Healthwatch Leicestershire Board Meeting Minutes
Wednesday 16 July 2014

Present: Chair: Rick Moore (RM), Vice Chair - Gillian Adams (GA), Sue Staples (SS), Fiona Barber (FB), Anne Collier (AC), Alaistair Wood (AW), Chris Faircliffe (CF), Vandna Gohil (VG).

In attendance: Gerri McLaughlin, Healthwatch Administrator, Tim Sacks, Chief Operating Officer, East Leicestershire and Rutland Clinical Commissioning Group (ELRCCG), Jenny Darlow, Development Officer and Steph Hollis, Communications Officer.

Members of the public
Pete Smith, AstraZeneca and Farook Haider.

Item	Discussion	Action/Outcomes
2014.07/01	**Welcome and introductions** The Chair welcomed the Board and introduced Chris Faircliffe (CF),a new Board member, to the meeting. All attendees then made a short introduction. Apologies were received from Mina Rogers (MR), Ian Clarke (IC) and Narendra Waghela (NW). Chair gave a warm welcome to members of the public in attendance and explained that this meeting would be closed to the public at 12.45 pm.	
2014.07/02	**Declaration of Interest for the Agenda** All members were asked to declare any conflicts of interests	**There were no Declarations of Interest.**
2014.07/03	**Minutes and Actions 30 April 2014** The draft minutes have been circulated following the meeting and posted online	**The minutes of 30 April 2014 were agreed as a true record**
2014.07/04	**Actions Update** • **Minute 2014/06/4 Board Skills Audit :** **VG** outlined the updated skills audit and informed members that she would look at where the skills gaps are and update where necessary. • **Minute 2014/06/6 Enter and View Training:** **VG** informed Members that there would be a	**Complete the skills audit and provide update to Board.**

	Training Session on July 22nd for City and County volunteers and Board members were encouraged to attend. • **Minute 2014/06/17: Annual Review.**The Chair informed Members that an electronic version of the Annual Review is available on the website http://www.healthwatchleicestershire.co.uk/resources	**E-copy of Annual Review available online via the website**
2014.07/05	**Board Members Updates** **Chairs Report: RM** gave a verbal update on the work he had overseen and been involved with under headings as follows : **1. Board business** • Development of HWL strategy 2014 –16 • Review of Board rep role aligned to strategy • Review of membership aligned to strategy • Meetings with new Board members • Meetings with Commissioners to agree outcomes and services measure 2014-15 • Board rep role -Health and Wellbeing Board and Health and Overview Scrutiny Commission • Annual Report 2013 –14 completion and compliance with statutory requirements **2. Board Ambassador role** • Meeting with Volunteers • Meetings with stakeholders - listed in • Directors report • BCT Programme Board **3. Media related activities** • Radio and TV interviews on A&E, Better Care Together 5 year LLR strategy and GP commissioning **4. Neighbouring Healthwatch relationships and joint working** • Meetings with Chairs of neighbouring Healthwatch in Leicester and Rutland **5. Other HW relationships** • Regional HW meetings • National - Annual Conference **6. HW Team Relationships** • Regular phone, face to face and online contact with the Director	**The Chair's full report was noted.**

	• Contact with Staff team via the Director on relevant work streams and briefings. **7. Looking forward** The Chair referred to the preview for 2014-15 and that HWL has exciting plans for the year ahead this includes 1. Publication of our first Enter and View visit which took place in April 2014 2. Visit to the A&E department and capture patient experience in June 2014 3. Establish a signposting service in dedicated drop-in clinics across the county from Spring 2014 4. Work with WL CCG on the 'MAGIC' Campaign in Spring 2014 5. ELR CCG 'We are listening' events starting in July 6. Run consultations on the Better Care Together 5 year strategy 7. Hold a series of Road shows in each district during August and September 2014. 8. Gather evidence on new themes for local priorities to feed in to the HWL work plan for 2015 – 2016 during November and December 2014. 9. Hold a Spring event to feed back to members, stakeholders, partners and share the vision for 2015 – 2016. 10. HWL has events planned in 2014 in response to local consultations involving work of the Carers Task Group and Social Care Task Group. Plus the following additions 11. **Better Care Together (BCT) LLR 5 year strategy** – the meeting was informed of the joint HWL and HWLC public meeting with senior officials from provider bodies and clinicians w/c 11 August. 12. Fair for new volunteers as part of HWL's engagement programme. 13. 15 October PM - event focused on Annual review 2013 –14 with all volunteers	**All Board members were asked to attend the Public meeting** **Dates to include Chair and Vice-Chair availability.**

