Interview 13

Interviewer 00:00

Okay. Okay, thank you.

Interviewee 00:04

All right.

Interviewer 00:05

Okay, so if you please yeah. So if I will ask the question again, let's start. First by asking you to tell me about any PPI work you were involved in prior to COVID-19 pays.

Interviewee 00:15

Thank you. Right. So about 2012. Myself and three other colleagues got invited to become lay clinical auditors, we did a bit of training on what we should be able to ask and what we shouldn't do. Unfortunately, we were never allowed to look at patient records, even though we were supposedly signed up to do so. But we did do some instead, we did some face to face discussions with with patients about their experience. And one of the regular ones we we did was to investigate the the always events that the hospital working to insist that their ID which was always to use the patient's name, or was introduced themselves, or will show respect or was given the right food, keep them up to date, on the activities, that they will have their care pathway, keep them up to date on their dis their discharge, keep them respond quickly when they asked for toileting and things like that. So I think for the first four years, we went around three times a year, and we were doing five people on a ward, we will ask them, and we just sort of say was it good, bad or indifferent basically asked him to rank it out of five, then I'd come home and stick it in a software in my in my computer program spreadsheet and come up with some answers for each ward. So we stopped doing that after a bit. And so it's possible over time to recall the the percentage positive feeling by patients about each of these activities and plot it and then after about three years, I think we also started asking the staff at the same time. So we could compare what the staff thought they were doing and what the patients thought they were experiencing. And it was quite interesting at times, and sometimes the patients thought they were getting a lot better than the staff thought they were given. And other times, it was exactly the reverse the stuff that they do want to feel the patient so it could be a bit better. And I think the benefit of going around asking people was you Sorry, do you do so?

Interviewer 02:38

Would you be able to share patients and professionals data, you know, to each other,

Interviewee 02:44

I did send it back to the hospital yesterday, I had a little spreadsheet which showed for this this year, this time against last time, what the score was and whether it's gone up or down and by how much or gone up or down from last time. So it will show that the patient's perception arguably say about food had gone up a bit, the the hospital staff perception might have gone down or in terms of keeping patients acquainted with their discharge arrangements, shall we say, the staff might have thought they're doing a lot better. And the patients thought they were doing pretty rubbish, actually, the end of the day. And so they could actually, we could plot it over a number of years, I suppose really, or from six months to six months, as it became ultimately whether things were getting better or worse. And I did one time go along to talk to the matrons of the wards, or the ward sisters who are in charge of it about what we were discovering. I mean, the drawback is it was quite random it we didn't have a structured sample we would go for we go on a ward of 30. Some people, particularly on the on the dementia wards, it was quite difficult to find some sort of lucid enough to talk to you and they're actually answering. Obviously, if patients were asleep or in our care pathways, then we didn't interfere so that it was it was it was not a sort of what you call a really random structured sample to make sure we got a good cross section of people. But then the the picker answers, they get only ads that come from people who are delighted the happy or miserably unhappy, I don't suppose they the majority of picker results. They get fed back by postcard and actually a people who are sort of middle of the road. But the benefit we got from going not asking people was the ability to add some follow up questions. So if I said to someone, how satisfied are you with how often did the staff address you by their your proper name, the name you want? And when we first started it was quite difficult because there was nowhere nearby whether the name could be put. But after a year or so the hospital started putting up whiteboards by every bed and on there, it said my preferred name is my console. And as you know, expected depth of discharge is so that it was more obvious that people could be addressed by the name they wanted. It was still difficult sometimes because people say I'd rather be called Bob and they call me Robert or something like that. But you know, they could live with it at the end of the day, but it's not people. If you want to be called Mr. Hardy, they will call you, Mr. Hardy. Otherwise, you could be called Adrian or Paul, whatever you wanted, I suppose. So there was that change happened over about a year. And it was good, because then you could go along, and when are we meant to see someone? I said, Well, hello, I'm aging. I'm a lake lay auditor, I've just come to ask you a few questions, if you're happy to answer them. How are you today, Joan, or whoever it might be? And often when people sort of say, was it good, bad or indifferent? It's, uh, well, it was it was okay. You could then ask him a follow up question about what could be improved, or what was there a particular issue that concerns you. Whereas if you just give patients a pro forma to fill in and tick boxes, quite often, they're not really that keen on sort of adding extra not keen on just just tick a box and off, you know, go for the middle of the road. And you don't pick up on those body language things that enable you to sort of pursue it a bit more.

