healthwatch Richmond upon Thames

Patient Experience of Community Nursing in Richmond upon Thames

July 2025

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Authorship

Healthwatch Richmond is the independent health and social care champion for services across the London Borough of Richmond upon Thames. Established in the Health and Social Care Act of 2012 as a body independent from the NHS, we undertake research projects investigating patient experience of NHS and social care services in our borough. Based on our findings, we then make specific recommendations to help improve patient experience.

Introduction

"We would like to extend a massive thank you to all teams from the district nursing team for their care and support over the past few weeks and months."

- **Quote from Patient Survey**

Community health services are a critical part of the NHS. They include district nursing, end of life care, physiotherapy, podiatry, sexual health services, health visiting and much more. This extensive and diverse collections of services and specialisms provide essential services; and yet they are often overlooked and unknown.

Every day community health services have around 200,000 patient contacts - 13 percent of all daily activity in the NHS (Charles & Wickens, 2024). For the patients receiving care, community services are vital and, as we can see from the quote above, provide vital support at often very difficult times.

Over 270 patients responded to our survey asking about the care they have experienced from the Kingston and Richmond NHS Foundation Trust (KRFT) community nursing team. This report attempts to analyse their feedback and to present the experiences of patients. It seeks to present the wonderful care that patients experience, the challenges that they face and potential solutions for how to improve the service.

We were fortunate enough to shadow community nurses on their rounds to patient's homes. This experience was instrumental in understanding not only what patients experience when a community nurse visits but also what a typical day looks and feels like for a community nurse. We want to express our dearest thanks to the community nurses who we accompanied and to the patients who let us into their homes.

This report will hopefully be key in the commissioning of community services across South West London. However, we also want this report to go further. There is limited published patient experience data on NHS community services and in particular community nursing. We hope that other organisations - providers and commissioners - will look at this report and take onboard learnings to improve patient care everywhere.

Background

Standardising Community Services

While as yet unpublished at the time of writing this report, the NHS 10 Year Plan will purportedly focus on three major shifts (DHSC, 2025):

1. Moving care from hospitals into communities
2. Moving from analogue to digital
3. Moving from treating sickness to preventing it.

While all three of these shifts are relevant to this report, the first is particularly important. In January 2025, NHS England published guidance for Integrated Care Boards (ICBs) to commence 'standardising community health services'. This guidance codified community health services with the hope that standardisation will help better assess patient demand and workforce capacity. The long-term aim of this work is to collect high quality data that will enable the comparison of community health services across England.

As a result of this national strategy, National Health Service South West London (NHS SWL) is undertaking "a strategic re-procurement of community health services" (NHS SWL, 2024). In particular, NHS SWL is looking at how they:

"deliver community services to make sure the same level of high-quality care is available across all our six boroughs, while allowing for services to be tailored at borough-level."
(NHS SWL, 2024)

They aim to reduce any variation in provision and focus on: reducing health inequalities; improving health outcomes; and ensuring timely access to care through simpler navigation.

SWL NHS asked all six SWL Healthwatch to collect patient feedback on community services. Local Healthwatch designed their own projects to collect patient feedback on different community services. This will be published separately.

Community Nursing

Community nurses - also known as district nurses - visit patients who are housebound and sometimes in residential care homes to assist with physical health needs. Community nurses help patients recover from periods of ill health, help support long term conditions and deliver end of life care (NHSE, 2025). This can include: taking blood samples; administering insulin and other medications; wound care; and more.

In Richmond upon Thames, community matrons work alongside community nurses. Community matrons are highly-experienced senior nurses who provide care for patients with severe long-term conditions or a complex range of conditions. They often act as a 'case manager': a single point of contact for care, support and advice bridging different teams including mental health, hospital and community services (KRFT).

In the London borough of Richmond upon Thames (LBRuT), community health services were delivered by Hounslow and Richmond Community Healthcare Trust (HRCH) until November 2024. HRCH was then dissolved as an organisation and all Richmond based services were merged with Kingston Hospital Foundation Trust. Now, Kingston and Richmond NHS Foundation Trust (KRFT) delivers all community health services in the borough. We started engaging with KRFT on this project in December 2024, immediately after the merger was finalised. While this affected the broader organisational structures of the community nursing service, it did not affect patient care.

The community nursing service is split into three geographical teams delivered from the following locations:

- Whitton Corner Health and Social Care Centre (known as Whitton Corner) covers Twickenham and Whitton
- Centre House covers Sheen, Ham, Richmond, Barnes and Kew
- Teddington Health and Social Care Centre (THSCC) covers Teddington and Hampton

Methodology

In order to be eligible for community nursing, patients need to be housebound. The majority of these patients are elderly and have limited digital access. Furthermore, many patients have accessibility needs including visual and hearing impairments. The nature of the patient population thus affected how we could engage them in this research.

There were also significant time constraints to this project arising from the commissioning timeline. We started working on this project in December 2024 and initially needed to present a first draft of the final report by the end of April 2025. This gave us five months to: collaborate with KRFT; design the survey; distribute the survey; analyse the data; and write the report.

Considering these parameters, we decided with KRFT that the best way to reach patients was through printed paper surveys handed out by community nurses. This survey was co-designed by Healthwatch Richmond and KRFT. We printed a cover letter explaining the project, the survey and a freepost return envelope. A copy of the cover letter and survey can be found on our website.

Nurses handed out surveys from the 3rd March - 21st March 2025. Patients had to have more than one appointment with a nurse to be eligible for our survey. We printed 700 surveys and received 279 usable responses.

We received the following responses by each collection method:

Collection Method	No of Responses
Paper Survey Collected by Nurses	270
Post	7
Phone Call	2

In addition, we undertook 'ride-alongs' with community nurses. This consisted of shadowing nurses on their rounds from approximately 8:30am to 1pm. Two Healthwatch Richmond staff members went to each community nursing team and each shadowed a community nurse. In total, we undertook 30+ hours of ride-alongs and saw nurses provide care for 26 patients.

During these ride-alongs, we made sure to inform the patient's and/or their unpaid carer what our role was, ask consent to enter their home and observe any care provided. We left the room during any personal care. Where possible and appropriate, we asked the patient and their unpaid carer questions about the care they had received and if they had any feedback about the service.

The purpose of these ride-alongs was to provide a deeper level of understanding and context to patient feedback. From our observations and conversations with community nurses, we now understand some of the challenges and difficulties that community nurses and their patients face. We also witnessed many of the joys and highlights of community nursing, including very positive interpersonal relationships with patients. We left the ride-alongs feeling inspired and wholeheartedly thank the nurses for sharing their experiences with us.

Limitations

There are significant but unavoidable limitations with our survey distribution method. Surveys were distributed by nurses which adds the potential for selection bias whether conscious or unconscious in distribution (e.g. surveys more likely to be distributed to patients who were expected to have positive experiences of care). There were limited actions that we could take to mitigate against this. We chiefly relied on KRFT management to encourage nurses to hand out surveys and monitor responses.

In addition, patients could be unwilling to provide negative feedback if the only way they could return the survey was via handing it back to the nurse. We mitigated this by providing options that enabled patients to provide their feedback to us directly: a freepost envelope, a QR code to fill the survey out online and also the option to call Healthwatch Richmond to complete the survey over the phone.

We received a number of completed surveys which we did not include in our results. A description of these surveys is below:

- We received 5 completed surveys that appeared to be filled out by staff from residential care homes or paid carers and were therefore staff rather than patient responses.
- We received 25 completed surveys from one community nursing team. These were completed using the same pen and showed consistent markings, with the same pattern of questions answered and omitted.
- We also received 7 completed surveys from a second nursing team. These were likewise completed in the same pen and showed a similar level of consistency in markings and response patterns but were distinct from the first set.

