

Trends Analysis report

Health and Social Care services

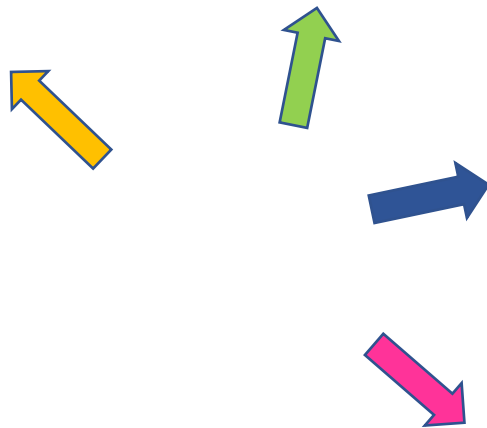
April 2017 to March 2018



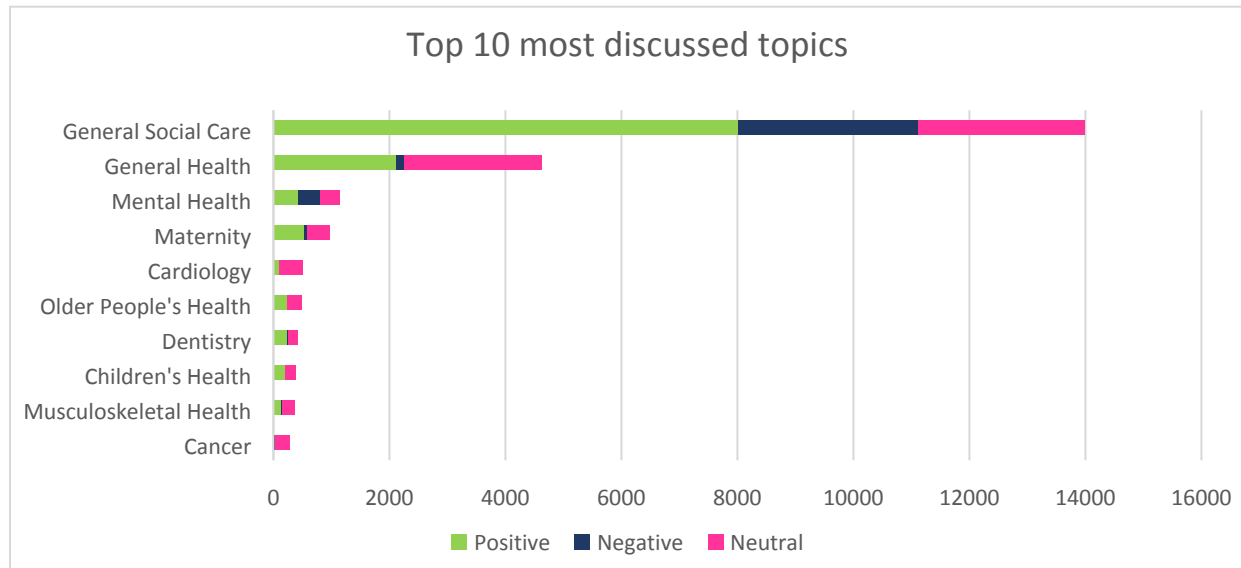
Our community intelligence

Between April 2017 and March 2018, we have collected comments from **3171 service users** (plus 876 respondents of the Personal Social Services survey, which we have analysed alongside our data), identifying a total of **25094 issues**.

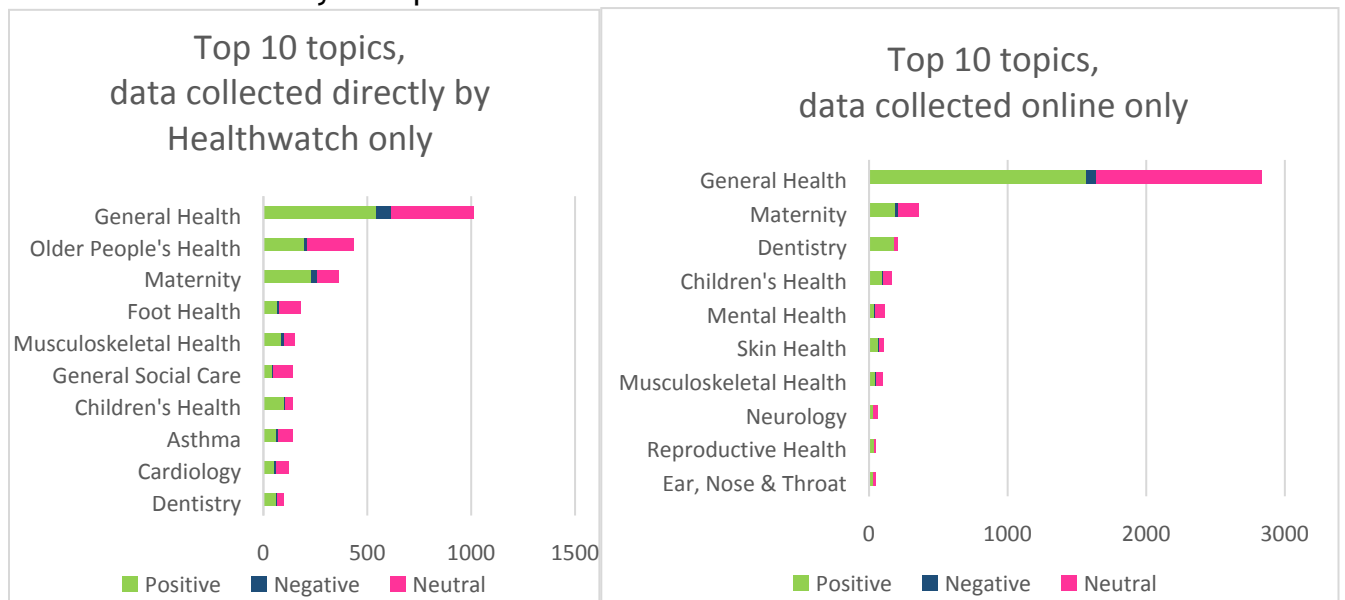
Most of our data came from *our secondary analysis of the Personal Social Services Survey* and *CQC reports on domiciliary care providers*, as well as from *NHS Choices/ Patient Opinion* and from *our own community outreach*.