Interviewer 06:13

That’s brilliant. Did you did you eh

Interviewee 06:15

So we did that one. We also did quite a lot of work around several audits, just think about it really, we would, they would be asked where they prepared to come and chat to us about it. And sometimes they would tell them how quickly they need to get away, you know, the car parking charges and things like that. But it was possible then to talk to patients about their experience, how caring the nurses have been, what the how careful they've been when they're actually injecting their eye. And there was quite a difference between some of the experiences. For cataract treatment, the anesthetist, some of were better than others. And again, we could feed that back to them. Hopefully, there's been some changes and improvements. Certainly by the second time we did it, there seem to have been some some changes. And we also went on a Saturday morning, because they were doing some catch up time on a Saturday morning. And people were very pleased on Saturdays, because a there was no no charge for the car parking, and be if you're my age or older, and you relied on your children to take you there. Then quite often at the weekends they were available, whereas during the week they were at work. So it made life a lot easier for the patients. And we were then quietly asking in a corner a where they prepared to talk to us about it. And secondly, then asking them some questions about the quality of the service, the frequency of it, how to prompt it a bit, and all those sorts of things. And again, trying to get some sort of qualitative answers as well as quantitative. But of course, since COVID happened, we've just not been able to go into hospital at all.

Interviewer 08:43

This topic because a will ask about the COVID. Yeah, the latest of the interview. So first of all, we'd like to know actually, how was your experience before COVID-19 so most of the things that they this is amazing, really and doing all the things so I presumably they're all face to face when you did those.

Interviewee 09:06

They were all face to face, obviously not the staff ones. The staff was a one that was just sitting back centrally and I got given the copies of their forms. It was all anonymous, it didn't say what grade they were, you know, nurse healthcare assistant portrait or whatever. But I didn't see the stuff face to face, but the patients were face to face. Yeah.

Interviewer 09:23

Thank you. So as part of your PPI work, apart from going to you know, patients and other professionals asking question, do you have to do any review reviewing any papers, did you?

Interviewee 09:40

Not for them? I've got involved with the xxxx. And I'm for them I do something that they do invited service reviews, where if there's a particular issue at a hospital or hospital wants to verification externally that their quality, the Services is good, then then they get an invite to service review. And I get a copy of the report before it's published. And I go through it as a layperson. And I double check, can I can I understand it really. So it goes through checking for all the acronyms and the explanations about what the illnesses was or what procedures they'd undertaken. Make sure there's adequate footnotes and references and things like that in it. They also then give some sort of quality of care thoughts. And I have written back on some of these and said, Well, I think you're being a bit too generous to the staff on this application. From what I've read, I've said this was totally inadequate care, you've put sort of marginal room for improvement. So I have had, I suppose over the last few years, I've probably had about 10, or 12 of those, and they vary from about 20 pages two, I think the worst one I Well, the biggest one I got was about 70 pages. And that had a resume of each of the 50 patients reviews as well and scoring of those. And I have, over time made some observations about the actual structure of the report, because they would come up with a series of recommendations at the front. But it was quite difficult at times to see where these have emerged from as it's gone through. So now they do make it quite clear at the end of each section, what are the which are the recommendations have arisen from the material that was in that section itself. So there there are those that I have done. And on a couple of occasions, where I've taken the laypersons view, asked some lay patient, some patients who were in there about their experience, and asked the staff there about how they dealt with lay people, while the professionals were looking at how they were handling radioactive material and what the record keeping was like and all those sorts of things. So one of the review, paper he reviewed, it was 70 pages.

Interviewer 12:13

Yeah, one of them was about 70 pages. [Yeah]. So how did you what format did you review it one one line on your computer or get the sandpaper paper on there, they

Interviewee 12:22

Send it via email, but I can't do 70 pages by email. So I've got a laser printer at home, thank God, if it was an inkjet printer, I'd be really expanding my money back laser printer. So I run them off, and they get my highlighter pen. Yeah, so I can't do I can't do 70 pages, I can't even do a few pages online.

Interviewer 12:41

So it was before COVID-19 when they sent the 70 pages.

Interviewee 12:46

Now I've actually had those more recently, because they've been able to do some of those reviews, they've done them zooming between the professionals and the hospital concerned or a lot. So they've been able to be sent the actual patient documentation securely to the xxx. And they've been able to look at that. And then they've got together virtually to score score and write the report and then send me the report. So those have been several of those during COVID. But they've been delayed a bit because of course, a lot of the physicians have been involved in in caring for patients rather than actually double checking what others have done in the past. Yeah.