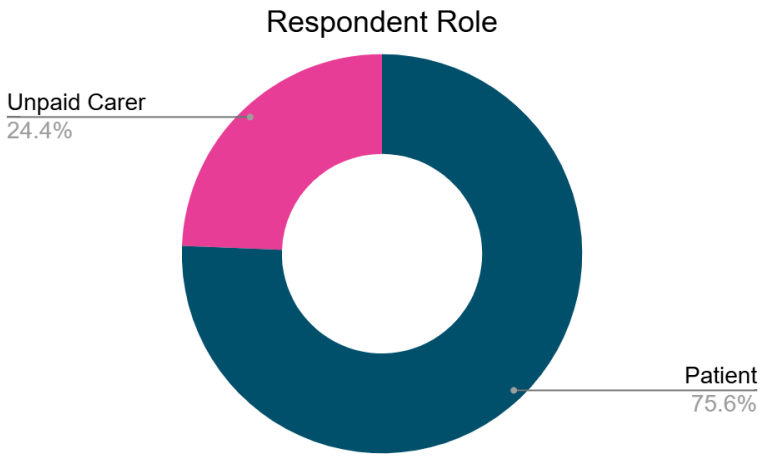
In response to our questions about these completed surveys, KRFT told us: *"The trust is investigating this to see if staff were doing this on behalf of patients and plan to ensure they are clear on future surveys."*

With regard to the group of 7 responses, we were told that these questionnaires were written by a community nurse, filling them in for the patient during the visit.

Results

About the Respondents

We received 279 usable responses. A usable response was defined as one which answered the first question asking if a patient or unpaid carer was filling out the survey and at least one other question. Most however completed the majority of questions.



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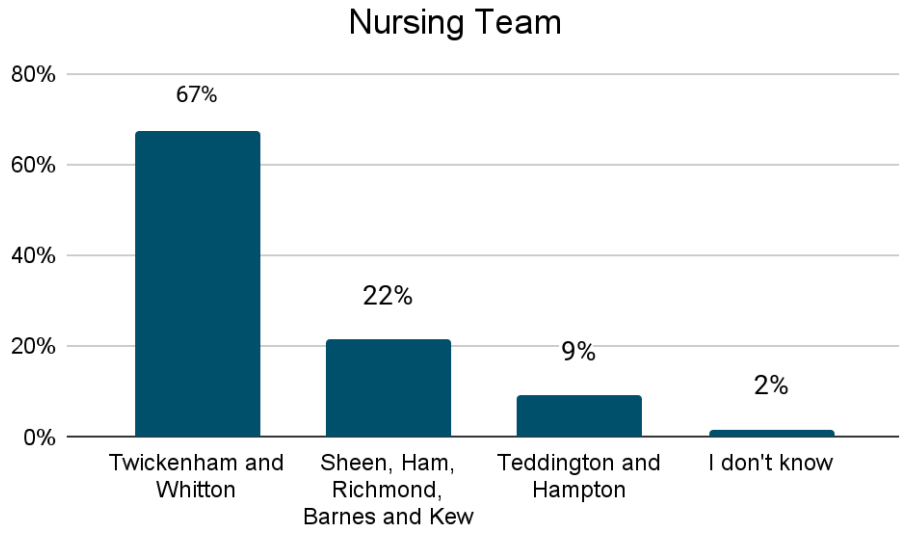

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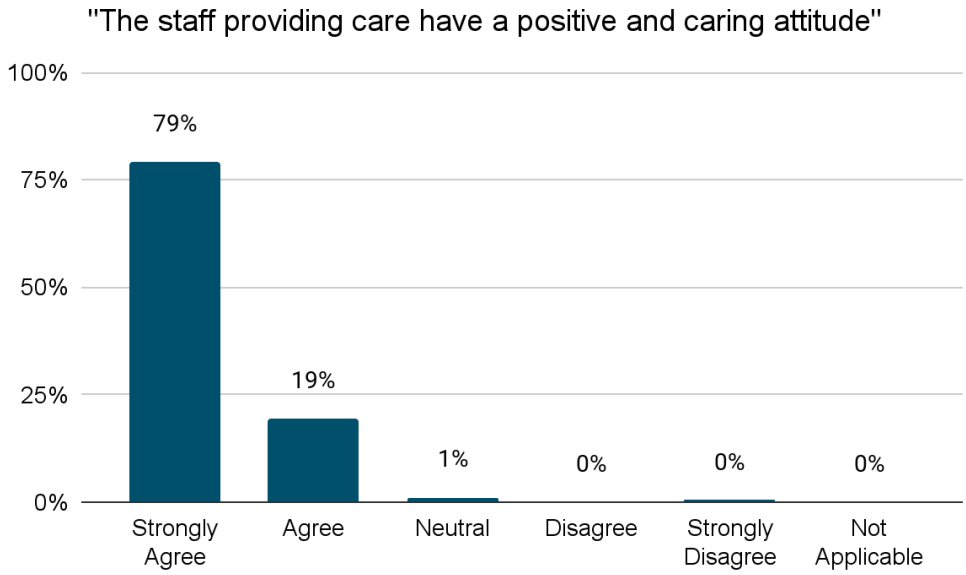
We received the majority of usable responses from patients receiving care from the nursing team based in Whitton Corner. This clearly biases our sample.

Staff Attitude



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As seen in the above graph, respondents were overwhelmingly positive about the care they have received from the community nurses. This was reflected in the qualitative feedback. In particular, respondents praised district nurses for their professionalism:

"[The nurse] comes round, listens to the problems we have, makes notes, gives us advice, takes the notes away and acts on them straight away and we always get an answer the next day. She is super efficient."

"All the nurses and specialists (Tissue Viability Nurse) have always given expert and compassionate care. Always very professional but friendly. We couldn't have had better care anywhere else."

"Although we get ongoing changes of staff visiting they are constantly professional."

These responses highlight the extent to which patients and their loved ones appreciate the expertise and skill of the community nurses. In fact, from all the qualitative responses we received to this question, over 10 percent used the word 'professional'. This feedback is very much in line with what we observed when we went out with nurses on their rounds and suggests that there is a high level of consistent professionalism within the community nursing teams.

Respondents also noted the community nurses went the extra mile beyond their clinical duties:

"They have been absolutely incredible. So kind, responsive and supportive in our most difficult time."

"We cannot fault the calibre of the nurses who visit my father. Various family members have been present during visits and we cannot praise the nurses enough for their kindness, positivity and empathy."

"I am always greeted with a cheerful 'Good morning'. I am treated with care, respect and kindness."

These quotes demonstrate the genuine care and compassion that community nurses have for their patients. On our visits, we witnessed nurses caring for patients holistically, asking about their wellbeing and that of their family members. Both patients and their loved ones evidently feel supported and reassured by the community nursing service. This arguably demonstrates a culture of showing kindness, empathy, and compassion to patients and their families.

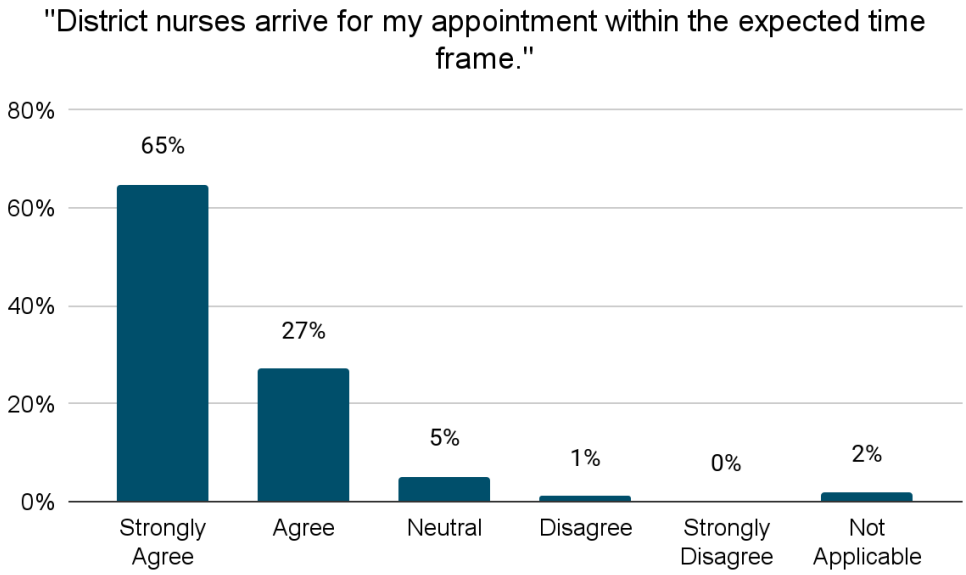
Finally, we want to highlight the following quote:

"[My parent] has been treated by some amazing ladies. They are very professional, caring dedicated team. On the occasions I have had to complain, the complaints have been dealt with promptly"

This story demonstrates the responsiveness of senior management. We recognise that it is unavoidable that things sometimes go wrong when providing complex and intimate care. What is noteworthy is the attitude and actions that organisations take to handle mistakes or miscommunication. This story demonstrates that action is swiftly taken to handle errors and that the patient's family are satisfied with the outcome.