Most discussed topics and services

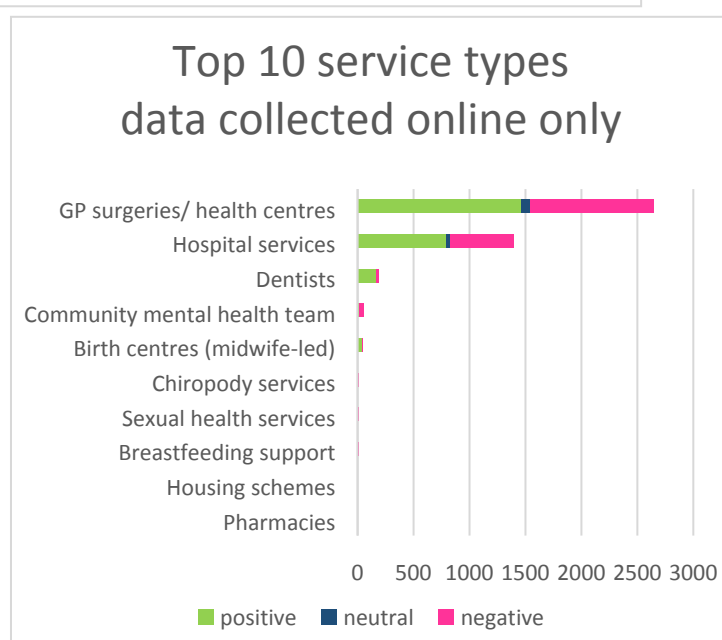
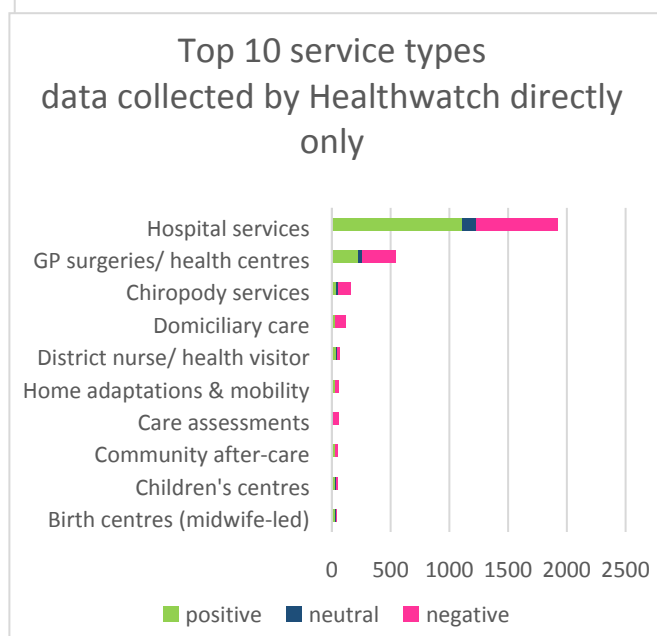
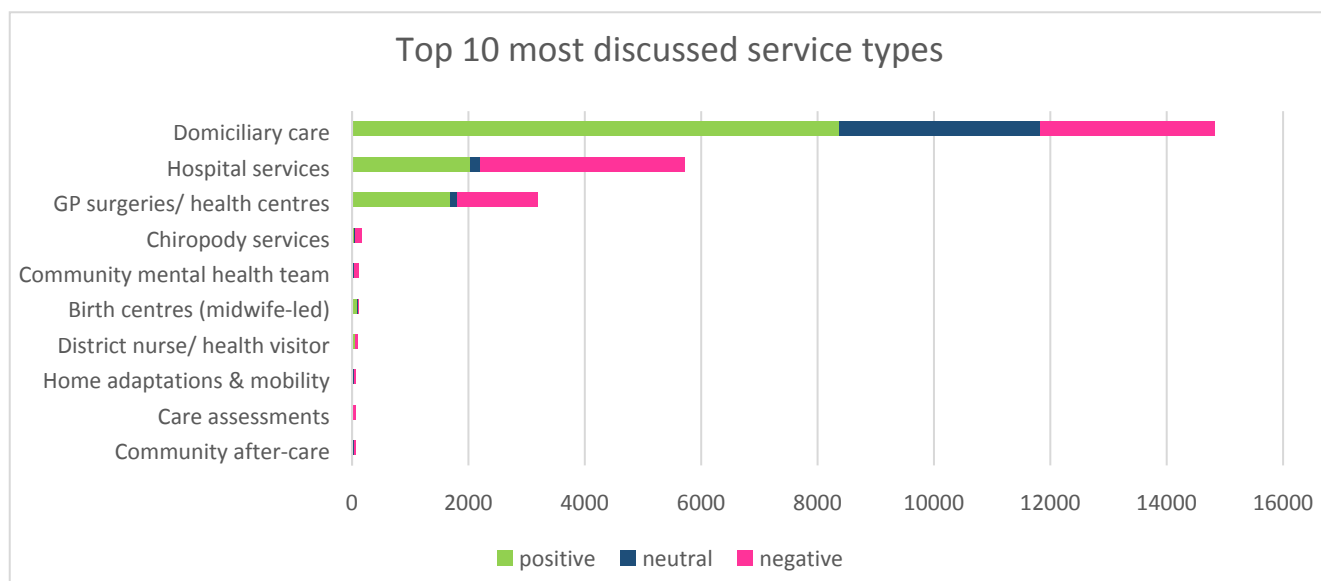


The topics of *general social care* and *the mental health of people using care services* are engaged with in the Personal Social Services survey; whereas a high representation of *maternity* and *older people's health* comments reflect a higher level of engagement with these topics in research conducted by Healthwatch, in accordance with last year's priorities.