Interviewer 13:25

Do you think about to let them know that 70 pages? I can't do them online or on email? Could you send me a paper hard copies? Did you send a request?

Interviewee 13:34

No, no, I think I've got a good rapport with them. It's very small group of people who do it and probably about six of us at the end of the day underlay one and there's five people who go off and do all the work. So if I, if I hadn't got a laser printer, I would have said I'm not going to print 70 pages. And I think don't cost too much but a laser printer. It's no hassle whatsoever. And it's easier for them now, because they're not in the office to print them in any case. So no, I've never raised the issue. I said somebody's pager was a bit much and they wanted a quick turnaround, but I managed it.

Interviewer 14:09

Thank you! So you've been doing very, you know, brilliant jobs, you know, helping PPI everything. So how do you feel about your contributions, PPI contribution over the year you've been doing

Interviewee 14:20

over the pre before COVID? You mean?

Interviewer 14:23

I mean, overall? Yes. Before COVID?

Interviewee 14:26

Yeah, before COVID I thought it was fun. There was far more practical things we could do. And it did have an impact locally in my in my local hospital. So from that perspective, I suppose I thought I was doing something that was far more immediate benefit to local people. But I suppose since COVID has struck obviously we've done nothing locally, but I have done some of these external reports, which which are there. So to that extent, I still think I'm being helpful and making sure that a person's perspective is put but perhaps not as effectively as I could do in terms of local impact.

Interviewer 15:04

Thank you very much. So what did you enjoy the enjoy the most about face to face working?

Interviewee 15:11

I think it's actually meeting the patient, frankly. Obviously, we were going around when it wasn't visiting time. So some of them were, there were one or two patients I had difficulty extricate myself from because you start with a question and you end up with their life story, far more information than you really wanted. But they were just sort of reeling this off at you. You could be there for half an hour, I suppose. And, but, I mean, that's part of it. You can't just sort of saunter in, ask them questions are thanks very much. I'm going away now. Because, well, especially with patients on a bed, you've been there for several days, someone who was tamed to talk to, you can make the most of it out. Yeah. So that, so that wasn't, it wasn't an issue, but it was it was it enjoyable, I think I'm most occasions, there were one, I did do something for xxxx as well, because we were trying to find out how to improve their service. And they did get some agreement from patients to talk to me. So it was quite difficult to speak to them. And even though some of them had agreed to talk to me when I actually came along, they said no, I don't want to chat. So that's I said, that's fine. This is obviously, this is all voluntary, from their perspective, I'm happy to talk about that. But if I was on a cancer care pathway and chemotherapy, I might be far more reticent about discussing sort of some of my personal thoughts about it. So that was that was understood. But we we tried that over a couple of years, I suppose I must have spoke to about 10 people, we did come up with some arrangements whereby they could give more thorough information and perhaps leave some information with the patience, although, again, that didn't seem to work too well at the end. And that sort of fallen into abeyance now. So I don't know what xx had done for the last couple of years. I must admit,

Interviewer 17:01

Thank you very much. You already mentioned the reason you enjoy that your contribution is made an impact towards the service providers and layperson perspective. [Yeah]. Anything in particular that supported your involvement, engagement with, anything you felt that that was supportive towards towards your PPI work?

Interviewee 17:27

Well, there was the fact that we did the training at the outset. So about asking questions and sort of doing some analysis, things like that. The the fact that we did seem to get some positive feedback from the staff we fed back to so when we given them the information, they're sends out, thank you very much for that we did a couple of presentations to groups of staff around the results we found. So again, there was some immediate feedback from them as to, you know, thanks for the effort you've put in there. I did bump occasionally into the chief executive of the trust as he was wandering around. And he said, thanks very much as well for doing the work. So there was some there was some supportive comments in that way, I didn't think anyone ever told us to go away, you're wasting our time sort of thing. But you have to be very cautious going on to the world, we always ask them the the nurse in charge with their people, it really wasn't advisable to talk to. And there were occasions we we also went around doing the place survey that patient assessment of the the care environment, and it's called is it place, I think it was called place did that a couple of times. And even they're watching the delivery of the meals to make sure they were going out to the patients correctly. And those who needed help, were getting help, as well as checking the cleanliness and I was enough for going around checking the dirt on top of the curtain rails and things like that, given my heights. So there that was some, perhaps a bit more. We will go around that as a group, the lay person would lead in the group. But we had a clinical person there and also someone from the hospital on the admin side who could help us out if we got into any particular difficulties. So no, I'd say overall, the thing that was supportive was the fact that the staff responded positively. And so did the patients there.