Taken as a whole, answers to this survey question engender confidence in the community nursing service. In its 'Responding to Challenge' report, the Care Quality Commission talks of patients having an "uneasy sense that "something is not quite right" (2025, 7). Through their own personal experience, patients will intuit when there is a potentially dangerous culture within an organisation. What we see within this question is the opposite: patients have experienced professional and compassionate care. They have confidence in the individual nurses and the service as a whole.

Timing



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The graph above shows that respondents were highly satisfied with the timing of their visits. This was supported by the qualitative feedback we received:

"We have always been impressed with the time keeping of all district nurses"

"Nurse always comes whenever she said she would and if she is late she would always apologise"

"Always on time and very well organised"

We were told that patients know that nurses should arrive within a two hour time frame; however, it doesn't seem that patients were aware of this:

"Not sure what is the expected time"

"Although we are not allocated a time, we are provided with a regular Tuesday and Friday slot."

Despite different expectations of visit times, respondents were happy with the timing of their visits. Respondents in particular mentioned the phone call they receive in the morning before their visits:

"The district nurses are very good at calling myself [the child of a patient] approx half an hour before each visit which either gives me time to get to [the patient] or to inform [the patient] they are coming"

"[The nurse] always calls me to let me know and confirming her date and timings, it's very good"

"They arrive when expected. On the odd occasion when they get delayed, they ring to say they'll be late."

We witnessed nurses making these calls to patients in the morning of our visits. Phone calls remind patients of their imminent visit and give patients a chance to say if there is anything particular that they need that day. This information allows nurses to prepare for the visit by bringing particular equipment or doing admin in advance. As we see in the last quote, nurses also call to update patients if they will be late or if there is a delay. From these quotes, we know that patients particularly appreciate receiving these calls.

Respondents also praised nurses for their flexibility:

"They know my schedule and come at different times when I have appointments."

"The staff are very amenable and are flexible to our needs."

This was something that we witnessed on our visits with nurses. Nurses knew patients' preferences for visit, taking into account whether patients were early risers or liked to sleep in late. They readily accommodated this into the order in which they visited patients. Again, this shows the respect that nurses show towards their patients, treating them holistically as people.

Furthermore, respondents praised the speed and timeliness of nurses on 'call outs':

"When we have called for assistance, the nurses are quick to respond with a visit or phone call."

"We've had to call them out many times a day and they've always been on time"

We did not witness any call outs while we were out with nurses, a fact that nurses were disappointed by as we were not able to experience how busy a normal day could be. However, from the survey, we can see that the extra support that patients and their loved ones receive through callouts is appreciated.

As a consequence of these call outs, respondents wrote about nurses sometimes being late:

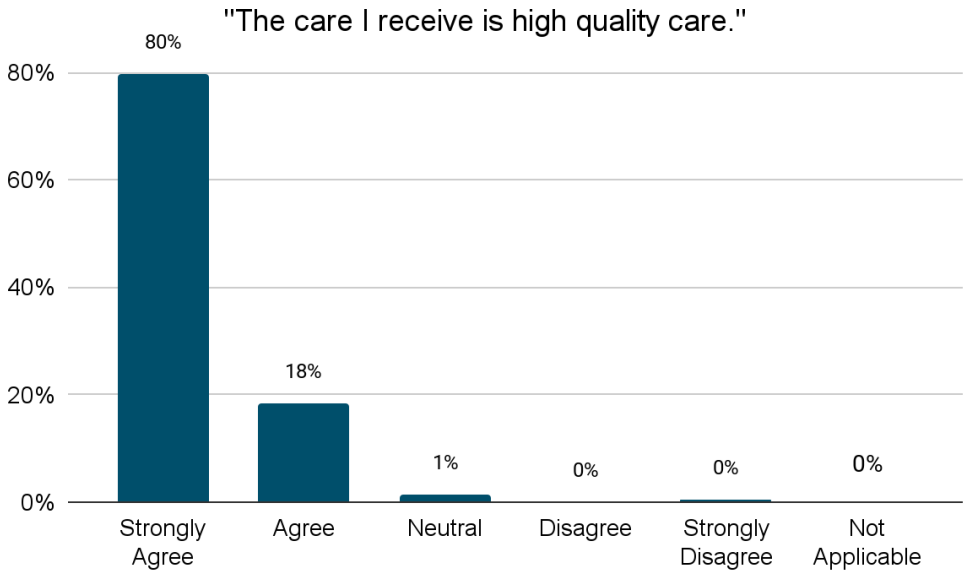
"Lateness cannot be helped the nurses never know what problems may occur with some of the patients they go to"

"If patient before me takes long time plus delay in transport, sometimes not possible"

"District nurse times are sometimes affected by other patients."

We witnessed first hand the unpredictable nature of community nursing. From our minimal experience, we can say that community nurses do not always know what they are walking into, even with patients that they have seen before. As a result and due to issues with transport, there can be delays. However, as can be seen in the above quotes, patients are largely understanding of this situation. They are not critical of the nurses but instead appreciate all their efforts. Arguably, this demonstrates the strong relationships built on mutual understanding and respect that exist between nurses and their patients.

Care Quality



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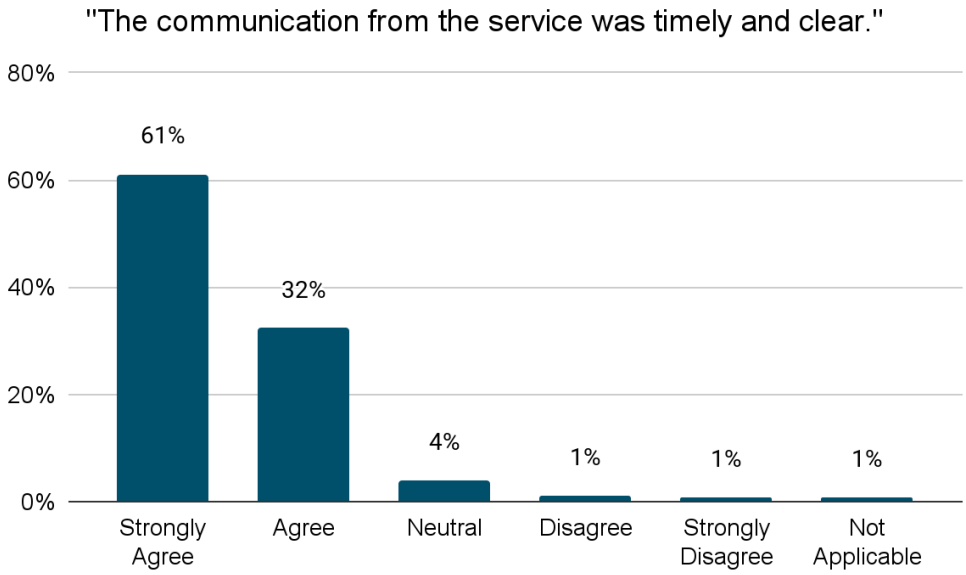
The above graph reflects a high level of patient satisfaction with the care. The qualitative responses to this question were largely similar to the first question, focusing on nurses' professionalism and kindness towards patients. However, respondents also noted the care and consideration nurses took to be clean and tidy:

"Arrives with correct dressings. Always clean and tidy and wears PPE. Tidies up packaging on leaving."

"Always take care to be clean, wear protection and do everything with care and very gentle. Always tidy up and take away old dressings etc."

These respondents not only noted the hygiene measures that nurses take to ensure that they comply with infection control; they also noticed that nurses will tidy up when they leave. This is something that we noticed on our visits: nurses asked patients where and into which bin they should put used wipes, dressings and other materials. This demonstrates the sensitivity the nurses have to the fact they are working in patients' homes. District nurses understand the respect and consideration that should be given to the setting as well as the patient.

Communication



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We left this question purposefully open-ended and allowed patients to interpret it in whatever way they wanted. We invited patients to talk about the communication they receive before, during or after a visit as well as from the service as a whole.

Three respondents spoke about the process of being referred into the service:

"The nurse turned up the day after Mum came out of hospital. There was no chasing up."

"Phone call to say my doctor had referred me and to tell me they were visiting next day."

"As soon as I came home from hospital they were in touch and seeing me twice a week to dress my leg ulcer."

