

## Health and Wellbeing Board 9<sup>th</sup> February 2017

### HEALTHWATCH SHROPSHIRE BI-ANNUAL REPORT

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#### 1. Summary

1.1 This report covers the period from July 2016 to end December 2016 and highlights activity by Healthwatch Shropshire during that period: Listening to everybody's voices. The report shows the wide scope of the work undertaken by HWS and how the intelligence gathered is used.

#### 2. Recommendations

2.1 To note the contents of the report.

### REPORT

#### 3. Purpose of Report

3.1 To update the Health and Wellbeing Board on Healthwatch Shropshire's activities from July 2016 to end January 2017.

#### 4. Background

4.1 Healthwatch Shropshire (HWS) was established to make sure that everyone in Shropshire has the opportunity to have their say on health and social care services in Shropshire. Feedback from the public is received in a variety of ways and is used to influence change by engaging with the services providers and commissioners in both health and social care in the county.

4.2 HWS is independent and will accept feedback anonymously and confidentially in order to encourage people to share their experiences.

#### 5. HWS Intelligence

5.1 HWS continues to receive feedback on local health and social care services. 397 comments were received between July and December 2016 (301 last year for the same period). The intelligence is collated, then analysed to identify trends and hotspots and follow up action by HWS. The 5 top themes continue to be:

- **Quality of Treatment** - examples include concerns relating to end of life care, about CMHT and people not feeling listened to.
- **Access to a service** – for example, concerns about the numbers of houses being built and how this will impact on GP services; concerns about lack of NHS Dentists (see detailed comments below); concerns about lack of public transport and inability to access services ( HWS is promoting the Shropshire Council survey about bus routes and encouraging people to have their say); concerns about NEPT (non emergency patient transport) now the criteria has changed
- **Staff Attitudes** – includes concerns about rude GPs, receptionists and ambulance staff
- **Waiting times** - including concerns about long waits for ophthalmology services at SaTH; concerns about Bridgnorth Medical Practice and difficulty in getting appointments; concerns about WMAS and waiting times for ambulances to arrive
- **Access to Information** - including concerns about lack of information and advice for carers; concerns about staff not being aware of Accessible Information Standards

5.2 In terms of the number of patient/service user contacts HWS is aware that its feedback is the “tip of the iceberg” and this underlines the need to stimulate feedback by raising awareness. Examples of how feedback has been used are shown below:

- Cancelled clinics

5.3 During our regular stands at the community hospitals we noticed that there were a number of clinics that had been cancelled. We talked to the patients affected by this to find out how this had impacted on them. At the same time we were receiving comments from other patients telling us that they had been experiencing similar problems, where clinics had been cancelled and they had not been informed.

5.4 We shared our intelligence with the Shropshire Community NHS Trust and arranged a meeting with the Director of Nursing to discuss. He has assured us that a monitoring system had now been put in place to track the frequency and spread of the cancellations. He also explained that the trust would look at how they shared this information with their patients and to ensure that patients were given timely, appropriate communications to let them know about any cancellations.

5.5 At the current time the issue appears to have been resolved. However, we will continue to monitor this closely.

- Dentists

5.6 July 2016 - we were contacted by members of the public telling us about difficulties they were having accessing NHS dentists.

5.7 We shared this intelligence at an NHS England Dental Commissioning Group in the summer. As a result NHS England have agreed to increase Units of Dental Activity (UDA's ) in both Shrewsbury Town Centre and Market Drayton. In layman's terms this will mean provision for approximately 857 more patients to access NHS dental services in these two areas.

5.8 November 2016 - we contacted NHS England and they confirmed that the additional dental activity has now been allocated to three practices in Shropshire. Bellstone Dental Practice and Bayston Hill Dental Practice will now be able to accept around 523 new NHS patients between them and Poynton House Dental Surgery in Market Drayton will be able to accept 333 new NHS patients.

5.9 HWS can, of course, receive feedback on a particular service at any time but monthly “Hot Topics” focus on particular issues and have provided useful insight into peoples’ experiences of Ophthalmology services ( 33 comments in September 2016, 17 comments on physiotherapy services in August 2016). Comments on physiotherapy services have been shared with the CCG to inform their current work on musculoskeletal services.