Possible topics to explore:

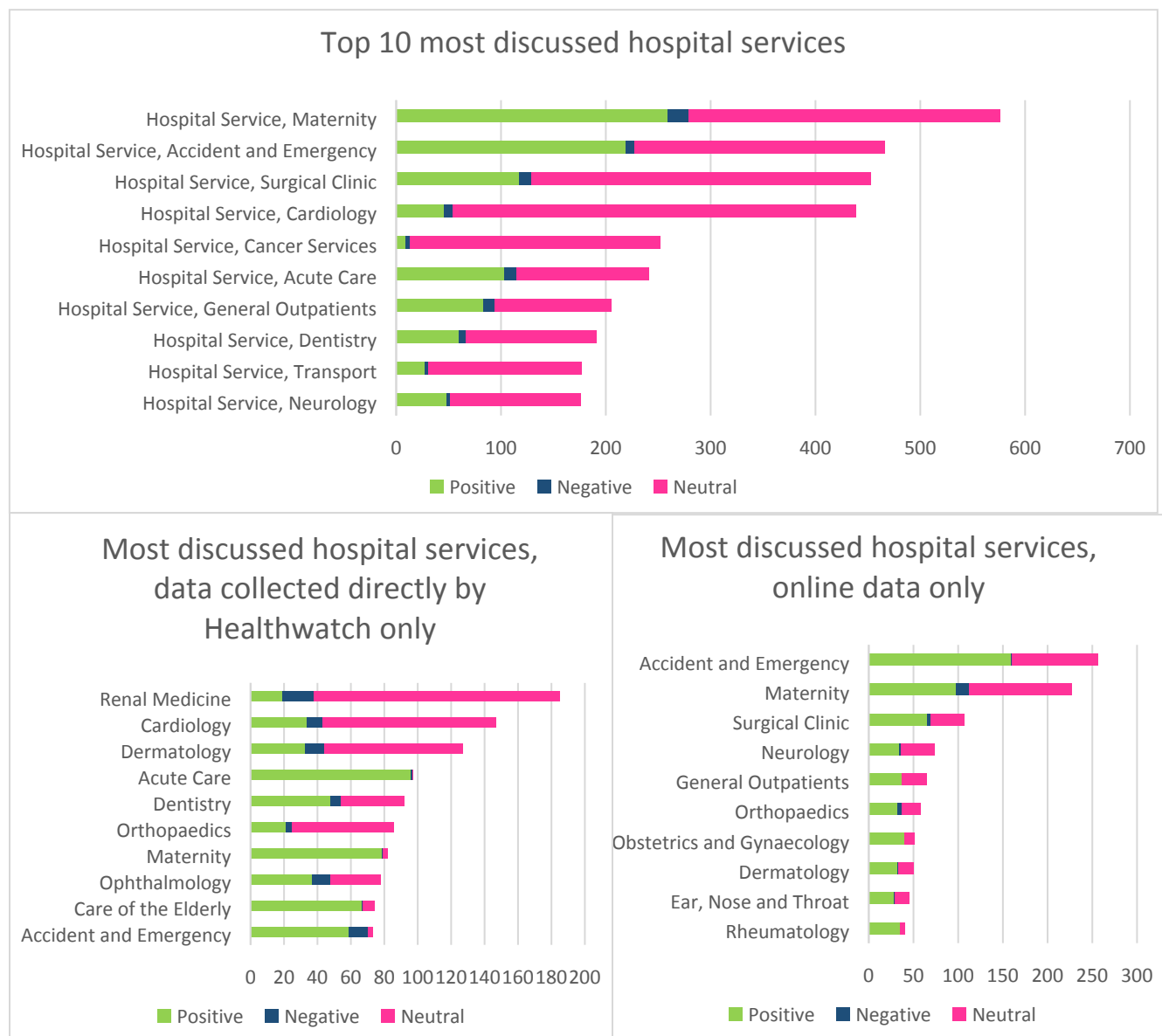
- Gather mental health data from more sources, including outreach.
- Gather dentistry data from more sources, including outreach/ enter and view
- Gather sexual and reproductive health data, we currently know little about it.



Most of the data we currently have is heavily focused on **GP and hospital services**; with the exception of **domiciliary care**, most community services are only touched upon sporadically and non-systematically.

What could be missing?

- Non-hospital mental health services (psychotherapists, support groups, CMHT).
- Sexual health clinics/ contraception services.
- Public health/ prevention services (smoking cessation, community health checks)
- Addiction services, including domiciliary (drugs, alcohol)

