

# Update and progress report

**Health Scrutiny Panel** 

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## Our Core Functions are to:

- 1. Obtain the views of local people about their need for and experience of local care services and make those views known to those involved in the commissioning, provision and scrutiny of care services;
- 2. Make reports and recommendations about how those services could or should be improved;
- 3. Make people's views and experiences known to Healthwatch England to help it to carry out its role as national champion;
- 4. Advise the Care Quality Commission to carry out special reviews or investigations into areas of concern;
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services;
- 6. Provide information, signposting and support to residents about access to health and social care services to enable them to make informed choices.

# Our strategic aims are:

Governance - policies and procedures are in place to ensure we meet our objectives in an open and transparent manner

Understand and support - we know what matters most to residents, especially those least included, by always starting with their needs and rights

Influence - those who have the power to change services so they better meet the needs of users

Lead - we ensure local insight has an impact on services locally

## **Engagement Strategy**

**Chief Executive** – making sure we have an impact

Influence stakeholders

**Priority projects** 

engaging with patients and community on key areas, E&V **Project Manager** working closely with VCS.

**Community intelligence gathering** 

Specific issues/areas/target groups

**Research analyst** (new post) VCS Health and Wellbeing Forum grants programme. Volunteers, students.

Day to day communication

Outreach - awareness raising, signposting, comment collecting. Website feedback

**Communications & Engagement Co- ordinator** 

## Feedback from 2014

Barts Health Patient Voices Project: designed to enable local community groups to collect patient feedback on Barts Health services and involving: Limehouse Welfare Association, Tower Hamlets Friends and Neighbours, Collective of Bangladeshi School Governors, Stepney and the Globe Wisdom Groups, Stifford Centre, Deaf Plus, East London Vision.

Voice of Housebound residents: Tower Hamlets Friends and Neighbours

Enter and View visits A&E, Diabetes Centre, Foot Health Clinic, Whitechapel Dental, Abbey Dental, Globe Town Surgery, Harford Health Centre, The Wapping Group Practice, Health E1, Crisis House, Pritchard's Road Day Centre, Mind in Tower Hamlets

Event feedback and comment collection

# What Housebound residents experience

Chiropody, continence services inconsistent and too narrowly offered - ordering items / scheduling visits leaves people without what they need

**Culture/language: How** population changes with each generation in TH makes '1 size fits all' provision insufficient for patient need, so suits some, but not others (older, more unwell and needing translation suffer worst)

Health promotion to prevent cancer, heart disease etc in place and good, but HB people feel this doesn't reach them (people don't care as much about them).

**Appointments GP** access seen only for most assertive, and inconsistency on number of home visits they do.

In home social care (council, agency, DomCare) unreliable. inconsistent and patients feel they do a set of tasks, not part of patient

focused care

System thinks of patients one medical condition at a time, not joined up, nor considering other challenges.

**Specialist/ Hospital** Appts with multiple conditions, the myriad of hospital appointments is overwhelming, and requires transport, escorting and translation

Housebound people report a fear of falling, but there is no process (patients know) to assess and lessen the fear or risk

Housebound people = not homogenous group: so provision is thought to be too narrow and assuming only mobility issues not other causes

Proactive plans for disease progression not evident; delays cause distress, worsen prognosis and increase use of

Holistic Care? housebound people/patients have no sense of being looked after as a person

Transport - some services only available out of home, and patients not able to get there miss out on care

Health/social care do not speak to each other sufficiently patients feel shunted ("dumped") from one to other (and then back again)

companionship both knowingly, and because symptoms worry them more when they have no one else to call

Use of emergency

services in place of

crisis care

## What Housebound residents need and want

HealthWatch – none of our clients had heard of it – but many asked specifically for an agency (or THFN) to be their voice – as they felt no listened to / unheard, so welcomed HW's existence (and more) consultation

Continence Services – big issues for many housebound people, and for many older people. They should be allowed to order in advance so they have when they need it. diabetes and chiropody Services – increasingly important and both good and bad experiences

A named person, agency, charity, GP who holds responsibility and knowledge of their whole medical and social needs.

Integrated Care/ Community
Based Long-Term Condition
Management there was no
awareness of, nor
knowledge how to access,
these programmes – so
better awareness for HB
people would help them
access existing help

All services should be person (patient)
centred – meaning health, care, dementia, cultural implications (etc) must be factored in to proactive planning.

Condition planning and management – patients with life limiting or degenerative conditions are acutely aware of their (likely) future. They need medics (and social care) to plan and share with them a plan for the coming years care/ treatments/ housing/banking, etc.

Coordination between
health and social care on
needs of clients;
commissioning costs, and
more effective and
affordable ways to meet
the needs (patients know
their care is expensive,
but feel money is why
they don't get it)

<u>Ireatment and care</u>
<u>plans that are</u>
<u>individual</u> to the myriad
of needs, and
deliverable in the home
(or where there are
barriers – confidence,
transport) plans to
make them less
housebound

Engage with HB
people on Service
redesign - onus
shouldn't be on frail,
elderly, unwell to coordinate their own
healthcare and attend
appointments away
from home

# Patient journey getting a GP appointment

Difficulty in accessing routine appointments, asked to phone every morning at 8:30 or queue outside. Difficult if you work.

A patient with a persistent cough did not go as a result.