For these respondents, the process of being referred into community nursing appears very smooth. The speed with which patients are contacted by the community nursing service is especially highlighted within these quotes. However, from our conversations with the nursing teams, we know that there are often issues with referrals from all local hospitals and GPs. This is a great source of frustration for the nurses who then have to spend hours chasing up incomplete referrals for more information. The patients, in turn, are left in limbo.

Other respondents wrote about phoning up the service themselves when needed:

"They are quick to answer the phone and resolve any queries expediently."

"I also know that I can phone out of hours and I have on occasion. The ladies who answer the phones are polite and helpful."

"I find it difficult to contact the service on the phone sometimes. I am never sure which number is best to ring and on occasion I have had to make my own way to A+E at Kingston Hospital to get help when my catheter comes out, because I cannot contact the nurse. But this was an isolated occurrence."

The first two responses reflect a positive experience as respondents highlight the speed and reliability of calling the administrative team. The second quote also praises the team for their understanding and kind attitude. However, the final quote suggests that there was a lack of clear information about what to do in an emergency or if a patient has questions. In this case, we see that there was an emergency department visit as a result of this poor communication. Perhaps there needs to be a review of the clarity and accessibility of emergency contact information for the service.

There were other negative experiences of poor communication:

"Some office staff do communicate when they are coming to take blood. Others don't. Even if a nurse says they are coming on a specific day, it doesn't mean they will come that day (for dressing/pressure sore)."

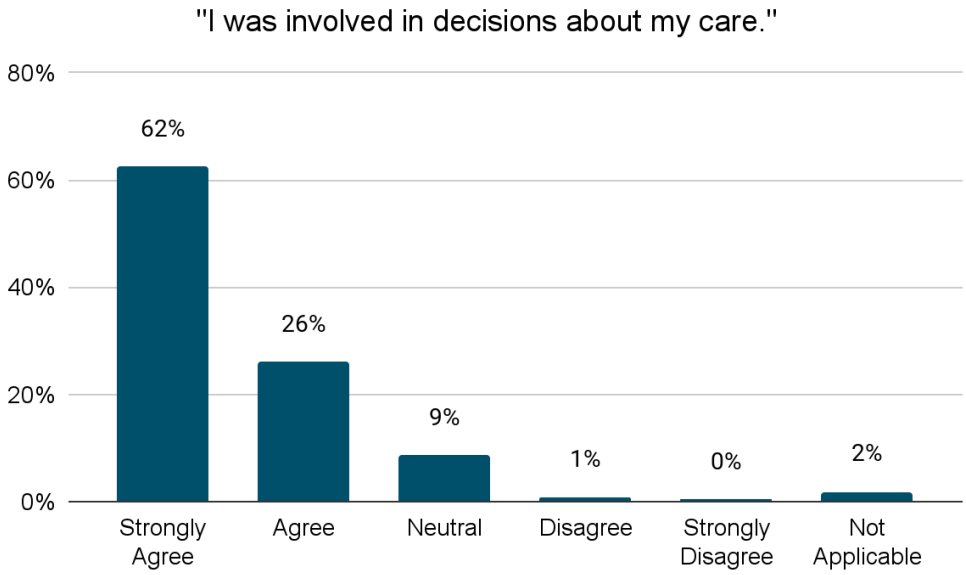
"The communication to me has been good but on one occasion the nurse turned up before the dressings had been delivered."

"No communication within team members."

"Generally this is true. Sometimes this is difficult due to pressure of number of patients especially at night. We understand that this is more difficult but the day staff communicate very well."

These responses focus on different elements of communication: between nurses and patients; between nurses and equipment providers; and within the nursing team. Each quote focuses on a different communication breakdown and therefore we do not think there is a wider pattern of poor communication. Nonetheless, these comments do show the importance of good communication at all levels of the service and that perhaps this sometimes, perhaps inevitably, goes wrong.

Patient Involvement



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Feedback on patient involvement was very positive, as shown above. This was strongly reflected in the qualitative feedback. In particular, respondents mentioned that they felt listened to by community nurses:

"All aspects of my care are discussed with me. I feel listened to."

"The nurses always chat about what is happening and if they are happy with my progress. They give advice and I tell them how I feel and they listen to me"

"Nurse listens to us and explains all care plans to us"

Across each of these quotes, there is a clear sense that nurses are communicating with patients and listening to their feedback and input. This demonstrates an environment and culture that values open dialogue enabling greater trust between the patient and the nurse. Trust is particularly important because of the patients' vulnerability: community nurses are visiting housebound patients with long term conditions in their own home. The community nurses understand this situation and ensure the care is adapted accordingly.

Respondents also wrote about giving input into their own care:

"I was very involved. Able to explain problems, which were taken on board."

"They take care not to make my dressings too tight"

"They ask where I'd like my injections administered."

These quotes demonstrate that nurses are actively involving patients in their care. Although the nurses are highly skilled and qualified, they know that the patient knows their body and needs best. When we visited patients with nurses, we saw nurses regularly checking in with patients to ask for feedback on wound dressing and more. We also saw nurses teaching patients to administer their own care where possible. This enables patients to gain more independence and control over their condition.

When visiting patients with nurses, we also saw multiple occurrences of patients not accepting or complying with nurses' advice. This included:

- A patient refusing to go to hospital despite a having an infected bed sore;
- A patient who did not want to use a pressure cushion or mattress to reduce the risk of pressure ulcers;
- A patient who refused to use compression bandages to help leg wounds heal; and
- A bedbound patient who refused to comply with fire safety measures while smoking.

In each instance, the nurses discussed the implications of not following the advised treatment and suggested alternatives. These discussions were at times strained as nurses wanted to ensure that patients got the care they needed and were safe. Nonetheless, nurses always respected the patients' wishes and made the appropriate arrangements.

There was also feedback from unpaid carers that they are actively involved in the care of their loved ones:

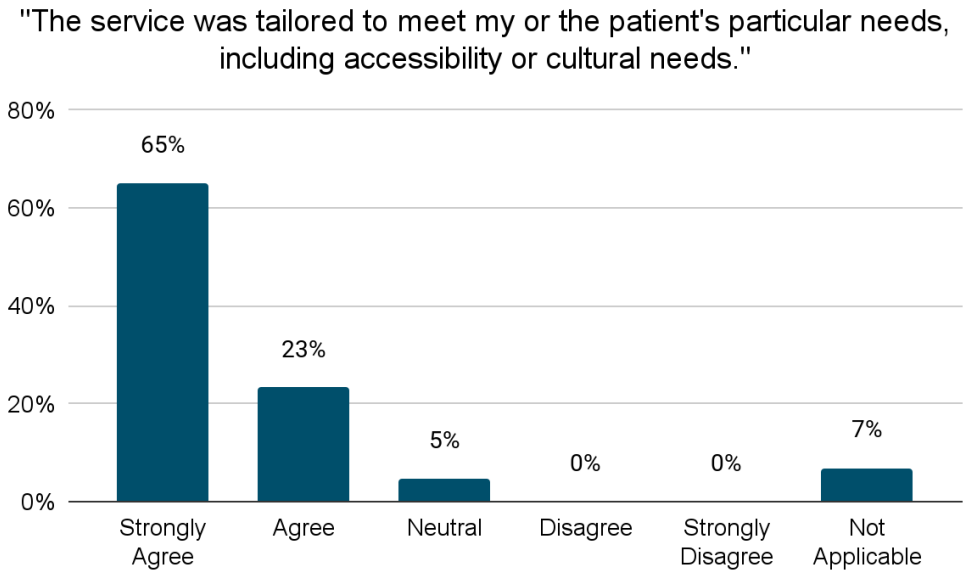
"Nurses speak directly to [my parent] and when I am present they let me know what is going on. And listen to both of our wishes."

"The whole family has been involved with the focus concentrating on my [parent's] wishes."

"When required, nurses were always ready to inform and discuss, sometimes at considerable length!"

Community nurses actively recognise that the patient's families and loved ones need to be involved in patient care. It is important the nurses include unpaid carers as they are vital for avoiding hospital admission or further deterioration. For these unpaid carers, we see that they trust and express gratitude for the work of community nurses.

Tailored Care



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While we can see that the majority of respondents reported being happy with the service, we received fewer qualitative responses to this question than the previous ones. Over ten percent of qualitative answers were simply saying that the patient is housebound and so the nurses visit the home. Two respondents expressed not understanding this question.

Despite the fact that over 20 percent of respondents to this survey reported having a hearing impairment in the later demographic questions, there were only two qualitative responses addressing this issue:

"They know I am hard of hearing, they speak clearly to me and they have given me leaflets about their service."

