shared with Healthwatch Hampshire and with other partner organisations who work with older men.
- We will publicise our findings in our own and local media, and at selected public event.
- We would like to work with Healthwatch Hampshire further on identifying specific recommendations which can be proposed to local CCG’s.

Key contacts

Age Concern Hampshire

Yvette Christian
Director of Care Services
1st Cross Road
Winchester, SO23 9JA
Yvette.christian@ageconcernhampshire.org.uk
01962 868545
www.ageconcernhampshire.org.uk

Compiled by
Jemma Saunders
Fundraising Manager
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Appendix 1.

<https://www.surveymonkey.net/results/SM-MRG2L3K9/>

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