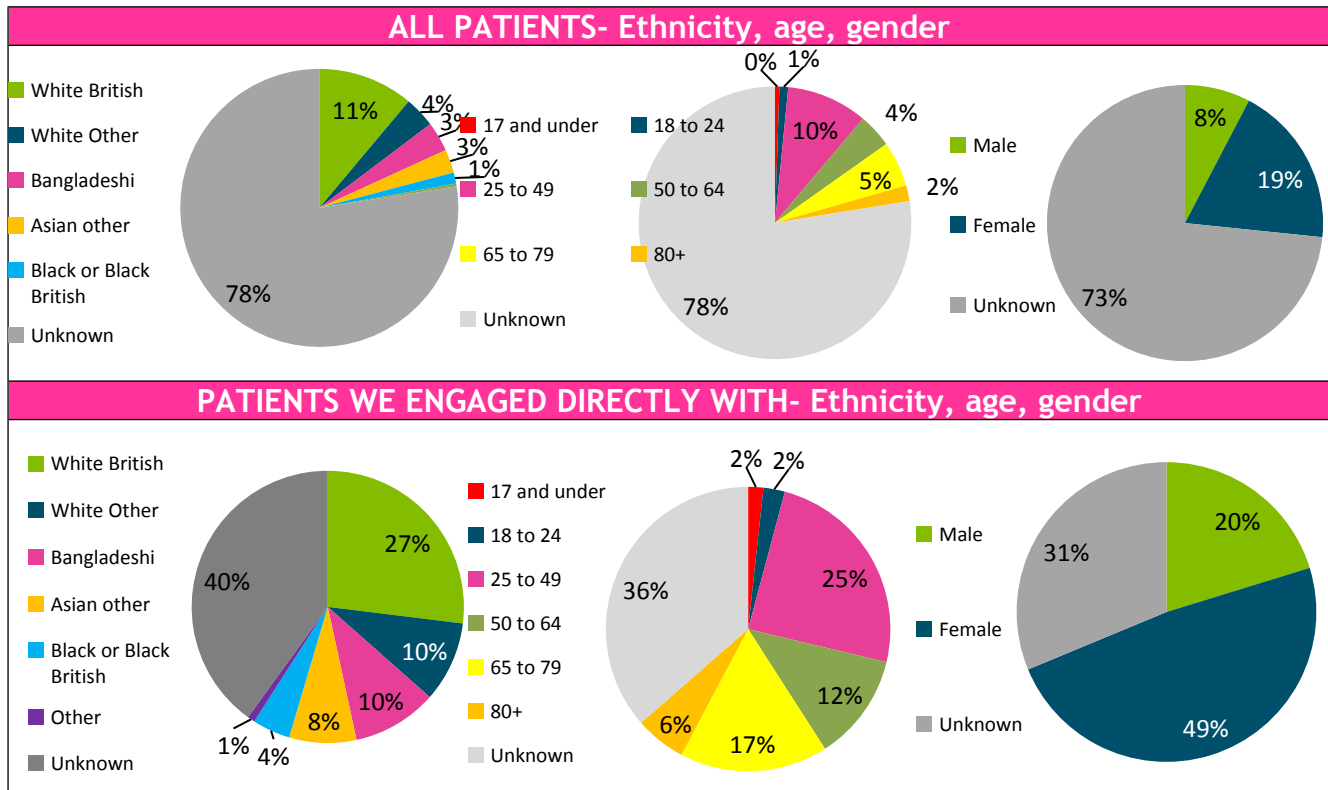


The ***surgical clinic*** at the Royal London Hospital is often mentioned by patients in online reviews, as well as being the subject of feedback received through PALS and Complaints. However, we have engaged directly with surgical clinic patients only to a small extent.

Possible topics to explore:

- Monitoring of the Royal London Hospital surgical clinic, through:
 - Secondary data analysis of BARTS health data around waiting times and cancellations
 - An Enter and View visit.

Whom are we engaging with



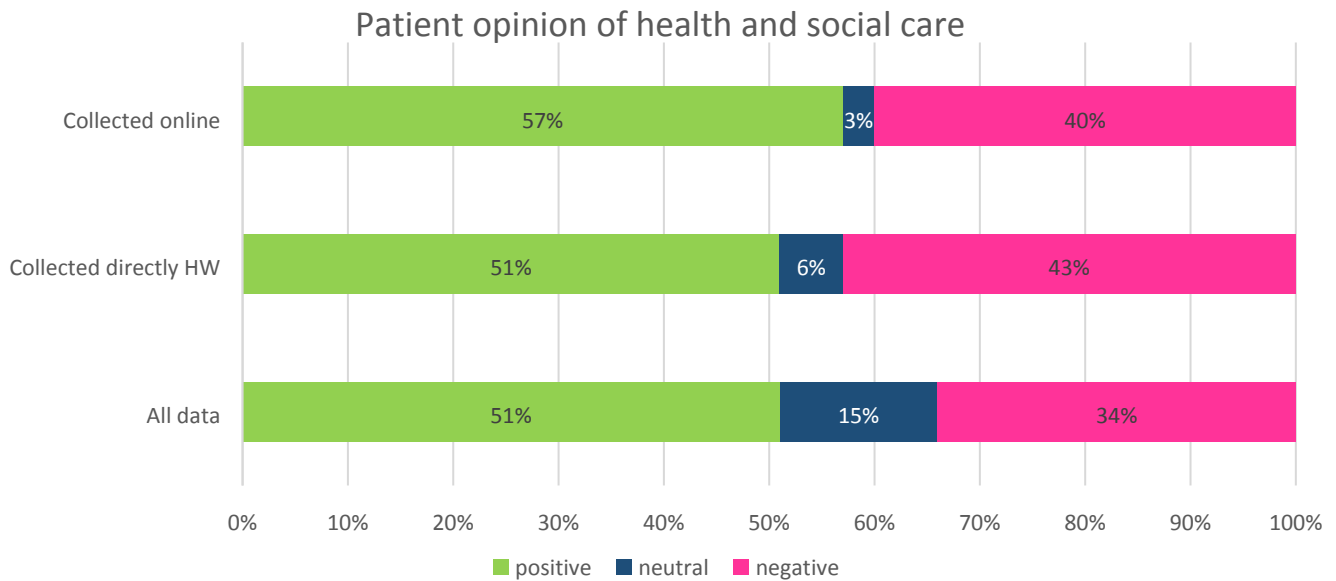
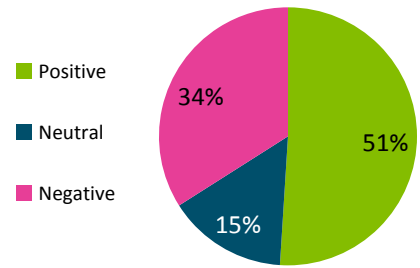
Older people and women are over-represented among people we spoke to, reflecting our research on *maternity services* and *adults with care needs* over the last year.

Whom could be missing?