2014/07/06	**Vice Chair Update : GA** gave a verbal update as follows: **1. Board business** • Board strategy and Exec summary - lead role with Chair • Board recruitment sub group - lead and delegated by Board • Board rep role - HWBB and UHL LLR meeting with CEO • UHL Quarterly meetings – included in Directors report **2. Board Ambassador** • Meeting with Volunteers • Representation at stakeholder panel for UHL Finance Director appointment **3. Membership, Intelligence and Insights** • Membership review - task and finish group with Chair • 12 hours at A&E - lead on initiative **4. HW Team Relationships** • Regular contact with the Director • Contact with Staff team via the Director on relevant work streams and briefings	**The Vice-Chair's full report was noted.**
2014.07/07	**Health Care Lead** **SS** gave an update as follows • The programme of activities undertaken by the Enter and View Working Group. Details are posted on the website as per Healthwatch England guidance. • John Baker has been appointed as HWL representative for the Ashby Hospital Implementation Board. • Chris Faircliffe, attends the LLR Pharmacy Needs Assessment Project team. • Update on Coalville Ward 4 consultation • LLR representation on Leicestershire Partnership Trust (LPT) Board and has secured a separate report on complaints as a regular agenda item • LLR submission on LPT Quality Accounts • HWL representation on CQC local information sharing meeting with Safeguarding leads from LLR authorities and has secured FB as additional member to attend future meetings	**Updates at next meeting**
2014.07/08	**Social Care Lead** **FB** gave an update to the meeting as follows: • Meetings with the Director of Adult Social Care to be reviewed and consider joining up with	**Updates at next meeting**

	the Social Care Task Group, • Consultation on Preventive Services finished on 14 July with HWL submission, available on website • Attended the Better Care Together – PPI group with MR and joined by with Alistair Wood. • Attended the NHS England 7 Day Services event at the Racecourse which had very positive speakers plus presentation from Nottinghamshire re 7-day services (may not work in a rural setting) • Attended Adult and Communities' Scrutiny Commission – welcomed and invited to fully contribute • Update on the Bradgate Unit, Oversight and Assurance Group formed after a Risk Summit, to 'overseeing' next steps and following actions, this is now going to be wound down and issues such as the patient experience dashboard will be monitored by the Quality Surveillance Group.	
2014.07/09	**Engagement Strategy** Jenny Darlow outlined the paper on the HWL Engagement Strategy that identified three areas of engagement supporting the vision and mission. All engagement will fall within the headings: 1. General engagement with communities and partners 2. Engagement around HWL priorities and target groups 3. Engagement with the Voluntary and Community Sector (VCS) The meeting noted that HWL will engage with members of the public across all seven of the boroughs/ districts of Leicestershire. HWL staff will take a lead on individual borough/ district in order to gain an in-depth knowledge of the area, the services provided in that area and the VCS organisations based there. The workload will also be split with individuals assigned to lead and play supporting roles regarding stakeholder's contact including board/ trust representation and lead contact, internal processes and project and campaign work.	**The Board agreed the Engagement strategy outlined and applauded the district based approach.**