"They knock my door loud as requested"

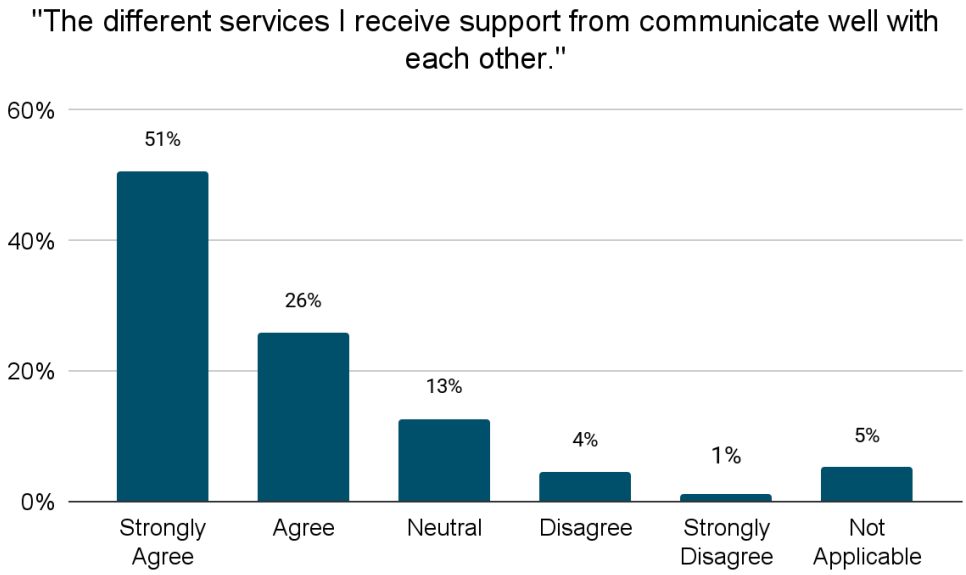
In the quotes above, we see community nurses adapting their communication style and methods in order to effectively communicate with hard of hearing patients. However, on our ride-alongs with nurses, this wasn't always the case.

We visited one patient with significant hearing loss. After trying to communicate verbally, the Healthwatch Richmond member of staff wrote messages on a piece of paper to ask questions about the care the patient had previously received. The patient repeatedly said that they didn't understand what the nurse was saying and looked to the Healthwatch Richmond member of staff for help. The nurse asked the Healthwatch member of staff to write out questions and messages to the patient.

This is particularly important given a recent report by the RNID and Signhealth which showed that 7 out of 10 deaf people and people with hearing loss have never been asked

about their information and communication needs when accessing NHS care (2025). Building on this, the report found that 1 in 7 people with hearing impairments felt a health problem they were experiencing was made worse and 1 in 7 feeling that their health was put at risk. In light of these recent findings and the experience described above, we suggest additional training for staff members.

Joined Up Care



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Patients of the community nursing service will often be receiving care from multiple different sources. This can include their GP, specialist care from a hospital or multiple hospitals, paid care, hospice care and social services. We asked this question to find out how well different services communicate and coordinate with each other.

While the quantitative feedback to this question was very positive, qualitative feedback was more mixed. From the usable qualitative responses, 58 percent were positive, 29 percent were negative and 6 percent were mixed. Further details on these are provided below in relation to the related services.

Joined up care is particularly important in light of recent findings by the Health Services Safety Investigations Body (2025). The report found that it can be difficult for patients and unpaid carers to navigate their way through the complex health and care system, usually involving multiple different NHS services and social care. This is particularly the case if the patient has multiple long-term conditions. People who are unable to navigate the health and care system or struggle to do so can: experience deterioration of health; miss appointments; or their care may become delayed or forgotten about, meaning they need more intense treatment in the future. In light of this, it is particularly important that organisations communicate with each other to ensure patient safety and delivery of effective care.

General Practice

Some respondents highlight good communication between community nurses and their GPs:

"The GP and nurses seems to communicate very well"
"The nurses do the majority of communicating with GP - Thank you!"

"They speak for me with GPs and other service"

The final two comments are particularly interesting. It appears that community nurses have taken over communication channels between patients and GP practices. As another comment suggested, this could be because patients struggle to get in contact with their GP practice:

"Nurses have had to phone my GP as I can't ever get through to them. They don't know how to communicate"

Other respondents highlighted strained communication between GP practices and community nurses:

"Difficult to know. When the nurses say the communicate, say, with the GP, what then happens indicate that they've done what they said they do."

"Sometimes a hiccup between GP and DN but this may be the GP at fault!"

From our ride-alongs with nurses, we heard that relationships are utterly dependent on the attitude of the GP partner or practice manager. Interestingly, we heard that community nurses find it easier to coordinate care for patients whose GP practice is in Hounslow, a neighbouring borough. This is because GP practices in Hounslow use the same patient record management system as the community nursing team. This facilitates easier and quicker communication.

As a final, separate issue, one respondents made the following comment:

"RE vaccinations, it is never clear whether district nurses / GPs lead on the house bound service."

Healthwatch Richmond has received feedback about vaccinations for housebound individuals through previous work. Vaccination arrangements for housebound individuals depend on the GP practice with which they are registered. Due to poor communication and organisation, patients and their unpaid carers can receive conflicting and unclear information from GPs, pharmacies and other services. However, this varies significantly across the borough.

Hospitals

The qualitative feedback we received about coordination between community nurses and hospitals was largely negative:

"Hospitals can see blood test results done by GPs but GPs can't see blood test results done by hospitals. Hospitals can't seem to see a patient's medical history."

"Some information was not passed to the district nurses from the hospital. I think this can make the job easier for them."

"The communication between … West Mid hospital and the district nurses could be improved"

"Communications between hospitals, doctors and other agencies sometimes seems very lacking."

"Hospitals have not always notified the nursing team after visits to hospital."

These comments place the onus on hospitals for poor communication with the district nursing team. What is perhaps notable is that patients themselves are actively recognising that hospitals are not sharing relevant information with the community nursing services and GP practices. As a result, community nurses do not have all the information they need to treat patients and patients or unpaid carers have to repeat the medical history again.

This may change due to upcoming legislation. The Data Use and Access Bill will ensure that healthcare information can easily be accessed in real time across all NHS trusts, GP surgeries and ambulance services, no matter what IT systems different providers are using (DSIT et al, 2024). However, at the time this report was written, it is clear that poor communication between hospitals and other providers is a frustration felt by patients.

This was an issue that was raised by community nurses on ride-alongs. Nurses reported that they often get incomplete referrals that do not contain all the necessary patient information. This slows down hospital discharge and means that nurses have to chase hospitals for the pertinent information. Incomplete referrals not only adds more admin time for nurses but also for hospitals themselves.

Hospice

We received the following comments about joined up care with hospice staff:

"We receive support and care from the district nurses as well as Princess Alice and the GP surgery. Princess Alice has recently been introduced. All appear to be knowledgeable of the care needed and current situation."

"The nurses communicate well with Princess Alice and our GP."

"GPs, hospice nurse and district nurses worked together."

All the comments we received about joined up working with Princess Alice Hospice were positive and this mirrored the feedback we received from community nurses.