Interviewer 19:22

You mentioned there was some kind of training, could you please share some of the training anything helpful to you?

Interviewee 19:29

Well, I mean, essentially, it was the the clinical auditors at the hospital, who did the training with us. And it was it was really, I think they were originally hoping that we'd be able to help some of the junior doctors and people when they were doing some research work. So we were talking about statistical analysis and collection of data what what you might be asking the need for confidentiality, things like that. Suppose we were there for about probably three half days or something like that it was organized internally locally. But then we couldn't get the authorization to go ahead and actually look at patients notes. So on a couple of occasions, they were talking about informed consent. So the two of us would go on the ward, I would go and ask the patient, if they could remember giving consent had they got a copy of the consent form or whatever, I want the lay audit, one of the clinical audit staff would actually go and look in their records on the ward at the same time, then we would compare what the patient's what they got, and what was actually in the records to find out if they've actually been asked for the informed consent and be given it. And have they got their copy? And did they know what the importance of it all was? So all the cases like that, then we did do do work jointly, as well. And I did actually go and do some work about some asking staff what they knew about, oh, when you got people you want to section, figure out what they call it. Now. There was them. There are a couple of procedures they need to go through if they think that people haven't got the mental capacity to actually make decisions. Yeah, I forget. Sorry

Interviewer 21:12

Mental capacity act?

Interviewee 21:15

Yes. There's that that one? Yeah. And so they they done some training for the staff. And we were asked to actually go around and ask the staff the questions. You know, could you tell me x y Zed, and I did end up with a chief consultant that writings and at one point, I was desperate for another member of staff, I knocked on his door and went in and asked him. So yeah, so we were used there, again, as a sort of, I suppose, because we weren't members of staff, we wouldn't be too deferential to those we met on Route, you know, but again, we got positive answers from them. And then obviously, the training had worked. And we're doing around totally random sample of the people we talked to.

Interviewer 21:52

Thank you very much. Now, thank you for sharing the positive, supportive thing. Anything was anything was challenging, difficult for you to get involved.

Interviewee 22:04

But I think they I mean, the only challenging one, I think has been the xx one. But I was asked before we did it was a happy to do it. And I said, Well, if it helps our boss, you know, but it was only challenging. And as much as the nature of the patients themselves, it wasn't really challenging in terms of the the work. If there's a challenge at all, it's trying to organize people's time to do it, because people are volunteers. So when wandering around the hospital, it can take, I suppose half an hour award, there's 30 words. So it can take quite some time you need two or three of you at least doing it. And then if you want to do the outpatients as well, because it did ask us to do outpatients in due course. So there's another 10 outpatients departments to get around. So it's just organizing the time, I suppose, to see if you want to do it regularly, when we're doing it three times a year, it wasn't. We were there were three of us doing it, then we got down to two a year. And there were only a couple of us really doing it. So we had to then try and prevail upon some other people. I think one or two of them were actually that some of the community directors on the hospital you know, the the community elected members on the xx, so a couple of them helped us as well. So I think it's actually us organizing people to get the job done. was probably the thing I found most awkward. Yeah.

Interviewer 23:31

Did you have to travel? Go somewhere far from your home?

Interviewee 23:36

I mean, they did offer to pay our mileage if we wanted, but generally, it's a it's hardly worth getting the thing set up for I think I did claim when we were going over to xx several times, but but it really is more hassle than it's worth really. Yeah. Are they given Oh, they gave us a meal allowance as well. Yeah, they did give us a voucher to go that go to the canteen and get a freebie meal for three quid and a cup of coffee. Total generosity there.