2014.07/10	**Communications Strategy** Steph Hollis presented the paper that set out the 5 objectives that will shape the delivery of Healthwatch Leicestershire's Strategic Plan 2014 -15 with the overall aim to ensure that Healthwatch Leicestershire's mission is reflected in all communications; as an independent, influential consumer champion, where peoples rights and responsibilities in health and social are understood and delivered.	**The Board agreed the Communications strategy and commended the Team for the quality and production of documents and media and comms support**
2014.07/11	**Membership Update** VG gave an update on the review of membership that included a simplified process for recruiting members for HWL. The following next steps were noted : • Revised literature and simplified membership forms. • All members added to the database will receive regular newsletters, be consulted on issues, invited to events and the opportunity to volunteer. • Members will be asked to take part in annual member survey – this is where the equality monitoring data will be gathered to help build up the profile of our membership. • Newsletter subscribers - a subscription box will be added to the Healthwatch Leicestershire website. Once a subscriber has added their email address, they will receive an automatic email containing a message from the Chair.	**Tim Sacks offered cross –promotion to ELR CCG members and also an article in ELR CCG news**
2014.07/12	**Developing Evidence-based insights** **'12 hours in A & E' Report** **GA** gave an update on the 12-hours in the A&E Department at Leicester Royal Infirmary (LRI) on Friday 27 June 2014 from 8.30am to 8.30pm to capture patient experience. The aim was to understand patients' experiences in	**The Board welcomed the excellent work and asked that the Comms plan promote the report and findings to a wide range of stakeholders.**

	light of LRI consistently failing to meet the national target of 95% patients seen and discharged within 4 hours. HWL listened to 88 patients in adults' and children's A&E Departments. Overwhelmingly, patients spoke positively about their A&E experience, in particular: • Patients had promptly seen a doctor or nurse at the point of triage • Patients were provided with information that was clear and easy to understand • The vast majority of patients were seen and discharged within the 4 hour target • The one patient who was not seen and discharged within 4 hours rated their experience as excellent.	
2014.07/13	**Adult Preventative Services Consultation responses** The meeting noted the submission made by HWL to the County Council Prevention Consultation informed by 70 respondents to the HWL online survey. Key findings from the survey are as follows: • Over two thirds of respondents agreed with the elements of the prevention model • When respondents were asked what elements of the model they felt would most benefit them or their communities: o Three quarters chose supporting independence for older people o 70% chose maximising community resources o Over half chose safe places and support for domestic violence • 55% of respondents agreed with the allocation of money to supporting independence • One in three respondents thought that the allocation money for community development was too low • A third of respondents were neutral when asked about the allocation of money for safe places and support for domestic violence Healthwatch Leicestershire is asking Leicestershire	**Receive an update following the County Council's consultation review.**

	County Council to consider: 1. The results of this survey when making decisions that affect communities; 2. A one year review of the programme to be built in to the planning of the LAC; 3. Sharing the detailed project plans and remit of the LAC as they are completed.	
2014.07/14	**Performance Reporting** **VG** provided an update on the Quarter 1 outcomes and indicators highlighted by key success criteria (see below) to inform the Board and Commissioners on progress from for the period April – June 2014 . Key Success Criteria (KSC) • Influencing Change • Reach & Access • Scrutiny & Challenge • Intelligence, Evidence & Insight • Involvement	**The Board noted and approved the Q1 performance report**
2014.07/15	**Finance Update** The Chair reported that two Board members had raised issues with regard to the budget 2014-15. The Chair met the HWL Director and VAL's CEO regarding the concerns and has also sent a letter to the leader of the County Council on the proposed cuts to HWL's budget. Given this, the meeting agreed to defer the fuller discussion on the budget to the next meeting (or convene a special meeting if necessary). The meeting also noted that contingency plans to be developed if the best budget outcome is not secured setting out what HWL can/cannot do. The meeting also asked for the draw down of the LINKs underspend to offset any cut to enable HWL to achieve the agreed outcomes with the Commissioners.	**Update at Board meeting on 15th October 2014**
2014.07/16	**Tim Sacks, gave a presentation on ELRCCG Health and Social Care, the Year Ahead'** and highlighted the following • There are 34 practices covering diverse	**The Board thanked Tim for the**