Inconsistency across practices, one size doesn't fit all.

Some improvement but frequent changes add to confusion: triage & phone back, online, phone first, queue outside, walk in.

Some patients being told to go to A&E if it's urgent or taking themselves there.

# Patient journey getting referral appointments

Letters- wrong dates, wrong person, multiple letters different dates and times, no information on what appointments for, stating appointments have been missed patients were unaware of, conflicting text messages.

Patient received 2 letters for different appt dates, 1 for a procedure she had already had, in 1 envelope sent to her parents address, where she does not live.

Hard to change appointments- particularly Mile End - physiotherapy, foot health, ENT. Patients then DNA & referred back to GP.

Appointments postponed, cancelled multiple times

Long delays with orthopaedics, plastic surgery, dentistry

Patient told his heart condition meant he was unlikely to survive years but his appointment postponed for 12 months.

# Patient journey getting to appointments

Patient transport turning up late so appointments are missed sometimes on multiple occasions, resulting in long delays or inadequate treatment.

Patients waiting for long periods to be taken home again, cold discharge area, no food or drink, very stressful and uncomfortable for patients.

Not knowing the right way and insisting on sat nav directions instead of patient knowledge.



# Patient journey cancelled appointments & procedures

Turning up for outpatients appointments to:

- face long waiting times
- be told that it's been cancelled.
- lost notes/files or lack of test results make the appointment pointless.

## Cancelled procedures

- plastic surgery cancelled frequently, one patient had been scheduled for surgery 4 times, once was cancelled after she's been put under aesthetic
- patient who had lung cancer cancelled on day of surgery, second time it had occurred. Several other cases like this.

Consequence for health and work

# Patient journey staff attitude

- Perception in some areas of staff being too few, being unhelpful, uncaring and unwilling to signpost.
- Sense that staff are equally frustrated with admin problems & are taking frustration out on patients or using it as an excuse for care.
- Particular issue with receptionists across providers.
- Royal London maternity improved 'great expectations'.
- Quality and availability of interpreters
- Lack of training re vision/hearing impaired.

She did not introduce herself or ask how I was feeling at any stage. She did not explain why I had to be connected to the monitor for so long which prevented me from sleeping. She laughed at my birth plan and when I asked for toilet paper at 2am she said 'That's not my job'.

# Patient journey information & expectations

Wrong information on letters, info not in lay terms or no information e.g. GP integrated care letter
Co-ordination of information for patients particularly long-term conditions
Communication between departments, to GPs and different service providers delaying treatment.
Lack of consistency within a patient's journey often leading to unfulfilled expectations.

I went to have my first ever breast screen in June 2014. The receptionist looked like she didn't want to be at work, there was no hello, all she said was 'take a seat'. I waited for 40 mins after my appointment time and when I got called, all the nurse said was, 'Take off your upper clothing and come and stand here', no explanation of what was going and what she will do. I had to ask my daughter to ask what are they going to do, even then the nurse said 'your mother needs to stand here and I will use the machine to screen her breast'.

Patient journey treating the whole person

 I feel like I'm just a set of tasks, home carers often only do 'what they have time for' not what's needed

- Need for someone to talk to loneliness
- Lack of cohesion between services
- Whole person but also want specialist care e.g. diabeties
- In-house carers seen as better people worried about the changes

I have had several carers in the last few months and they do things their own way and they shout if I tell them. There have been times when they shout and swear; it frightens me and I get anxious before they come. ...They just come to do their work and then they sit and play games on their mobile phones; (there is) no human contact

# Patient journey treating the whole person

Many elderly people were confused by the seemingly endless stream of people coming to their home. They described feeling they had lost control of their lives which in turn had, in some cases, led to a mistrust of health and social care professionals

Now I have so many people coming in and out to see me, doctors, nurses, social workers, it is getting confusing - they all just tell me what to do

Changes of support packages and services is confusing, reablement, virtual ward, integrated care. Sometimes involves changing carers who they are used to.

Difficulties of getting appropriate equipment and aides

## Other issues

- Sense that Bangladeshi community experience services differently - need to know why.
- Making a complaint is complex and difficult across providers
- Poor patient engagement in designing/commissioning services could learn from mental health
- Good feedback about dentists and community pharmacies generally



# Healthwatch priorities for next 12 months

- 1. Improving the patient journey.
- 2. Older people living independently integrated care, adult social care and community health services.
- 3. Access to GP surgeries.
- 4. Promoting co-production of mental health services.
- 5. Young people and mental health







## **Feedback Centre**





#### **All Saints Practice**

#### Difficult to get appointments

"Since this practice moved into Newby Place, the practice has gone downhill, since last year getting a appointment at this"

#### [Anonymous]





### Wapping Dental Centre

#### Great dentist, friendly staff, modern

"I took my 8 year old son for a check up here. It was easy to get an"

#### [Anonymous]





### Wapping Group Practice

#### A pleasant welcoming environment, nice doctor

"Registering with the surgery was a long drawn-out process but I've since realised that that's what it's like to register" [Anonymous]





## St Bartholomew's Hospital

I attended the pain management

#### clinics. Fantastic service

"There pockets of excellence in Barts Health. Why other departments do not learn from the doctors and the staff at"

#### [Anonymous]



# experience Giving feedback takes minutes, but the impact could last a lifetime

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