5.10 Feedback on Ophthalmology services (and an Enter & View visit report) has contributed to the changes in pathways and the investment in new facilities at SaTH. HWS also reviewed the and contributed to the messaging for new patients by the CCG. HWS raised immediate concerns following the announcement of the new referral pathway by the hospital trust. This was immediately changed and the HWS web site and twitter ensure that information is distributed widely as quickly as possible.

5.11 In October and November feedback on end of life care services, a sensitive hot topic, is in the process of being shared with local providers. It should be noted that feedback was not current, but this was perhaps as a result of the nature of the Hot Topic. During December HWS didn’t undertake a Hot Topic but focussed on “winter messaging” and is pleased to now be involved in the weekly “comms” conference call. HWS contributed the local ‘messages’ to be included in Stay Well This Winter. Of concern is the late availability of hard copy leaflets for distribution.

5.12 For January 2017 the ‘Hot Topic’ is domiciliary care and care at home. As the local transformation programmes focus on keeping people at home and in their communities for longer HWS is exploring how to capture feedback on these services into people’s homes, where it is not possible to “Enter & View” (see below) and people are reluctant to raise any concerns they may have.

5.13 Not only does HWS collect and collate feedback an important aspect of its service is signposting. HWS is in a key position to support callers with information on local services. There is definitely confusion amongst the public as to how the health and social care system works locally.

## **6. Enter & View**

6.1 The Enter & View programme is HWS’s opportunity to see and hear for itself how care is provided in facilities that are funded from the public purse. All Enter & View visits are undertaken with a clear purpose and are carefully planned by the trained Authorised Representatives. The visits are undertaken from the lay perspective – they are not an inspection and HWS does not look at records: the focus is to gather user experience of the care facility.

6.2 During this period HWS Shropshire undertook a total of 19 E&V visits which can be broken down as follows:

- 7 Care Homes
- 2 LD Care Homes
- 10 Hospital wards

6.3 HWS will raise any serious concerns identified immediately following visits with the Local Authority, the CCG or CQC where it is not appropriate to wait for publication of the visit report.

6.4 Final reports include a response from the provider of the services and are approved by the HWS Board before being published on the HWS web site and shared with key organisations,

including the CQC. During this period 15 Enter & View reports were published. Findings cover a wide variety of issues and the action plan provides the opportunity for HWS to follow up.

6.5 During this period HWS has contributed its intelligence and Enter & View findings to multi-agency safeguarding meetings regarding 3 care homes and also escalated a whistle-blower's concerns to both the Local Authority and the CQC, both of which took the concerns seriously and followed up. HWS intelligence and Enter & View reports are also shared with the CQC to inform their inspections.

## **7. Transformation Programmes**

7.1 HWS has continued to participate in the NHS Future Fit programme to represent the views of the people of Shropshire. HWS was an observer at the Joint Decision Making Committee. The lack of progress and the perceptions of the public about the programme are of concern, particularly the lack of public awareness of the need for change. HWS has also looked to other Local Healthwatch to explore approaches to consultation; HWS is clear that it has a role to support local consultation, facilitate understanding and encourage participation by the public but that it is independent of the process.

7.2 HWS is a member of the Operational Group of the STP but has raised its concerns about the lack of involvement of this group since October and also that there is no mechanism for the views of local people to be heard by the Partnership Board of the STP where Local Healthwatch is not a member. HWS also applied and was successful in joining an England wide group of Local Healthwatch led by Healthwatch England to gain additional insight on engagement and consultation.

## **8. Awareness Raising**

8.1 In November 2016 HWS held its annual event. This first full day event was in two parts: the morning session was a workshop to help inform the public of the work of HWS in more detail and in the context of how their feedback is used; the afternoon session had a focus on working together: Transforming health and social care services through partnership working. Speakers in the afternoon talked directly to the audience (with out power point) and took questions which enabled an honest discussion on what was currently happening locally.

8.2 During December HWS didn't undertake a Hot Topic but focussed on "winter messaging" and is pleased to now be involved in the weekly "comms" conference call. HWS contributed the local information to be included on the Stay Well This Winter leaflet. Of concern is the late availability of hard copy leaflets for distribution.