Paid Care

We received the following comments about paid care:

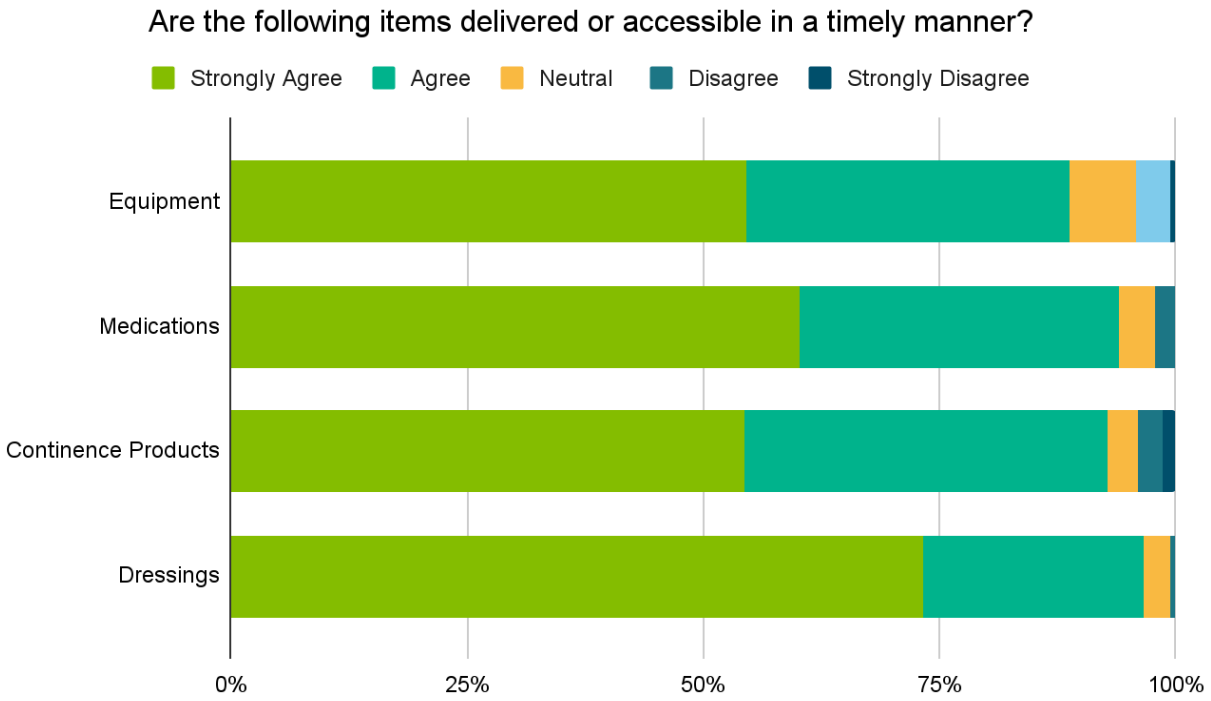
"District nurses liaise well with Doctor and family carers as well as carers from the care agency."

"Bluebird carers communicate well with the District Nurses"

"Good that my private carers (Bluebird) were in touch with DN, respirators team and GP with each other"

On our ride-alongs, we witnessed positive communication and relationships between community nurses and paid carers. In particular, we witnessed community nurses: asking paid carers what they had witnessed or done that morning; discussing what medications needed to be administered; and checking in on follow-up care. This demonstrates a mutual respect between the community nurses and paid care agencies.

Deliveries



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While the overwhelming majority of quantitative feedback to these questions was positive, the qualitative feedback was more mixed. From the usable responses, 56 percent were positive, 24 percent were negative and 20 percent were mixed.

Notably, different products are supplied and delivered by different providers:

- Equipment services are largely delivered by NRS Healthcare
- Medications are organised by GPs and delivered by community pharmacies
- Continence products are ordered by nurses and delivered by NHS Supply Chain
- Dressings are ordered by nurses and delivered by community pharmacies

Equipment

Respondents made the following positive comments about equipment services:

"We have had next day and in some cases same day delivery of equipment"

"The equipment normally comes the next day."

However, we also received the following negative feedback:

"Whilst I know the nurses ordered a variety of equipment including a hospital bed and special mattress. The mattress was not delivered as it was out of stock. The delivery company was unhelpful as various family members attempted to speak to them. Phone

calls not answered and left waiting for up to 50 minutes to speak to someone. Thankfully the nurses sorted out this problem for us."

"NRS have been unreliable"

"Equipment does not arrive on time.

These quotes demonstrate that some patients do have significant issues with equipment deliveries and particularly the delivery companies. We do see that nurses try to help patients who are experiencing difficulties with equipment.

Medications

Respondents highlighted multiple issues with prescriptions, including issues over delivery:

"The Matron arranged for all my medications to be delivered to my home which has helped so much."

"Pharmacy doesn't always deliver - tends to prefer collection."

"Sometimes medication is not delivered on time from the chemist."

Prescriptions not being delivered on time is a serious issue that housebound patients face. On our ride-alongs with community nurses, we visited one patient who had needed antibiotics and painkillers to treat an infection. The community nurses had sent this information across to the patient's GP; however, five days later the patient had not received the antibiotics and as a result needed to be admitted to hospital. Through this example and the quotes above, we can see that delayed prescription delivery can have major consequences.

Patients also highlighted particular issues with regard to ordering creams:

"I sometimes have to wait for creams for my legs to be delivered from the GP."

"Medication comes in dosette box but we have to continue ordering [patient's] creams. It would be more beneficial to have them on a repeat."

In these quotes, patients are expressing that they do not have issues ordering their regular medications but have particular difficulty ordering creams. We do not have any intelligence as to why this may be but might be an avenue for further investigation.

Continence Products

Respondents raised the following issues around delivery of continence products:

"Catheter supplies come from Fittleworth. I have had to purchase catheters on occasion"

"Had a problem with delivery of continence products and had a long wait which resulted in having to buy a month supply only to have a month supply delivered unexpectedly"

"Continence products have caused a few issues because the suppliers only take instructions from the GP and DN, not the patient. This is understandable but does cause problems."

These respondents mainly highlight communication issues with the supplier of continence products. As a result of poor communication, respondents do not know when deliveries will happen and so have had to use their own money to purchase products. This causes unnecessary expense and stress for patients and their loved ones. As the final quote highlights, patients are not in charge of ordering their continence products and instead have to go through community nurses or GPs as an intermediary. This causes extra problems and delays.

Dressings

Respondents raised the following issues around delivery of wound dressings:

"The District nurses helped order some of the patients' dressings, etc. and they were delivered at the stated date and time or expectation."

"Always order sufficient dressings to cover the next few dressings"

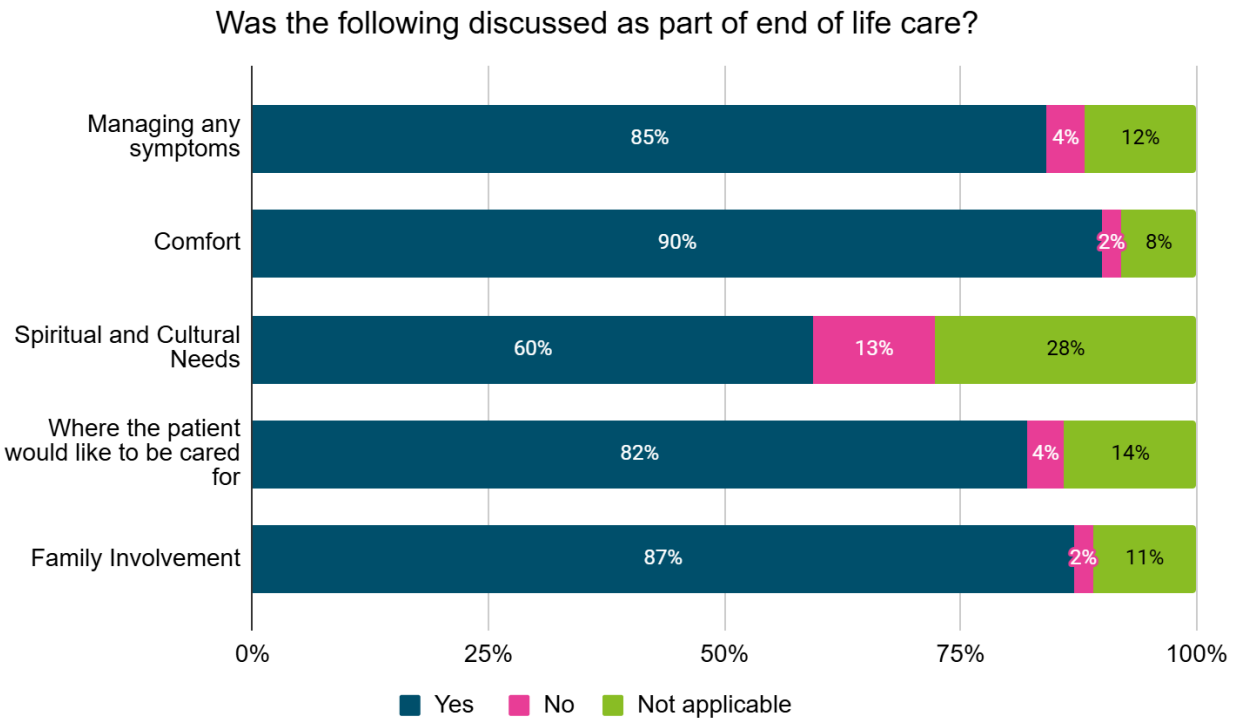
"Sometimes dressing don't arrive and why don't you put everything in clear plastic bags then you can see what's inside"

"The nurses order dressings to be delivered to the house but they don't always arrive."