- Young people (aged under 24)
- People aged 25 to 49 other than new/ expectant parents
- People from Black minority ethnic groups (African, Caribbean, Somali)

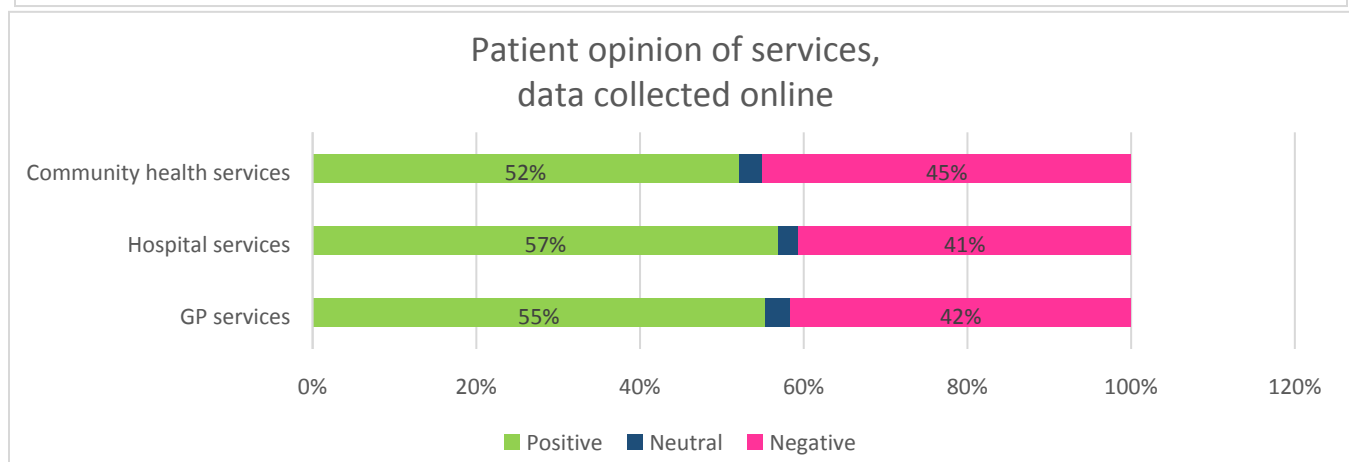
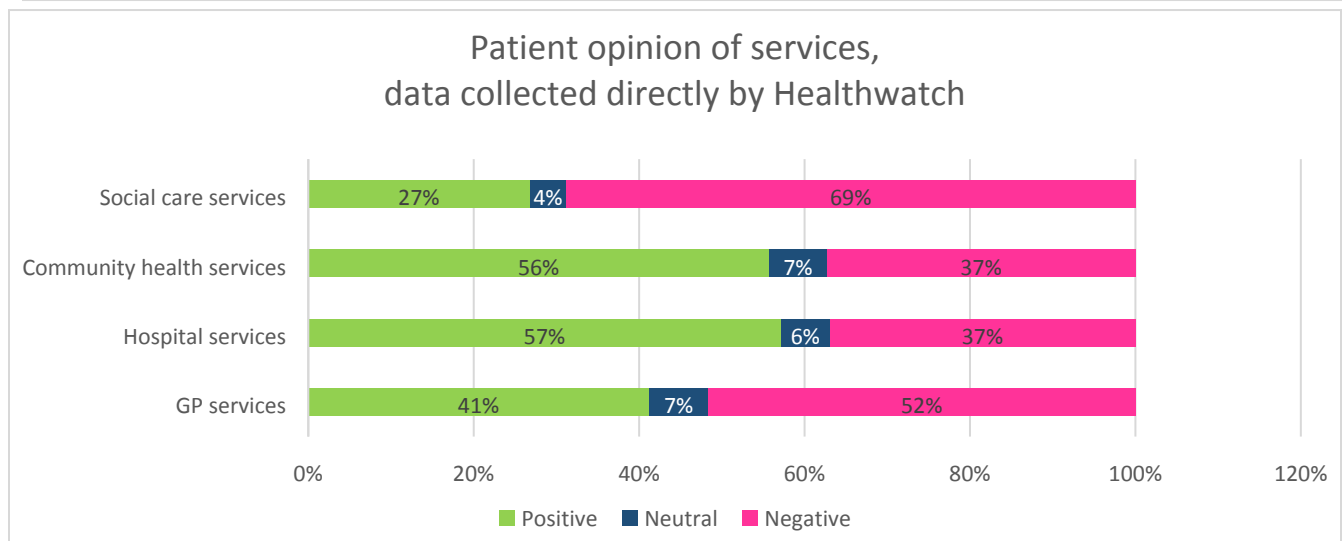
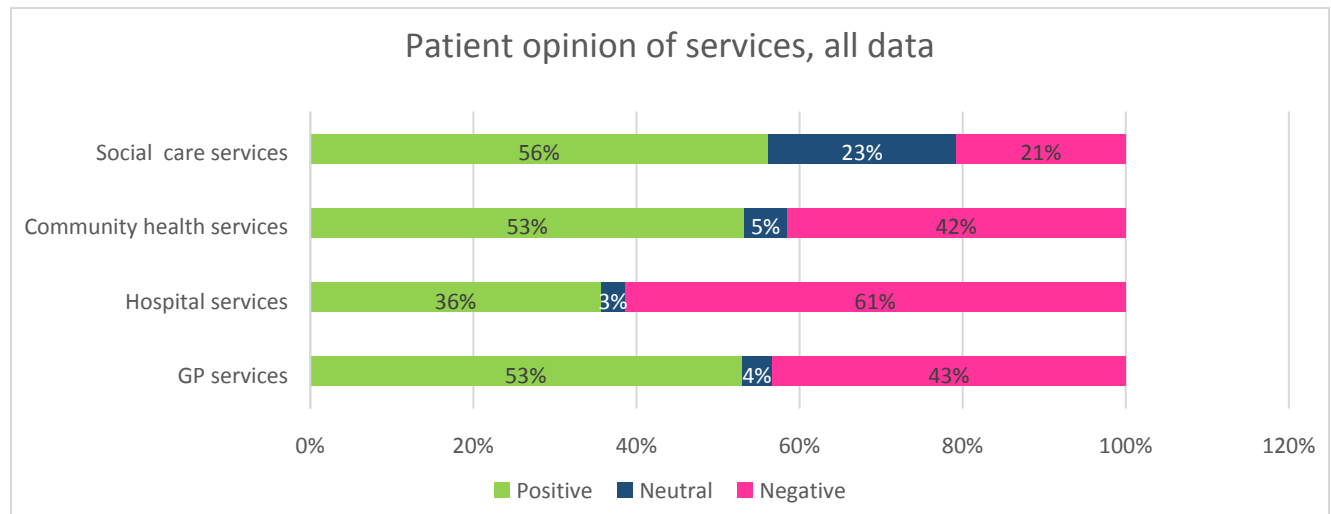
Public opinion of health and social care services

Overall, opinion of health and social care services in the borough is 51% positive; with slight differences between those whom we engaged with directly and those who gave their views online.



