In November 2022, we undertook an Enter and View at the Elizabeth Ward of Whipps Cross hospital, where cardiology patients are being treated.

We spoke to seven patients there.

Patients praised the quality of care they received from doctors, nurses and auxiliary staff as well as their warm, friendly bedside manner.

"They're very thorough, not ruling anything out- they do loads of testing, they're not complacent. They do daily monitoring and keep you in the loop. I'm able to give feedback and voice any concerns, and if I don't understand something I can always go back to them and askthey will explain and elaborate." "The nurses here have the greatest respect for each other [...].I got to know all the cleaners, saw them cleaning every day. They are all very proud of what they are doing."

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While the competence of doctors is highly trusted and they provide comprehensive explanations to patients on most occasions, honest communication is an aspect that can be improved.

" I would have meetings with the doctors- the doctor in the morning would tell me one thing then the doctor in the afternoon would tell me a different one. It didn't add up and I felt like they were withholding the truth from me- that I'm likely to die and they're not comfortable telling me. Eventually, we went into the quiet room and we had a real honest conversation - after that, things have changed; but I feel like I had to push them to be honest with me."

"It's a teaching hospital... Doctors sometimes have an awful habit of talking about you to medical students, as if you're not in the room. it would be a good habit to instead introduce themselves and explain what's going on. I felt like waving "Hey, I'm right here!". At first it's very jarring, but you get used to ir- when they're talking about you you're trying to hear bits of information- and you get anxiety because you're not understanding."

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While people report receiving good care in the cardiology ward itself, they may not experience similarly good levels of care across the NHS

GP surgeries- difficult to get appointments, especially in person-problems may not be caught before becoming acute.

Ambulancemostly positive feedback

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Post-discharge, patients continue to suffer from poor GP access. Services don't always work well together and, for some, info on living with heart disease is insufficient.



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A&E- long waiting times, not always well organised, overstretched service

> Cardiology inpatients Whipps Cross and/or Bartsmostly positive feedback.





*name changed to protect anonymity

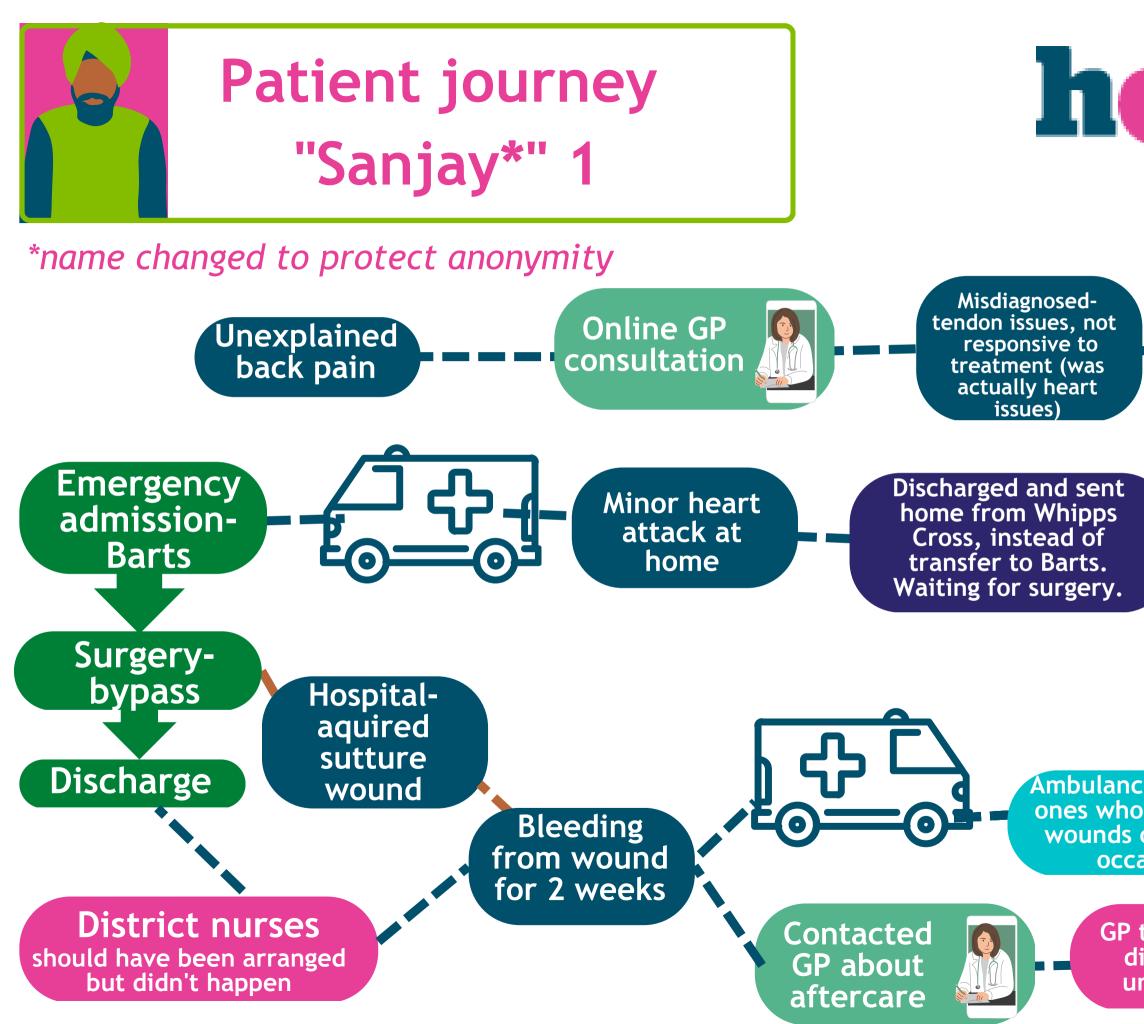
Sanjay had been living with back pain for months; his GP, after an online consultation and seeing a picture of his back, determined the cause must be tendon inflammation. In reality, Sanjay suffered from heart disease. After multiple trips to the Whipps Cross A&E, it was discovered he had two missed heart attacks.

After a stay in Whipps Cross, where he says he was very well looked after, he was discharged- to wait at home until he would be admitted to Barts for a bypass; despite not feeling ready to be discharged. At home, he suffered a third heart attack; he was brought by ambulance straight to Barts, where he had emergency surgery. Sanjay was very happy with his surgeon, who explained the procedure thoroughly.

He returned home with a suture wound- he was supposed to receive care from district nurses, but it didn't happen. Despite repeatedly trying to liaise with his GP about it, he was only able to get help with dressing his open, bleeding wound by calling an ambulance, on multiple occasions.

More recently, as he started to experience a cough, he was told by his GP surgery that no appointments are available; despite being a vulnerable patient with heart disease. After insisting, he received a telephone consultation and a prescription for antibiotics; he feels distrustful of his diagnosis and treatment.

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Multiple trips to Whipps Cross A&E

Whipps Cross cardiology

good care until discharge

Two missed heart attacks

Visit from Barts-based surgeon, agreed surgery needs to happen at Barts

111

Ambulance staff only ones who dealt with wounds on several occasions

> GP tried arranging district nurseunsuccessfully

Single district nurse appt only after 111, GP and ambulance involved





*name changed to protect anonymity

Cough/ respiratory symptoms shortly after bypass heart surgery

Called GPtold no appointments available

Second call to GP- told no appointments available again

Only after arguing and pointing out he is high-risk (which GP should have known-given same-day telephone appointment

Prescribed antibiotics without an in-person consultation

Concerned about quality of care/ antibiotic prescription without proper assessment

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Called 111advised he needs F2F GP consultation