	geographical areas including market towns and rural areas. • The CCG serves the health and social care needs of 315,000 patients with a current 2013/14 £320m budget The strategic aims of the ELR CCG Strategic are to • Transform Services and enhance quality of life for people with long term conditions • Improve the quality of care • Reduce inequalities in access to healthcare • Improve integration of local services • Listening to our patients and public • Living within our means Tim went on to outline the ways in which the CCG carry out stakeholder, public and patient engagement on a regular basis (see below) and welcomed today's presentation to HWL Board as a first opportunity. • Public membership • GP practices & stakeholders – 360 degrees • Patient Participation Groups • Patient Reference Groups • Public and Patient Engagement Group • Website • Media • Events • Partners • Patient experience • Listening booth Tim talked about the launch of Better Care Together, which is the combined health and social care strategy for the whole of Leicester, Leicestershire and Rutland (LLR). He added that the stimulus for which is the £390m deficit to the LLR health and social care economy caused by aging population with more complex needs over the next 5 years. Tim outlined the plans for integrated health and social care budgets via the national £3.8bn Better Care Fund which aims to bring health and social care commissioning together to better meet the needs of individual patients with the following focus workstreams: • Parity of esteem (Mental Health / Dementia)	**presentation and valuable insights to the A&E report findings.**

	• personalised health and social care budgets • reducing hospital admissions, nursing and residential care • integrated crisis-response services • 7 day social care provision Tim went on to explain how NHS England had announced that CCGs could express an interest in taking enhanced powers and responsibilities to co-commission Primary Care. The aim of this new initiative is to give CCGs greater opportunity to improve integration of services in the community, reduce inequalities and improve quality. Taking responsibility for co-commissioning provides significant opportunity to improve integration of services and build relationships with patients, members and stakeholders.	
2014.07/17	**Questions from the public** There we no questions from the public at the meeting.	

The next meeting of Healthwatch Leicestershire Board will be on 15 October 2014 at 10.00am at Voluntary Action Leicester Offices. Members of the public will be invited.

Action Log
Meeting of the Board of Healthwatch Leicestershire

PAPER 2

Meeting /Minute	Action/s	Update /status
2014.07/04	**Complete the skills audit and provide update to Board.**	Complete - Green
2014.07/05 - 11	**Better Care Together (BCT) LLR 5 year strategy** – the meeting was informed of the joint HWL and HWLC public meeting with senior officials from provider bodies and clinicians w/c 11 August. A joint submission by HWL and HWLC was on 22 September 2014 to the BCT Programme Director and reported to the BCT Programme Board on 2 October 2014.	Complete – Green
2014.07/05 - 12	Fair for new volunteers held on 29 September 2014 as part of HWL's engagement programme with 13 HWL members attending	Complete - Green
2014.07/07 and 2014.07/08	Social Care and Social Care update - on the agenda.	Complete - Green
2014.07/11	Tim Sacks offered cross –promotion to ELR CCG members and also an article in ELR CCG news - on agenda item 19	Amber – pending
2014.07/12	The Board welcomed the excellent work and asked that the Comms plan promote the report and findings to a wide range of stakeholders. Covered by paper 4 on the agenda	Complete - Green
2014.07/14	Board awayday discussion	Amber – pending
2014.07/15	Board awayday discussion	Amber – pending

Key: Green – Action complete Amber – Action pending Red – Action unable to be completed

If an action is TBC, then no colour will be assigned

Paper 3

Name of Meeting: Board meeting
Date of Meeting: 15 October 2014
Subject: Chair's Report
Author: Rick Moore
Status: For Information

Summary Overview

This report provides a summary update on the activities of the Chair since the last meeting.