Interviewer 24:12

So we finished our pre COVID-19 question. So could you please share something that you have been doing? See after COVID-19 when the COVID-19 started up to there

Interviewee 24:22

Was really the the only thing I've been doing since COVID-19. Started in terms of patient work, I suppose would be these invited service reviews that have been sent by the xxx. Because it's not been possible to go into the hospitals to do any any practical work. I mean, I'm over 70. So I was I was ruled out of court straightaway. And even though they've given us all jobs now, I'm not sure that they will be welcomed back in and I'm not sure that my family would like me to go into somewhere where COVID might be far more prevalent. We're going to have quite a high rate in the past. It's okay at the moment. Seems a bit pointless, really. So now I'd say the biggest, biggest disappointments about COVID has been this total cessation of real face to face work. And that's where I feel it's more important than just going and giving people questionnaires because you do get a better, better answer, I think a more response from actually speaking to them.

Interviewer 25:24

So, yes,

Interviewee 25:27

I mean, I suppose you could try zooming people or face Facebook in them and things. But again, whether or not that would work for a lot of people who are not feeling too special. In any case, you may not be familiar with the technology, Facebook and talking to them on that in the hospital wouldn't exactly be very confidential either. In if you're talking to them at the bedside, you can, I tried to sit down next to them or kneel down so I was on the same level as them. So I wasn't sort of stood up talking down at them. And you can then start to talk more quietly, whereas I think they're doing Facebook on a ward is very difficult to get any confidentiality or quietness there. So you wouldn't get the same response, I don't think

Interviewer 26:10

Before COVID-19, and after COVID-19, so what would be new for you any any different anything change, although you have been a mentioned some of it any any particular new things for you?

Interviewee 26:26

No, I think the, the ideal thing would be to come up with some way of being able to talk to patients. Because I'm assuming these, these xxx, forms are still there. And the satisfaction surveys are still there. And hopefully, some of the clinical audit staff at the hospital is still going out asking the questions, but we don't get to see the answers. And we don't actually get to ask the questions of patients independently. So I think the biggest hassle is that we've not been able to actually just go in and chat to people. And I think that's, that is I would say that the biggest drawback at the moment to to post COVID work with patients. Yeah. I mean, I'll give you a lot to go out and your report. But that's, I think the the issue that we've really got, you know, at the end of the day,

Interviewer 27:17

Anything was helpful, PPI how, and what has PPI he helped you with during this period? During COVID-19? Anything, you could think that Oh, PPI helped me

Interviewee 27:30

Um, helped me in terms of mental health or connection during isolation, or me personally? Well, I mean, it does give me another interest. As well as trying to learn to play the piano. So that's kept me going for the last 12 years, and it's still rubbish. So I've, I mean, from that perspective, it's not been too bad. That's another one I do, or have done in the past. And I've got invited now. Sorry to ramble at you. But I got invited as a lay rep on xxx. And I did some survey work with their patients, it was actually back in 2015, we sent a circular out a questionnaire out to patients. We did try again, around COVID time last year, sending out how what's COVID impact been on you, and ask the departments to hand them out. But really nothing came back on that whatsoever. And I think it's understandable that partners are under so much pressure. A lot of the staff have gone off to do other work in the hospital rather than doing xxx. So the number of patients are right down. So nothing came with that we had hoped to do something around there. But we've done one in the past, and now they've set up a YouTube TV channel. And I'm on their Council, we've agreed that I will sort of refresh it an item I did back in 2015 about what's the importance of actually patient involvement. Why is it a good idea to involve patients and it's just not a load of hassle extra on the on the members of staff that are there. Because psychologically if you get patients involved in their care, I think it's been demonstrated that there's actually get it you get a far more positive response in terms of the recovery period, as opposed to them just being seen as a series of symptoms on a bed. So that the thing that really came back from that survey we did in the past for xxx was I was expecting people to worried. So that that did surprise me. But also, we've done how father traveled and some of them travel 50 miles to get to the, to their, to their, to their scan and things like that. So that, that that was a useful thing. And that's still carrying on, I suppose my my involvement in xxx, in that respect, again, just trying to put the patient perspective. So recently, they've been reviewing their their quality assurance survey, where it's about 30 pages long of all the questions they could dream of asking. But I went through and said, well, you're not being explicit enough about what you're done for the patients. So have you got examples of the leaflets they give to the patients? surveys? Can they indicate to you what changes they've actually made as a result of the survey? What they've done? All those sorts of things. So quite a number of changes to the questions that they were going to ask in their survey, to make sure there was adequate focus on what the patient actually wanted. And that to demonstrate that we're doing something about it. So that that that bit still got going on. Yes, in the background, but again, it's just not in contact with patients.