This mixed feedback highlights divergent experiences of dressing deliveries. The first two quotes demonstrate that patients are satisfied with the delivery of dressings, highlighting that they are delivered at the pre-communicated date and time and that there are always sufficient dressings. The third and fourth quote, however, highlight issues with deliveries saying that the dressings do not always arrive.

The comment about 'clear plastic bags' is interesting. On our ride-alongs, we saw the large, black plastic bags in which dressings are delivered. We witnessed community nurses struggling to find the dressings they needed. One unpaid carer had reorganised the dressings from the black plastic bag into a clear plastic box to help with finding the right dressing and equipment. While perhaps a minor inconvenience, clear plastic bags might make finding the appropriate dressing easier for community nurses.

End of Life Care



Notably only 54 individuals answered this question and only 10 left usable qualitative responses. Positive responses included:

"Sensitive first meeting with a very experienced and empathetic district nurse. She also tended to my spouse after death. My spouse was able to be cared for at home as was his wish and ended life with comfort and dignity due to the care of the NHS + [Named Hospice]."

"I am very happy with my care"

"The above were discussed and my wishes have been followed."

Negative responses included:

"Nobody has spoken to me about the above at all"

"We haven't had any deep conversations about the above"

"This is something I would like very much to discuss. I need to know what is available."

This feedback suggests that some patients do not feel like they have had enough support around end of life care. Healthwatch Richmond asked KRFT what systems are in place around palliative care and what training community nurses receive. KRFT said that community nurses attend regular end of life training delivered by Princess Alice Hospice.

They have conversations with patients about: patient choice and preferences; spiritual and cultural needs; and what a patient would like to happen in the event their health deteriorates. They also use templates embedded in their patient record system to support holistic assessment and care.

KRFT also said that they had also identified areas of further training need, in particular to support increasing nurses' confidence when having difficult conversations including spiritual and cultural needs. Training on this has been organised. Furthermore, a lead nurse for Palliative and End of Life Care has recently been appointed to support developing the skills and competencies of nursing staff. We appault the Trust's initiative on this undeniably challenging area of care.

Conclusions

This report has aimed to synthesise and summarise the survey feedback from patients of the KRFT community nursing service as well as Healthwatch Richmond's ride-alongs. We hope that both patients and community nurses see their lived experiences reflected in this report.

Overall, this is a very positive report. Patients have told us: that community nurses treat them with kindness, compassion and respect; that community nurses understand patient's vulnerability and take actions to connect with patients in order to build trust; and that they value the honest communication that the service provides.

Nonetheless, there are still areas where patients highlighted challenges. In what follows, we have made recommendations both for the providers, Kingston and RIchmond NHS Foundation trust, and the commissioner, South West London Integrated Care Board. We hope that both organisations will take these recommendations on board and focus on improving patient experience.

Recommendations to KRFT and their Response

1. **Share positive feedback contained within this report with staff.**

   "An email will be sent sharing the report with all our community nursing staff."

2. **Ensure clear communication to patients regarding timing of visits.**

   "It was good to see that the majority of our patients were clear on our visits. We will review our current communication we give to patients to reinforce the notification or our visits, any communication of any changes, and we will also look to how to ask questions and what to do in an emergency situation."

3. **Ensure clear communication from staff to patients regarding what to do in an emergency or if a patient has questions.**

   See above.

4. **Ensure staff understand and implement the NHS Accessible Information Standard, with particular relevance for hearing impairments.**

   "AIS and reasonable adjustments has been rolled out in our community services. This is included in our Electronic Patient Record System and staff have received training. We also have a wealth of resources on our intranet for staff."

5. **Ensure that Kingston Hospital staff know what information is needed when making referrals to the community nursing team.**

   "There is a current work stream looking at the referral form the hospital fill-in to support discharge to community teams. This is an on-going piece of work as part of Kingston and Richmond ED and flow workstream."

6. **Create links with the Richmond GP alliance to improve communication and referrals from GP practices.**

   "We are currently in discussion with GP partners to agree what areas of work will be the initial priority projects."

7. **Review systems in place to ensure end of life patients get the care and support they need.**

   "As part of the work we are doing in the urgent and emergency care delivery board work there is discussion about approach to end of life care. The team have training from Princess Alice Hospice and are planning some training with the Kingston and Richmond Pastoral care team to support with having difficult conversations."

8. **Review systems around prescriptions and medications for housebound patients, particularly relating to expediting prescriptions.**

   "We will complete an audit reviewing the prescription process and average length of time for patients to get their prescription."

Recommendations to South West London NHS:

1. Review systems in place to enable joined up working between primary, secondary and community services.
2. Review systems around prescriptions and medications for housebound patients, particularly relating to expediting prescriptions.

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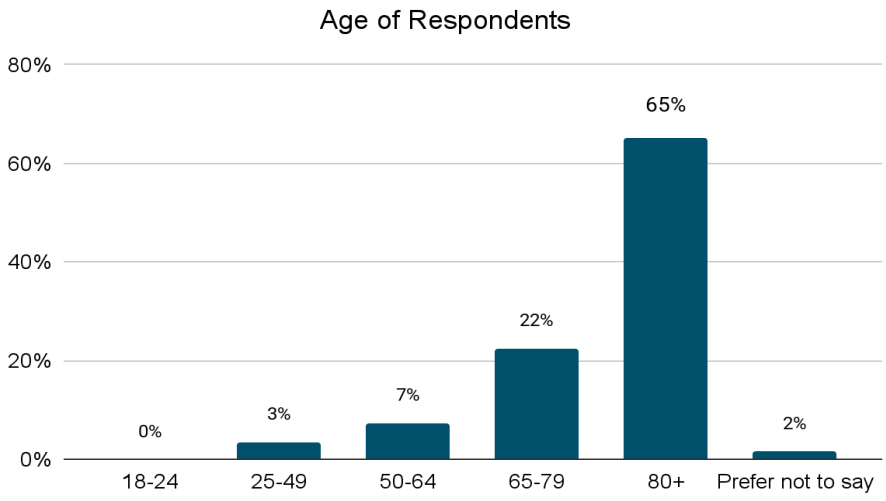
Appendix 1: Demographics



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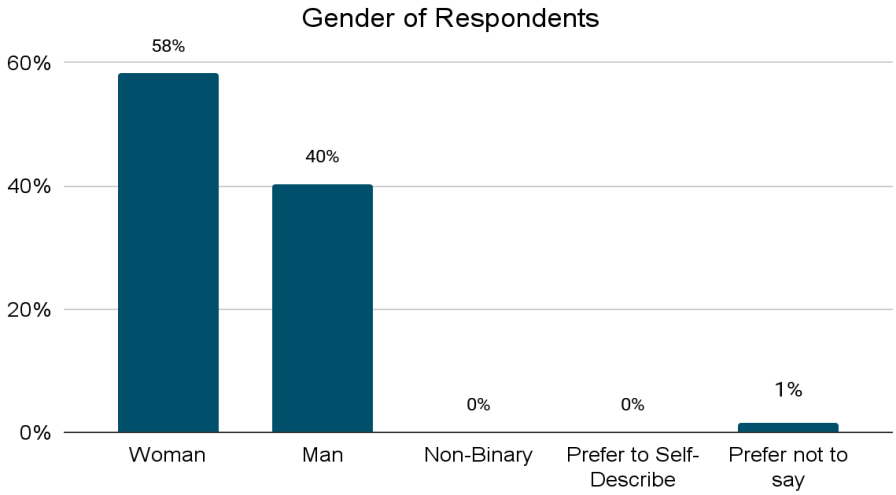

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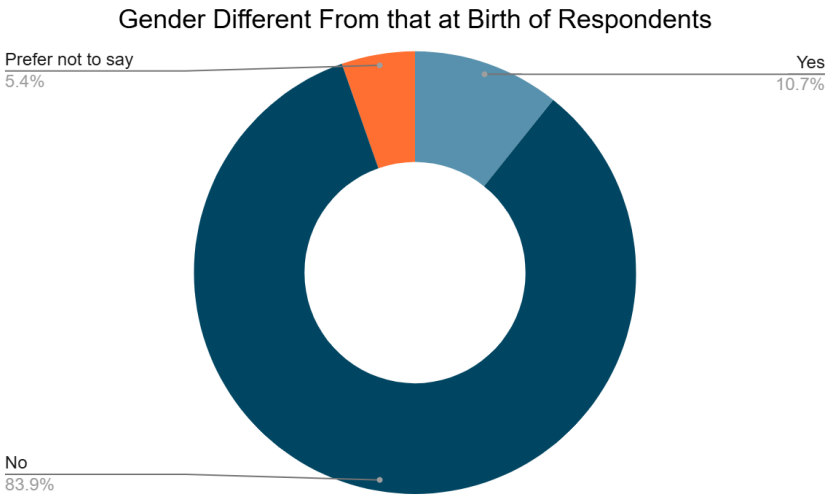