Recommendations

The meeting is asked to:

1. Note and comment on the report.

Chair's Report

Introduction

1. The period since the last meeting has seen a busy time for Healthwatch Leicestershire as reflected in the agenda and papers for this meeting.

2. My summary report provides an overview of Chair activities under 6 thematic headings.

3. Board business
    - Meeting with County Commissioners on Quarter 1 Performance report
    - Meetings of Heath and Wellbeing Board including presentation of the 12 Hours at A&E report
    - Meetings with Chair of Health Overview Scrutiny Commission (HOSC)
    - Meetings of HOSC
    - Meetings with NHS England Local Area Team (LAT) Director
    - Meetings of NHS England LAT Quality Surveillance Group
    - Briefing meetings on the Better Care Fund at County Hall
    - Public consultation meeting of Better Care Together
    - Contact with HWL Board members

4. Board ambassador role
    - Member on the Better Care Together Programme Board
    - Attended Annual Public Meeting of UHL
    - Volunteer Fair

5. Media related activities
    - BBC Radio interviews on Better Care Together

6. Neigbourhing Healthwatch relationships and joint working
    - Regular meetings with Chairs of neighbouring Healthwatch in Leicester and Rutland
    - Attending and 3 Chairs and Participating Observers monthly meeting

7. Other Healthwatch relationships
    - Meeting with Chair of HW Lincolnshire
    - Attending Regional Healthwatch meetings

8. HW Team Relationships
    - Regular phone, face to face and online contact with the Director
    - Contact with the staff team via the Director on relevant workstreams and briefings

Summary

9. I want to take this opportunity to formally record my thanks the Board and staff members for all the hard work and commitment to Healthwatch Leicestershire and look forward to the busy months we have ahead.

Paper 4

Name of Meeting: Healthwatch Leicestershire Board meeting
Date of Meeting: 15 October 2014
Subject: 12 Hours at A&E Report
Author: Vandna Gohil **Presented By: Gillian Adams, Vice Chair**
Status: For Information

Summary Overview

Healthwatch Leicestershire spent 12 hours in A&E at Leicester Royal Infirmary on 27 June 2014 to listen to patients about their experiences of the service provided.

Our aim was to understand what matters most to people attending A&E from a patients point of view and also see first hand why A&E had been struggling to meet its target to see and discharge 95% of patients within 4 hours.

Our team of staff and volunteers listened to 88 patients between 8am and 8pm asking them why they had come to A&E and what they thought of the care and treatment they were receiving.

Two out of five patients told us that they tried to book a GP appointment before arriving at A&E and overwhelmingly 95% of patients who completed our survey after treatment rated their experience as good or excellent.

The links to the report are as follow: the Executive Summary and full report including patients stories.

Recommendations

The meeting is asked to:

1. Note the report.
2. Receive an update on follow up activities.

Copies of the report were sent to the following:

Stakeholders

1. University Hospitals of Leicester
2. Leicestershire Partnership Trust
3. West Leicestershire Clinical Commissioning Group
4. East Leicestershire and Rutland Clinical Commissioning Group
5. Leicester City Clinical Commissioning Group
6. East Midlands Ambulance Service
7. Care Quality Commission
8. NHS England

Councils

9. Leicestershire County Council Health and Wellbeing Board
10. Leicester City Health and Wellbeing Board
11. Rutland County Council

Leicestershire District Councils

12. Charnwood Council
13. Harborough Council
14. Hinckley and Bosworth Council
15. Melton Borough Council
16. North West Leicestershire Council
17. Oadby and Wigston Council
18. Blaby District Council

MPs

19. Labour Leicester South
20. Conservative Leicestershire North West
21. Conservative Charnwood
22. Conservative Rutland and Melton
23. Conservative Harborough
24. Labour Leicester West
25. Conservative Loughborough
26. Conservative Leicestershire South
27. Labour Leicester East

Healthwatch

28. Healthwatch England
29. Healthwatch Leeds
30. Healthwatch Rutland
31. Healthwatch Leicester

healthwatch Leicestershire

Healthwatch Leicestershire spend 12 hours in A&E

Patients' Experiences of Accident and Emergency (A&E)

Foreword

University Hospitals of Leicester (UHL) Accident & Emergency (A&E) Department located at Leicester Royal Infirmary (LRI) has been under considerable pressure and has failed to consistently hit the Government set target to see and discharge 95% of patients within 4 hours.