Interviewer 31:36

So they're the challenges towards you, you cannot, he cannot go to, you know, go to the hospitals or ask questions, you know, to the patient. So anything any other challenges, in terms of actively working with the community, or networking across, different stakeholders, anything you experiences this sense, COVID?

Interviewee 32:00

No, I mean, in terms of networking, to say, the xxx groups that I'm on, zooms really helped in the past, we used to have to go to London for the day. Well, if you can imagine going from xx, so it's only two hours on the train, and the two hour meeting, and you have to walk back to the station, you could waste an entire day, go into a meeting. And I think what we've discovered and you've probably found it yourself in ways is you get better attendance on zoom. So yesterday, I was on a zoom call and there were 17 people on the call. Whereas if we'd gone down to London, there might have been 11 people got there. And it would have cost a small fortune. So the xxx, and that was saved hundreds of 1000s of pounds, I think on expenses and train travel and things like that. But there's also a better participation because people can dip in and out. I mean, I'm talking to you now, I can go do something else in half an hour's time. Whereas if I come deliver it would have been an entire day out really. And I think if there's one thing that we have learned from from COVID, it is that zoom or teams or something like this can actually work well, for group meetings. But it doesn't really help with patients, it might, if we were organizing a focus group or something like that, it probably would. But the work we were doing didn't involve a focus group with a group of patients. So that that hasn't helped. But certainly from the background talking to other professionals, then I think zoom and teams have been a boon. And if you've been doing lectures and things like that, from from the university things, again, you've been able to keep in touch with students that otherwise would be in quite difficult.

Interviewer 33:44

Thank you very much. That's very interesting. So you mean, the zoom meeting and the technology, it would be good for the professionals but not for their patients?

Interviewee 33:52

Well, as I say, I think if you have a focus group, so people knew what they were coming to discuss, then it would be okay bit like organizing a meeting like we've got now you sort of send out some questions in advance or people know they've come to discuss xxx or whatever. And they've all been there recently, and then they can have a chat about it. But certainly doesn't help with that. That one to one going round the wards talking to people as it actually happens. Because I just don't think it's a it's a satisfactory replacement for it. But but for focus groups that will work well if we can get them organized. Yeah.

Interviewer 34:27

Thank you very much. Thank you. Now Could I please ask you the access to resources for PPI remote working you have at home or?

Interviewee 34:39

Well, I must say when I started I did invest it myself in a new laptop computer, which I had hoped to carry around with me but it was too flippin heavy. So I have a little tablet instead which you could actually work but when we went around the wards we did it all on paper. So it that didn't matter. I did I have to get myself a decent computer. So I could take it along to any presentation we did. But also so that I wasn't sort of commandeering the household computer so that my wife couldn't use it. While I'm doing spreadsheets and putting data in and stuff like that. I think had I actually asked if the, if I could have a computer, they might have lent me one or something like that. But I'm fortunate in as much as I'm retired, and we've got the funds to actually to actually do it. So I didn't actually ask for that bit like with expenses for going around the place. It's just, it's too much like hard work. And obviously, I use the computer for a lot of other things as well like school. So

Interviewer 35:43

Who did you like to ask please? Who did you want to?

Interviewee 35:47

If I if I'd, if I'd asked, If I hadn't got the money to buy myself a computer, I would have said to the xxx can either come in and use one of yours? Or have you got one you can let me while I just do this analysis, and then give you it back afterwards. Whereas as it is, it just hasn't been a problem. And we've actually just thought about it in terms of schools as well. Because we've been doing meetings on zoom, and some people haven't got zoom, they've only got it on a phone and you can't, it doesn't really work well on a phone when you've got 10 of you on a meeting. So again, we're thinking about should we be providing our governors with laptops they can use for meetings. So that's something that we've learned from from this. They haven't got a decent piece of equipment at the other end, you can't see a group you can't show slides and things like that, which is what you need to be able to do. So it is quite important that people do get the right equipment for for the job, I think

Interviewer 36:51

Thank you! So information and knowledge, how to work remotely how to get involved remotely, looking for the guidelines and so on… are you ok with them?

Interviewee 37:03

I suppose the the real issue is is getting set up on the computer, I have great trouble with teams, I can't cope with teams whatsoever, I found it far more difficult than zoom. And I suppose it's just getting that breaking down the barrier about using it. So it's perhaps a tutorial, how to actually use zoom or teams, how to log in how to get yourself an account and all those sorts of things. Trouble is how do you get people to learn to sign in and do a zoom if you can't zoom to them to show them how to do it. And so it's a bit circular, I think in terms of getting that experience in the

Interviewer 37:41

Have you asked for any IT support from anyone, family, friends or any organization?