Patients were broadly happy with GPs, social care services and community health services, but less satisfied with hospital services.

It is noteworthy, however, that Personal Social Services survey respondents gave more positive feedback on social services than those who took part in Healthwatch's research activities; and that hospital services are the only ones for whom we analyse PALS and complaints data. People whom we spoke to directly and those who gave feedback online had a mostly positive opinion of hospital services.

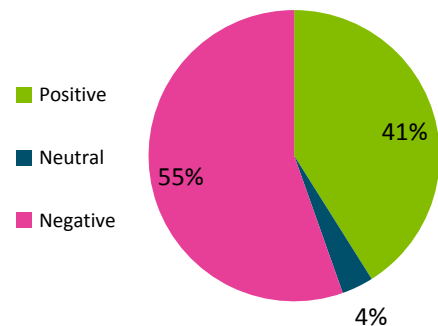


The Royal London Hospital

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 1497 service users, identifying a total of 4515 issues.

Opinion of the Royal London Hospital is 55% negative.



What we have learned

- Opinion of the hospital's **maternity services** has been **steadily improving** since we started monitoring them. Patients feel that **midwives and obstetricians communicate better**.
- The **Lotus Birthing Centre** has been consistently receiving positive feedback from service users since its opening in 2017, as did the **antenatal classes** offered by the hospital.
- There is some evidence that opinion of **clinical nursing** in the hospital has improved (as of our latest Royal London Hospital monitoring report- May 2018), particularly of **nurses' attitude and communication skills**.
- **Long waiting lists and cancellations** have consistently been the subject of negative comments from patients; some report waiting lists exceeding NHS recommendations, repeated cancellations and even having to resort to private treatments since waiting lists grow unacceptably long. The hospital's **surgical clinic** is particularly affected, with patients having their elective surgical procedures cancelled and rescheduled, in some cases multiple times in a row, to make room for those in need of urgent surgery.
- **Admin issues** such as loss of referrals, errors in patient records, in appointment letters, appointment letters not sent, or failure to notify patients of cancelled or reschedule appointments have constantly been, and continue to be, an important source of complaints from patients.
- Since catering contracts have been switched to SERCO, hospital inpatients received a **better choice of food**, and there is some evidence that **the quality and presentation of food** have also improved. However, not all patients are aware of the full extent of available choices: some report that food service staff fail to present them with complete or special menus.
- **Hospital transport** has become somewhat more reliable, but severe delays continue to be a problem, especially for those returning home from the hospital.
- Some service users report a **lack of continuity of care** once discharged from hospital; with little support or awareness for accessing relevant community services.

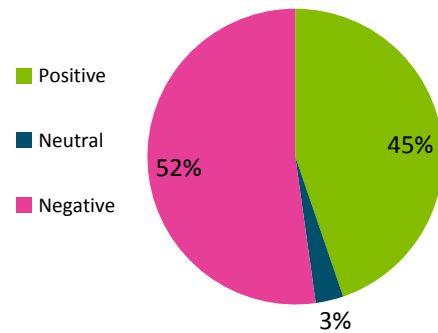
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
How can examples of good practice and improvement strategy from the hospital's maternity, the Lotus birthing centre and nurses from various other wards be shared and adopted across the hospital?	Engagement with Barts Health nursing leads and with patient groups
From the moment of first referral from a GP or other professional: <ul style="list-style-type: none"> • How long must a patient typically wait until receiving an appointment date for a Royal London Hospital consultant? • How long until they are actually seen? • How frequently do cancellations happen? • How common is it for a patient to have their appointment cancelled and rescheduled more than once? 	Secondary analysis of Barts Health data on waiting lists and cancellations (if available) Outreach in hospital with bespoke questionnaire Enter and View in the Surgical Clinic
How will cuts/ changes to the hospital's transport service affect vulnerable groups, such as renal patients on kidney dialysis, dementia sufferers or adults with severe learning disabilities?	Consultations with patient groups and local organisations such as REAL
How can hospital services be better integrated with community-based services?	Collaborative process within Tower Hamlets Together

Mile End Hospital

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 133 service users, identifying a total of 362 issues.

Opinion of the Mile End Hospital is 52% negative.



What we have learned

- The hospital's Rheumatology and Physiotherapy departments are praised by patients for their efficiency and good level of support.
- In particular, the Physiotherapy Department and ARCaRe (Respiratory Care and Rehabilitation) Service are well-integrated with other community and social services, primarily those catering for independent older people with increasing care needs (occupational therapy, reablement, home adaptations, health awareness education).
- Proposed changes to the remit of the Hospital's Foot Clinic have been met with strong criticism from local residents; our consultation showing near unanimous opposition to the changes:
 - Older and/or disabled people from deprived background, who need services such as toenail cutting, are disproportionately affected by the current changes to service provision.
 - Nearly 50% of respondents couldn't think of any services appropriate for replacing the ones no longer available at the foot clinic. Private chiropody services were not seen as an acceptable alternative to using the foot clinic, partly (but not exclusively) because of their high cost. 80% of our consultation survey respondents said they would find it "difficult" or "impossible" to pay privately for treatment suitable to their foot health needs.