We acknowledge UHL's commitment to addressing A&E performance and are encouraged by the recent improvements in which we hope will be maintained.

UHL and the three local Clinical Commissioning Groups (CCGs) have been working together to try to improve the situation for some time. Initiatives include introducing a new triage A&E reception point and the 'Choose Better' campaign.

On the 27 June 2014, a team of Healthwatch Leicestershire staff and volunteers spent 12 hours in A&E. We listened to 88 patients to understand why they had come and what they thought of the care and treatment they were receiving. As the independent health consumer champion in Leicestershire, our aim was to understand what matters most to people attending A&E from a patients' point of view and also see first hand why the A&E had been struggling to meet its target.

We discussed the initial findings of this report with John Adler, Chief Executive at UHL, at the quarterly members meeting on 9 July 2014. The full report is being shared with Leicestershire Members of Parliament, UHL, three local CCG's, East Midlands Ambulance Service, Leicestershire County Council, neighbouring Local Healthwatch and respective local authorities.

We look forward to working with all of these groups to continue to strive for an improvement in A&E performance in Leicestershire.

The patients stories are insightful and informative and we hope to revisit A&E in January 2015.

Gillian

Gillian Adams
Vice Chair, Healthwatch Leicestershire

Contents

Executive Summary

Overview

Healthwatch Leicestershire (HWL) spent 12 hours in the Adult and Children's A&E Departments at Leicester Royal Infirmary (LRI) on Friday 27 June 2014 from 8.30am to 8.30pm.

Our aim

Our aim was to understand patients' experiences and ensure their views are heard and acted upon in light of LRI consistently failing to meet the national target of 95% of patients seen and discharged within 4 hours. In the week we visited, 93.6% of patients were seen and discharged within 4 hours at LRI and 263 patients were not seen and discharged within 4 hours[1].

We spoke to 88 patients across the adult's and children's A&E Departments. Here are the findings from listening to patients' experiences:

1. Why patients come to A&E

- 42% of patients we spoke to came straight to A&E without seeking alternative care. These patients may have been better treated elsewhere. Reasons provided by patients for not seeking alternative help include long-term conditions or severity of injury.
- 58% of patients we spoke to had tried to get help elsewhere before coming to A&E from their GP, NHS 111 and NHS 999.
- Two out of five patients we spoke to attended A&E at least once in the previous 12 months.
- 5 patients felt they should not have come to A&E. Some of these patients indicated they would have preferred to see a GP if the option was available.

2. GP Access

GP access remains an ongoing issue for some patients. A small number of patients told us there were no appointments available at their GP, so they came straight to A&E. This causes a burden on A&E resources.

In total 60 patients told us the name of their GP practice, of which:

- 55% were from Leicester City Clinical Commissioning Group
- 23% were from West Leicestershire Clinical Commissioning Group
- 19% were from East Leicestershire & Rutland Clinical Commissioning Group
- 3% were registered at a GP practice out of the area.