8.3 During this period HWS continued to raise its profile by engaging across the county with a wide range of groups including: the Rotary, the Lions, Practice Patient Groups, carers group, learning disability groups, Shrewsbury College, gypsy and travellers. Senior citizens, Sight Loss Shropshire, stands at hospitals. Planning is taking place with the mobile library service to go out with them across Shropshire to raise awareness of HWS as they visit very small communities.

8.4 It is important that everyone in Shropshire realises that their voice counts and in these times of change and pressures on both the NHS and Local Authority services HWS will continue to promote its services across the county to encourage feedback.

8.5 Current challenges include engagement on the STP, consultation on Future Fit, transformation programmes as patterns of service delivery change, including mental health services, maternity services, musculoskeletal services. A core function of Local Healthwatch is to gather feedback from the public, patients and services users and use that to influence change. HWS will be working hard to ensure that engagement (and consultation) is open, transparent and far reaching to ensure that everyone has the opportunity to contribute - patients and public should be involved in discussions on service change as early as possible in the process.

HWS will continue to challenge to ensure that user feedback is taken into account and that patient and public involvement is included in the transformation programmes. With so much change happening HWS is concerned that patients, service users and the wider public will get the right information to enable them to fully understand the implications.

## 9. Reports

9.1 HWS published its report on the collaborative work with people living with dementia, their carers and services providers in December and worked with the CCG to link the recommendations in its Dementia report to the refreshed Dementia Strategy which were published at the Health and Wellbeing Board in December. HWS has been accepted as a member of the Shropshire Dementia Action Alliance.

9.2 HWS is the only Local Healthwatch to run a Research Grant Fund for the Voluntary and Community sector in Shropshire. The current call remains open until 13<sup>th</sup> February and focusses on the experiences of people whose voices are seldom heard. The scheme is another way for HWS to gather insight into people's experiences of local health and care services.

9.3 A report from an earlier grant round has just been published:

Is Death Education Important for young People? - CEDAR (Community Education in Death Awareness and Resources)

CEDAR used the HWS grant to explore the benefits to young people of receiving death education and demonstrated how young people affected by bereavement needed the support offered through death education. Young people, parents and carers and the general public participating in the study identified that there is a gap in current education and that secondary school age and older young people would benefit from death education.

9.4 Two reports from earlier grant rounds are also about to be published in February:

Evaluating the Impacts of Energy Efficiency Improvements on Health and Wellbeing across Shropshire - Marches Energy Agency (MEA)

MEA worked with householders suffering from fuel poverty and cold-related ill health to find out if the installation of energy efficiency measures and associated advice reduced their use of medical/ social care services in the County. The findings show that energy efficiency measures can have a positive impact on health and wellbeing with over 65% of those surveyed reporting feeling better or a lot better in winter and reductions in their use of NHS services.

Deaf people's access to health and social care services in Shropshire - VISS (Sign Language Interpreting Service (Shropshire))

VISS explored experiences and views of the Shropshire Deaf Community accessing health and social care services. The findings showed that overall the situation for Deaf people living in Shropshire accessing health and social care services can be described as satisfactory in that providers, on the whole, are sensitive to this group's communication

requirements and work in conjunction with the interpreting service. Variation was identified though and there are certain sectors where more work needs to be done to ensure that accessibility is achieved in all areas of service delivery.

9.5 HWS set itself three new priorities for 2016-17, informed by its feedback and knowledge of the local context:

- Discharge – a project has been undertaken at the Royal Shrewsbury hospital. Findings have been shared a report will be published shortly;
- Young people’s experiences (17-25) of health services and their information needs – this project is being undertaken with Keele University Medical Students and Shrewsbury College; findings will be published in the Spring;
- Domiciliary care and community NHS services – this project has started with the current Hot Topic (see above).

## 10. Conclusions

10.1 People’s voices need to be heard and listened to. HWS has continued to gather people’s feedback on their experiences of using health and social care services and works hard to ensure that it is shared and used to inform service improvement. HWS has the necessary policies in place to ensure that people sharing information are protected and that information is shared according to good practice.

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| <b>List of Background Papers (This MUST be completed for all reports, but does not include items containing exempt or confidential information)</b> |
| <b>Cabinet Member (Portfolio Holder)</b>  |
| <b>Local Member</b>   |
| <b>Appendices</b>   |