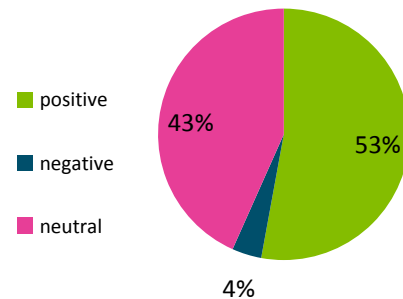
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
<p>How can examples of good practice in service integration, signposting and referral from the Physiotherapy department and ARCaRe be promoted and adopted by other departments and services, both within and outside of the hospital?</p>	<p>Engagement with physiotherapy leads at the Mile End Hospital; collaborative process within Tower Hamlets Together</p>
<p>What is the impact of changes in service provision to the Foot Clinic on patients and on local NHS Services?</p> <p>Is there an increased risk of hospital admissions or severe complications?</p>	<p>Continued consultations with relevant groups, through questionnaires and focus groups</p> <p>If possible, the hospital to track patients no longer eligible, to see if they are more likely to develop more serious problems</p> <p>Monitoring of patient feedback on any solutions put in place to replace the foot clinic services for those no longer eligible (ex: training classes, toenail cutting service etc.)</p>

Tower Hamlets GPs

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 733 service users, identifying a total of 3190 issues.

Opinion of Tower Hamlets GP surgeries is 53% positive.



What we have learned

- Patients are happy with the **quality of service provision**, but are frustrated about the process of **booking appointments** and the **long waits** before they can be seen. This suggests that GP services in Tower Hamlets are seen by residents as high quality, but difficult to access.
- **Online booking** is popular where available, but not all surgeries offer it and, where they do, patients cannot always make full use of it, for technical or administrative reasons.
- Many perceive surgeries' **booking systems** as inefficient, lacking transparency, error-prone and difficult to understand, particularly around emergency bookings. Because of the lack of transparency, some service users perceive it as unfair or arbitrary.
- Not all surgeries offer online consultations; and only a small number allow patients to access their medical records and test results online.
- Some patients choose to de-register with their surgeries and register with the **GP at Hand service** instead, although some return to their surgeries afterwards. Difficulty in obtaining appointments is an often-cited reason for de-registering.
- Patients are broadly happy with the attitude of **reception staff**, who they find to be helpful and approachable; but they are dissatisfied with the level of advice and information they receive from the reception desk. Many report difficulties contacting their GP surgery on the phone.
- Most patients see both doctors and nurses as supportive, caring and competent. Only a minority report rude or unprofessional treatment, or express doubts about medical professionals' competence. In some cases, nurses can offer advice or treatment to patients when other professionals are unavailable or don't have the capacity. However, this solution is not suitable in all cases. Some patients report seeing a nurse when they actually needed a doctor.

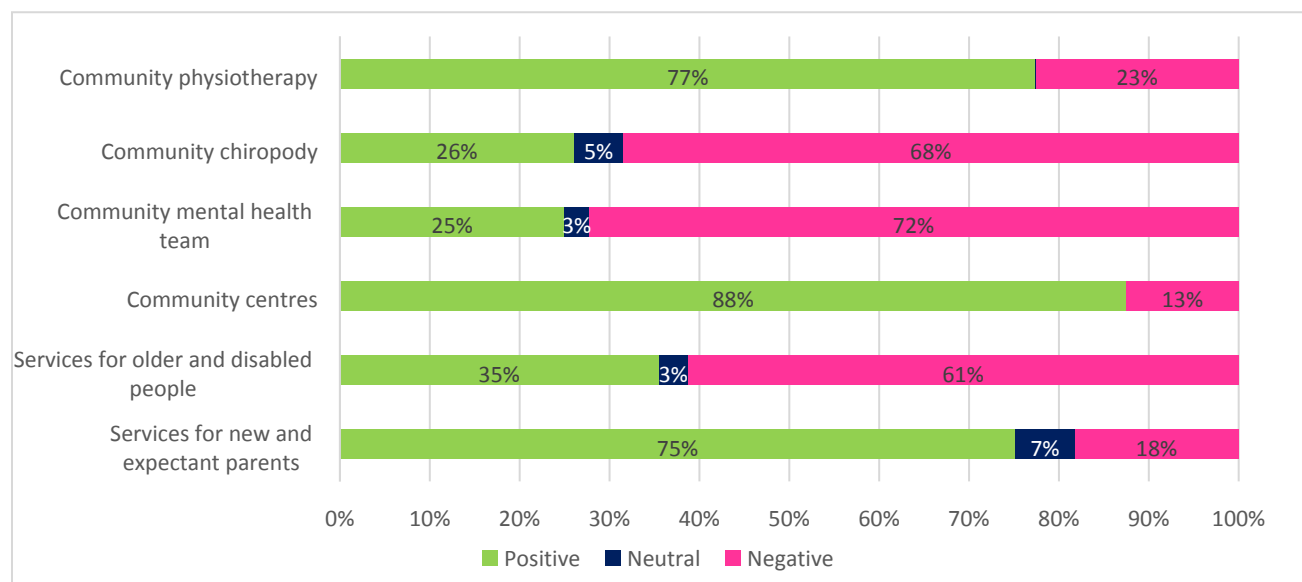
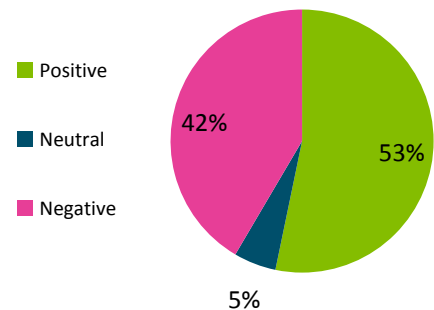
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
<p>Is the more widespread introduction of online consultations (either by individual surgeries or at hub level) desired by patients?</p> <p>Would it relieve pressure on surgeries and make it easier for patients to get medical advice suited to their needs?</p> <p>Would it provide a viable alternative to the GP at Hand service?</p>	<p>Ongoing engagement with the GP care group.</p> <p>Outreach with bespoke questionnaires.</p> <p>Focus groups/ workshops with relevant demographics (teenagers, young professionals, older people, disabled people etc.)</p> <p>If available, secondary data analysis on data provided by surgeries on usage of their online services</p>
<p>What do patients consider to be an acceptable or unacceptable wait to be seen for emergency and routine appointments?</p> <p>How do their standards compare to their experience of what their GP surgery offers?</p>	<p>Outreach with bespoke questionnaires.</p> <p>Enter and View visits.</p>
<p>Could specialised clinics and patient support groups based in GP surgeries (ex. baby clinic, older people's clinic, diabetes support, disabled support) function efficiently as signposting hubs for better integrated health and social care services?</p>	<p>Collaborative process within Tower Hamlets Together</p> <p>Monitoring of patient feedback on any such clinics or groups already in existence.</p>

Community services

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 255 service users, identifying a total of 691 issues.