Interviewee 37:47

I have asked for some IT support from school. So the camera on this one at the moment. For some reason my Lenovo laptop, the camera, the inbuilt camera just will not actually work on on zoom, it works on teams that won't work on zoom. So I've got myself a little Microsoft camera that sits on top. And I've borrowed that permanently from school. I suppose I could have invested in one, they're not exactly expensive, are they at the end of the day. So I have actually got some a bit of experience or a help from from school. I'm not sure where I've got to with the health people because they've obviously been up to their eyeballs in electronic patient records and hospital information systems and all those sorts of things and trying to get as many computers working across the hospital as possible. So I think I would have resisted from from going there. And I have been using computers on and off for the last while God knows 30 years ever since they started practically. So I'm not without on quite a lot of the basic software's.

Interviewer 38:53

Thank you very much. So we talked about the positive and difficulties before COVID-19. Now after COVID-19 was there anything in particular that made it more difficult to be involved? Although you have mentioned some them already.

Interviewee 39:10

No, I suppose the only difficult bit is if I can be involved in anything that just requires a discussion or they send me some documents or whatever. Or we have a focus group about a particular topic. But the only thing that's really not possible is talking to the patients in situ, you know, as their experience in the hospital environment itself or the outpatients environment. I mean, outpatients. If I had to say one thing about being an outpatient now, is that the weights when I went for my eye test last week, there was no weight whatsoever it was in, out and off before COVID you go in there being waiting room of people, your appointment would could last an hour. hour and a half or something like that. Now, the hospitals have got far more efficient organizing the outpatients departments. So every time I'd go there, there's no more than four people in, in the waiting room, you get through it like a dose of salt, and you're out in half an hour. And so I think it's a bit like trying to get to the doctor, now you can't see the doctor at all, you can send a repeat prescription in and you get it from the chemist next door. But as you're trying to see a doctor is like gold dust in tech. Well, you may not find that, but certainly our doctors has become quite remote. But the actual speed of proceedings at the outpatients has really, really improved no end. And I think that would be a great bonus for a lot of patients who who be able to get there more quickly. But that's almost incidental to COVID, I think. And people have to be kept apart. But it's a learning lesson there. And I think there's quite a few things like that organizing, why a few people go into a&e, what they're doing instead, was there actually nothing really for them to go there for they kept going to their doctors, which can't get into the doctors. So is it all psychological? At the end of the day? What are we going to learn from this, which can be fed out by the health service to stop people turning up when they don't need to? I don't know. But that has been the real boon of COVID, I must admit as an outpatient.

Interviewer 41:21

Thank you very much. Are you comfortable working from home, are you happy with your home environment to do all the work remotely?

Interviewee 41:32

Yeah, yeah. I mean, fortunately, our children are left home, I'm in the spare bedroom that's become the study, you can tell there's the there's the bookcase behind me and things like that. So I have commandeered this room. But my when my wife needs to be on at the same time, she uses another computer in a different room. So we're fortunate, we've got a four bedroom house. And there's no space, no space problems whatsoever. And there's no, we're not fighting for a computer. Now. I mean, other families could be saying, We've only got one computer, we can't do two things at once, and require far more organization. And certainly we're finding that for schools, when you've got one computer and three children who are meant to be doing online learning. They can't all be on this on at once doing different lessons in different schools. So there is a big issue there. But we're fine as a family, I must admit no problem whatsoever.

Interviewer 42:25

Thank you very much. So you are seeing all the new things, mentioning some of the interesting points. You mentioned that went to xxx physically, like two hours, two hours, then you have less attendance now you have more read. And so it's kind of positive things you've mentioned. And some of the things actually not positive not so positive for patients. So I'm just the the question here is is trying to ask. So once people are back to their normal routine and not staying at home, do you think remote working still be working or practical where to do this?

