

Francis report: the focus should be patients not policies

Sir,

Regarding the editorial on the Francis Report (vol 74(3), 2013, p. 124), we strongly believe that a central core of strategy and change has to be improvements in training and education and ensuring all staff are well trained, supervised, guided and supported, and have an opportunity to continually improve their professional and clinical skills.

Within UK medical schools, the concepts of frailty and multi-morbidity and care of older people are not always explored – medicine is often taught using a systems-based approach, with a lack of appreciation of the complex interactions between pathology and the social consequences for the patient.

The British Geriatric Society and the Royal College of Physicians have strongly advocated incorporating geriatric medicine into all undergraduate curriculums, extending into foundation and core training. The General Medical Council has identified competences compatible with these ideas and medical students brought up in an environment where these complex interactions around management of frail elderly at an early stage of their careers should ensure that compassionate patient care is embedded within their clinical practice throughout their practising life.

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Sir,

Further to the editorial looking at care and compassion, and in the wake of the Francis Report, the Care Quality Commission's (2013) *Dignity and Nutrition Inspection Programme* revealed that almost a fifth of hospitals are not treating older people with the dignity, respect and privacy they need. Clearly failings shown in the report are not confined to Stafford Hospital.

Why is this basic level of care seemingly so unachievable? Health professionals often do not realize that not devoting enough time to showing respect and dignity, or understanding the need for privacy, can have a devastating effect on the total experience of older patients and their families and friends.

It appears that two of the biggest issues that lead to poor patient care are not new revelations – they are lack of continuity of care (shift changes, poor communication, pressure to empty beds, targets) and unwillingness, sometimes, to properly listen to friends and families' contributions regarding individual patient's needs as customers of the NHS.

Concerning the frail elderly particularly, an effort to 'see the person' rather than the patient, showing natural compassion, offering personal attention and meeting nutritional needs can alleviate and even negate potential future upsets and frustrations, thereby affecting the whole patient recovery and experience in a positive way.

With the best will and training, even our most experienced doctors and nurses will sometimes fall short as a result of poor leadership, management pressures and lack of available quality time to spend with patients – all of whom are unique, needing varying levels of medical care and attention but always needing kindness.

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Care Quality Commission (2013) *Time to listen in NHS hospitals. Dignity and Nutrition Inspection Programme 2012*. Care Quality Commission, Newcastle upon Tyne

Sir,

Having spent all of my working life delivering public relations services in the private acute health-care sector, it is welcome but at the same time disturbing that the Francis Report into care failings at the Mid Staffordshire NHS Foundation Trust had to be carried out.

Care of the elderly has always had a high price associated with it and yet the needs are simple. Good nutrition and communication are just two of the areas highlighted in the report that NHS staff have failed to deliver, whether it be in a hospital environ-

ment or in a care home. These two very simple tasks appear to get lost in bureaucracy. Nurses or carers don't appear to have the time to address simple requests, or maybe there are no requests as in some cases the patient doesn't really know what he/she needs.

I have seen patients on elderly units in hospitals with their food left on their bedside trolley because no one has the time to feed them. A simple task, but difficult to execute. Giving food to a patient is a caring act, just as much as administering medication.

So, how do we rectify the problem? Well we could start by recruiting trainee nurses who, as part of their training, could undertake this role. What about care homes? Well they charge enough, so they should have more carers. I know the frontline managers will shout out 'It costs too much money' but can we afford not to do it? What will happen to you when you grow old?

Esther Rantzen, who founded ChildLine, (the helpline for young people in distress) now has founded The Silver Line helpline to support older people. She says there are 10 million older people (over the age of 65 years) living in Britain today. Fifty one per cent of people over the age of 75 years are living alone, and many do not know where to turn for help. We need to remember this when administering care. The impact of loneliness and isolation also means that communication can be a problem for these patients. That's why we need to get better at caring and communication skills in the acute health-care sector and in the care home environment.

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Correction

In the article *Chorea and seizures in iatrogenic hypocalcaemia caused by accidental parathyroidectomy* (vol 73(8), 2012, p. 470) Mr Atif Khan should have been credited as an MSc Student in the University of Alberta, Edmonton, Canada.