Opinion of Tower Hamlets community services is 53% positive. It is noteworthy that services for newborns and new parents receive more positive feedback than services for older and disabled residents.



Services for new and expectant parents include birth centres, breastfeeding support, community midwives, health visitors and antenatal classes.

Services for older and disabled people include district nurses, continence services and occupational therapy.

What we have learned

- Services for new-borns and their parents are a valuable community asset, providing new parents with valuable advice, information and resources. Their workers receive positive feedback from service users for being helpful, pleasant and knowledgeable.
- Community centres and children's centres play a vital role in providing signposting and sometimes advocacy, particularly for people with a poor level of English. They can also be an important factor in preventing loneliness and isolation for vulnerable people, such as the elderly or single mothers without a support network.

- Some older people with care needs report that they wish they could receive support from district nurses, but currently don't (or don't know how to request it). Better support from district nurses in the home could potentially reduce hospital admissions.
- Most comments we received to data about the Community Mental Health Team came through ELFT's PALS and Complaints service. Patients complain about a general lack of support and psychologists/ psychiatrists being dismissive of patients' symptoms and needs.

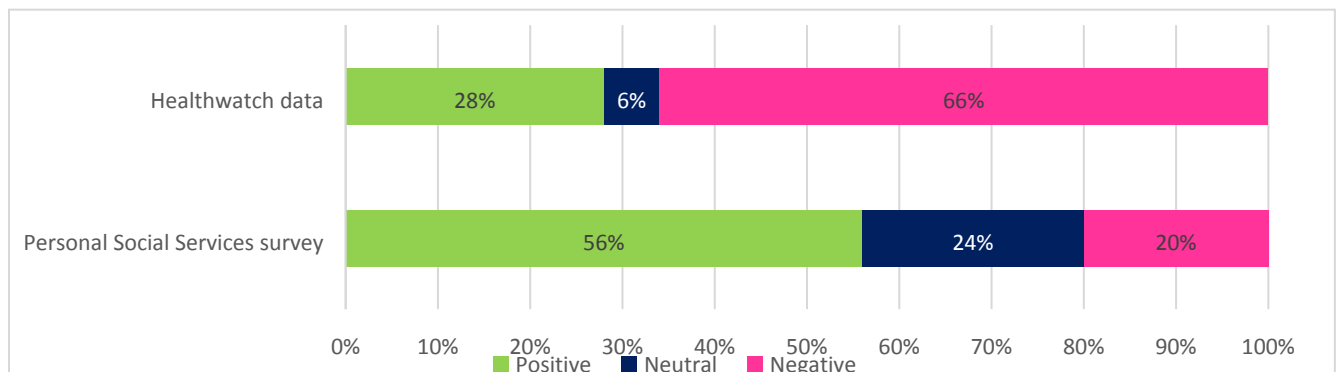
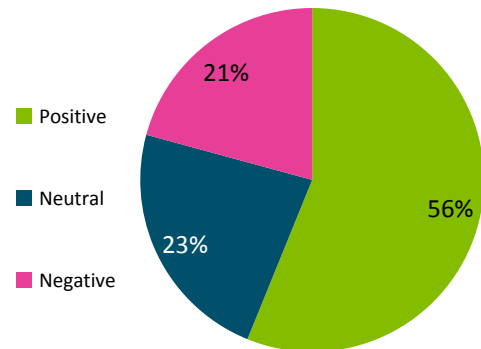
QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
Can better provision of district nurses and other integrated community services reduce pressure on hospital and primary care services?	Collaborative process within Tower Hamlets Together Ongoing monitoring of community services, with a view to find out to what extent they work together.
How can community services be better integrated with each other?	

Social care services

What Local People Think

Between April 2017 and March 2017, we have collected feedback from 419 service users, and analysed feedback from 876 respondents of the Personal Social Services survey, identifying a total of 15048 issues.

Opinion of Tower Hamlets residents about social care services is 56% positive; however, Personal Social Services Survey respondent gave significantly more positive feedback than service users interviewed directly by Healthwatch.



What we have learned

- Care assessments were found by many service users to be a difficult bureaucratic process that some perceived as unfriendly and adversarial. Their perception was that social services, under pressure from austerity cuts, only want to give them as little care as they can get away with.
- Those who received adaptations to their home or mobility aids through the NHS or local social services found them useful and felt that those were supporting them with remaining independent.
- Most of those receiving care at home had overall positive feedback about their carers as individuals; but many felt unsupported by social services and care agencies. Those who had had negative experiences with their care workers felt that social services and care agencies fail to keep carers accountable for providing adequate care.

- Out of 40 **domiciliary care providers** available to Tower Hamlets residents, 17 were rated Good by the CQC, 11 were rated Requires Improvement and one Inadequate.
- In some cases, service users were able to obtain **flexible care**, adapted to their needs. This may empower them to continue leading an active lifestyle and socialise, to the extent of their abilities. In other cases, however, lack of flexibility on the part of carers and care agencies can constitute an obstacle to socialising or attending community events; rendering people who would otherwise be able to take part practically house-bound.
- Many people had **limited knowledge of any social care options and resources** available in the borough (including domiciliary care, home adaptations, occupational therapy or day centres). The **language barrier** can be a serious obstacle for service users who cannot speak fluent English.
- With recent **changes to service provision and austerity cuts**, many people reported having to give up care at home they have benefitted from, as it became unaffordable. Some also became ineligible for certain types of care.

QUESTIONS TO EXPLORE	POSSIBLE RESEARCH METHODS
How can care assessments be more person-centred and employ an integrated care model?	Collaborative process within Tower Hamlets Together Ongoing monitoring of community services, with a view to find out to what extent they work together.
How can social care services be better integrated with each other and with community services?	

What is missing from the picture?