Interviewee 43:06

What certainly, again, we were from yesterday's meeting, for example, xxx, they're they're keen to meet again in xxx face to face because they they do like the networking that goes on the low side chats they've got and able to discuss a perhaps a complication at xx hospital with someone who works in xxx or things like that. So I can understand why that is useful to have the face to face networking. But I think we're all going to end up now with these blended meetings, where we make sure people can be on zoom as well as go to the meetings themselves. So that people who can't spend the entire day can still get there and contribute. But be those who do like occasionally to get together around the table and and really have a chat, and perhaps discuss things this is difficult in a group of 17 of you on a zoom call. You could phone up again afterwards, I suppose. But you get quite a lot of incidental discussions when you're in a meeting, or in between over coffee and over lunch and things like that. So I think that there will be this pressure to get back for some meetings. But I think the alternative pressure is going to be the cost. And people realized just how much money goes on these meetings and what it actually costs. At the end of this, they may reduce the number of face to face meetings in a year or something like that. So have them so you have two meetings online and two meetings in person or something like that. But both times when they're in person, there's still the opportunity to be in a room where you can do virtual as well. People can join in remotely. Yeah.

Interviewer 44:37

Thank you. So you, you mentioned that I think is most mostly you would prefer zoom than Microsoft team. So you are you're quite familiar with zoom. So any any issues with zoom app. You found that to be or using the devices when

Interviewee 45:00

Yeah, the only issue I have is when the whole thing freezes up, and my internet goes down. And then you have to rejoin the meetings and things like that. And that is the frustrating thing. Because you can't control the internet, if it decides to go off, it goes off. Or if my, my software decides it's going to freeze and have, I never, I can't sort that out, I just have to go back and restart again. So that I'd say is the only really frustrating thing, which is totally outside your control, isn't it at the end of the day, but when it works, it works well. I like zoom, because you can see everybody on the meeting. So I've been on some training courses where you've had 5060 people on In fact, I've been on some seminars where you've had 350, and you can scroll across, and you can see everyone who was there and get the list of participants. Whereas on teams, you can only see nine at a time, which is a bit of a pain, because you just seem initials across the bottom, which isn't the same as people being able to gesticulate, you can see 25, normally at least on a zoom call, all at once, which is really helpful. So when we do Gov meters and things like that, you've got 11 people on you got two people you can't really see. So that's why I prefer zoom. At the end of the day, you've got the chat function, you've got Breakout Room function you've got you can do sharing screens, all those sorts of things. It's very, very practical. So I yeah, that's why I prefer it basically.

Interviewer 46:26

Thank you very much. Anything that could have been done differently and better way?

Interviewee 46:37

I don't know, really, I'm not. If if the request here is what would make life better for patient involvement, then I really can't think of anything we could do at the moment that enables us to get to the bedside and ask the questions, which I think is the one thing that's really missing at the moment is being able to independently go and talk to people as they are experienced in the care. So you can do post operative you can do when they've gone home, you can do some survey work as well. But I think I'd say the only thing is that we really have not found a solution to is going on site and talking to the patients in the bed or on the outpatients department as they're actually they're experiencing it. But if we were to go now and chat it out patients, we get so many positive comments about speed of delivery and things like that, that it would just reinforce all the positive messages that they're actually there

Interviewer 47:39

Once the COVID-19 is over while the restriction is over. Well, would you would you be going back to the hospital outpatient center, you mentioned that it may be

Interviewee 47:50

that we're certainly we certainly have the offer there, I think we just need to make sure that the COVID is really under control. So I'm assuming I've got some immunity here. But I think we just need to wait and see when the next lockdown happens if the Brazilian variant comes in, or whatever happens next winter. But I think a lot of us volunteers would like to get back and actually do what we were doing before. There are so many volunteers in the hospital. I mean, it's not just the things I do. It's the people who are there on the welcome desk and showing visitors around and getting them to the right word, all the practical things, just taking the teas and coffees around to support people. everything like that, that's just stopped completely, which is what really also helps the patients and and the visitors out when they actually go to the hospital But some of the ones when people go to hospital, they're the huge places and they get lost quite easily. So I think getting back for those sorts of practical support for people as well. Yes.

Interviewer 49:01

Thank you very much. Thank you. So we're nearly at the end of the interview now. Could I please ask finally. Just before we finish, is there anything that I have not asked about that you would like to add please?

Interviewee 49:16

No, I think I've charged you for the last 40 minutes or something. I can't think of anything else. I could say my habit on this. But if when you've gone through it, you think there's something you'd like to ask me, or I'm not quite clear, do feel free to sort of send me an email or something like that was very clear.

Interviewer 49:31

Thank you. So from the interview, I got that.

51:19

Brilliant okay, thank you. Thank you.

51:21

Thank you very much.

51:22

Bye