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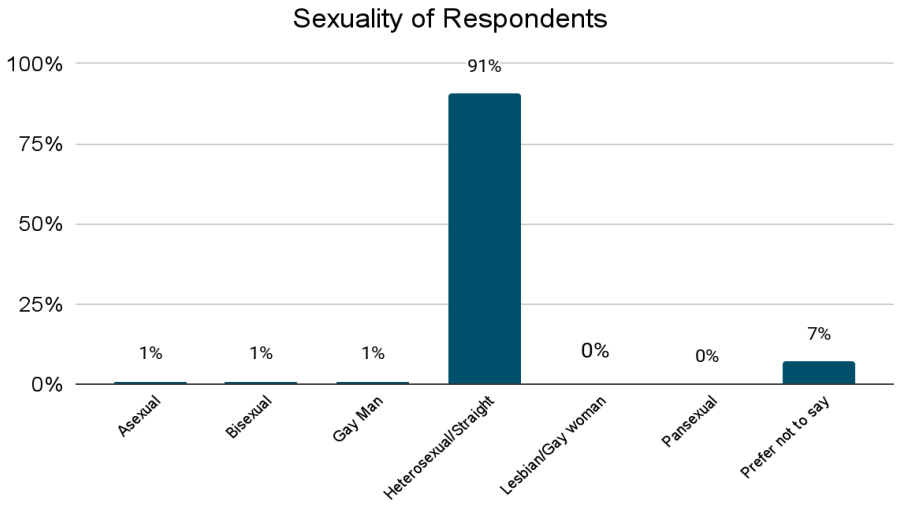

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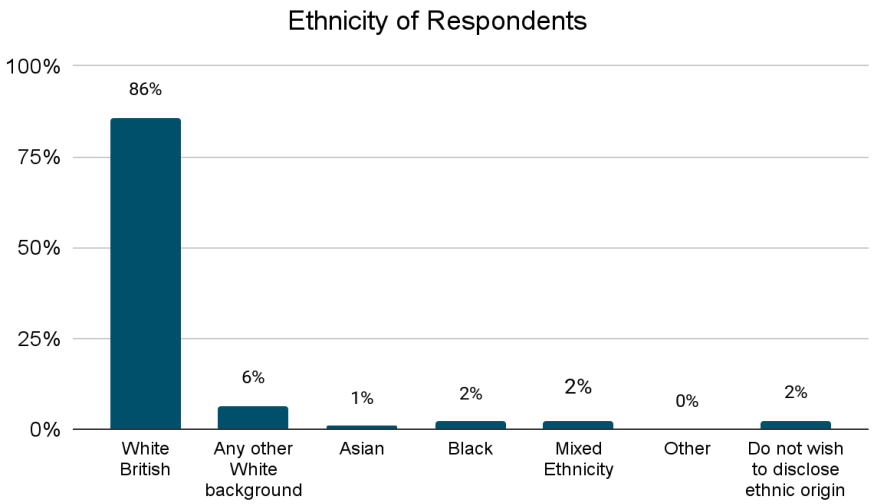

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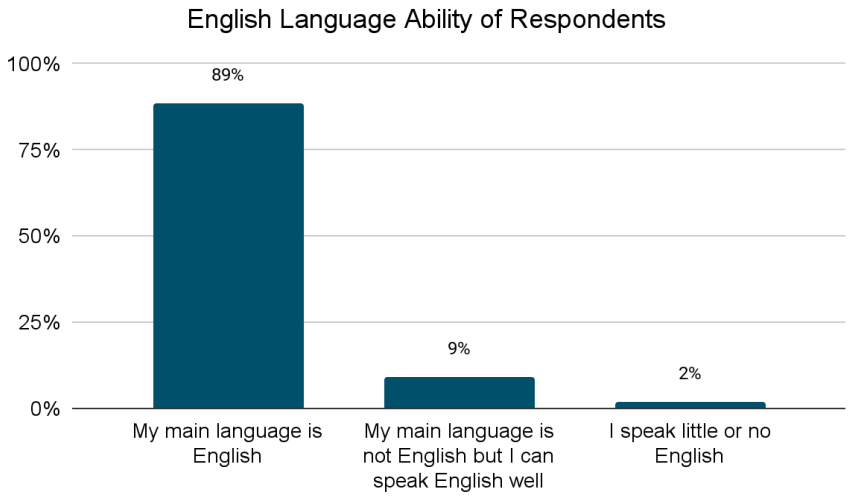

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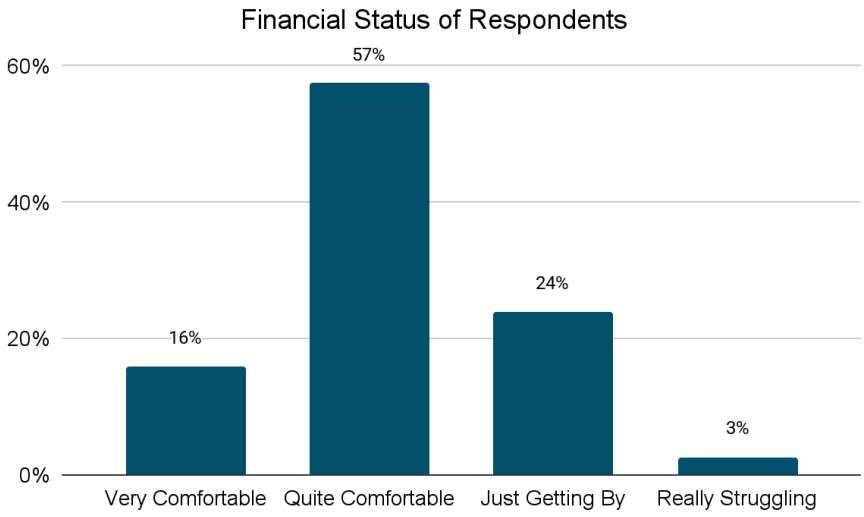
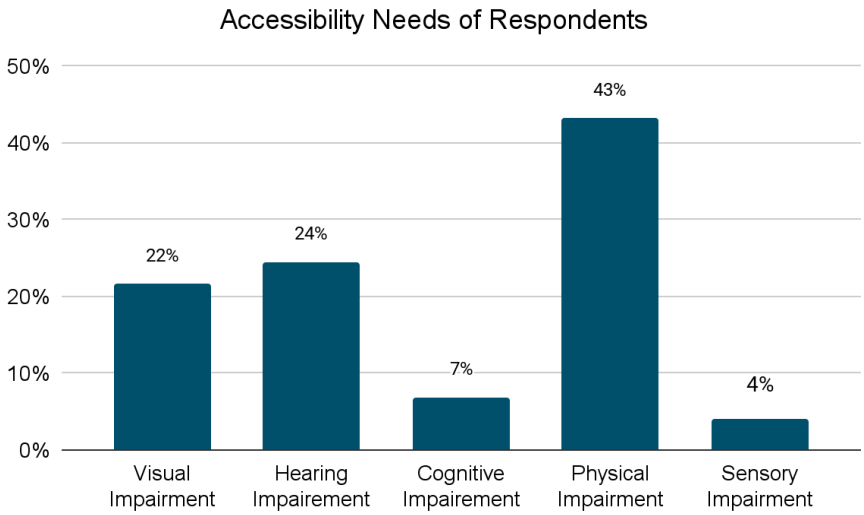

Financial Status of Respondents
60%
40%
20%
0%
57%
24%
16%
3%
Very Comfortable
Quite Comfortable
Just Getting By
Really Struggling

n - 188


Accessibility Needs of Respondents
50%
40%
30%
20%
10%
0%
22%
24%
7%
43%
4%
Visual Impairment
Hearing Impairement
Cognitive Impairement
Physical Impairment
Sensory Impairment

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