I may have the best medical care but was badly let down emotionally

Ms Holmes was right to chase her appointment. Unfortunately, referrals between hospitals do get lost, and it’s good for patients to be aware of the steps involved and who they can contact if things do not go to plan. Her bad experience ultimately comes down to poor communication. The hospital sounds as if it has a policy for treating those travelling long distances, so it was unfortunate that some senior staff were not aware of it. For Ms Holmes to encounter this problem twice is unacceptable. The senior ward team clearly need to improve their communication skills, particularly in terms of understanding the distress at the various stages of a cancer patient’s care pathway.

To prevent this happening again, I would invite the admissions manager to the next ward meeting to present an update on admission procedures.

All staff should be kept updated on policies, and all cancer patients should be appointed a key worker, ideally a clinical nurse specialist. I would also explore whether ward staff could receive training on the psychological aspects of cancer treatment so they understand the benefits of good communication skills to both patients and staff. The Macmillan guide *Improving Cancer Patient Experience – a Top Tips Guide* is a useful resource: tinyurl.com/patient-experience-top-tips

### Learning points
- Listen to what patients say – their needs may be different from those of the ward or staff
- Do not follow policies blindly – there may be exceptions
- Reflect on your communication skills – how do you manage unexpected situations involving patients?

Wendy White is Macmillan clinical nurse specialist at Portsmouth Hospitals Trust, the most improved hospital trust in England for patient experience in 2012 as measured by Macmillan Cancer Support.

The incident described here did not happen at Portsmouth Hospitals Trust.

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**THE PATIENT**

Lyn Holmes, aged 45, has breast cancer. Despite the best medical care, she describes how she felt let down by a lack of emotional support during her diagnosis and treatment.

The problems started with my mammogram. I was told I would have the scan within two weeks of being referred but, in the end, I had to chase the hospital for an appointment because they lost my referral letter.

Following the mammogram, I was diagnosed with grade 3 breast cancer and booked in for a lumpectomy. As I lived a long way from the hospital and I do not have a partner nor drive myself, I would have found it difficult to get to the ward by 7am on the morning of my surgery. My consultant and the waiting list department agreed that I would be admitted to the ward the evening before.

When I arrived at the ward I was met by a nurse’s station full of unhelpful faces. They told me to go away and come back in the morning because it wasn’t hospital policy to admit patients the night before surgery. I explained to the ward sister that I had a letter confirming my bed but she wouldn’t change her mind. I told her that she had better find me a comfy chair because I wasn’t leaving the hospital.

Once the nurses could see I wasn’t leaving, they went and got the person in charge of admissions. He could not apologise enough for the stress and I was admitted within 10 minutes, much to the annoyance of the ward sister. I had my lumpectomy and was discharged within 24 hours of the operation.

I then found out the cancer had spread, and had to return to the same hospital for further surgery. I was met by the same ward sister who, once again, insisted that I couldn’t be admitted. By this stage, I was hysterical – all I could think about was getting the cancer removed.

I may be getting the best medical care from the hospital but I have been badly let down by a lack of emotional support, which you really need to help you get through this horrible ordeal. I am lucky that I have a great doctor, fabulous district nurses, supportive work colleagues and a loving family. Emotional support is a vital part of care.