1 NHS England (2014) 'A&E weekly activity statistics, NHS and independent sector organisations in England', published 4 July 2014, available at: http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/

3. Positive experience in A&E

Patients spoke positively about their A&E experience. In particular:

- Patients had promptly seen a doctor or nurse at the point of triage
- Patients were provided with information that was clear and easy to understand
- Vast majority of patients were seen and discharged within the 4 hour target
- On the day we visited one patient was not seen and discharged within 4 hours, however they rated their experience as excellent

> **"Doctors, nurses and staff very professional and met my expectations of the NHS"**

Recommendations

Based on our findings, Healthwatch Leicestershire offers five key recommendations:

1. Adequate resourcing and better promotion of alternative care pathways available to patients before accessing A&E. Whilst we found that more than half of patients are using more suitable care pathways before accessing A&E, more work needs to be done to promote alternative pathways and reduce the unwanted burden on A&E for those patients who may have been better treated elsewhere.
2. Better information. We suggest better promotion of the feedback and reporting systems available (these do not appear to be used by patients, yet would provide valuable feedback for UHL to act on) and better use of available wall space to promote the importance of 'choosing better' and when to access GP, Pharmacy, NHS 111 and 999 emergency services. In addition, the highly rated information should continue to be provided upon arrival as part of the wider strategies to promote positive patient experience.
3. More collaborative and integrated working between Urgent Care Centre (UCC) and A&E, for example reallocating resources or re-directing patients at peak times. We found communication and teamwork between UCC and A&E could be improved.
4. The existing strategies for access and inclusion should continue to be supported and enhanced further. This extends to disability access, more inclusive parking facilities and the support provided to assist with mobility across LRI.
5. Improved signage. We recommend reviewing the signage to UCC and the Adult A&E Department as it was potentially confusing to first time visitors.

This report will provide you with further details on the methodology, the findings and patient stories.

Introduction

Healthwatch Leicestershire (HWL) is the independent, influential consumer champion of health and social care in Leicestershire. HWL's role is to understand what matters most to people and use that information to influence providers and commissioners to change the ways services are designed and delivered.

Waiting times for Accident and Emergency (A&E) are key performance measures set out in the 'NHS England Improving A&E Performance' paper.[2]

Leicester Royal Infirmary (along with other A&E Departments in England) has an operational standard to ensure 95% of patients are being seen and discharged within 4 hours.

University Hospitals of Leicester (UHL) have not been consistent in meeting the target for more than three years. It is estimated that in the week ending 29 June 2014 only 93.6% of patients were seen and discharged within 4 hours. This equates to 263 patients.[3]

2 NHS England: Improving A&E Performance Gateway ref: 00062: http://www.england.nhs.uk/wp-content/uploads/2013/05/ae-imp-plan.pdf

3 NHS England (2014) 'A&E weekly activity statistics, NHS and independent sector organisations in England', published 4th July 2014, available at: http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/weekly-ae-sitreps-2014-15/

12 hours in A&E on Friday 27 June

Healthwatch Leicestershire (HWL) spent 12 hours in the A&E Department at Leicester Royal Infirmary (LRI) to understand patients' experiences and gain their views on LRI's A&E Department. A team of HWL staff, volunteers and Board members listened to 88 people who visited Minors, Majors and Children's A&E on the 27 of June 2014 from 8.30am to 8.30pm.

In the majority of cases we spoke to the patients directly, but where this was not possible (e.g. Children's A&E) we spoke to their parents or carers. HWL tended to speak to patients after they had been triaged, and while they were waiting to be treated. HWL used a survey (Appendix 1) to gather data, and we also spent time listening to patients' experiences.

How patients access A&E:

- When patients arrive at LRI, they are directed to the Urgent Care Centre (UCC) (run by George Elliot Hospital) where they are triaged. Depending on the nature of their injuries, patients are either treated in UCC or sent to Minors.
- If patients are sent to A&E from their GP and have a GP letter, patients do not need to be triaged by UCC. They can go directly to A&E where they are treated.
- If patients arrive by ambulance, they go directly to A&E.
- Paediatric patients can either go UCC or direct to Children's A&E.

Overview

Methodology

The Healthwatch Leicestershire (HWL) survey was delivered in two parts, Part A and Part B. Part A was completed with the patient and gathered the majority of the data. Part B was left with the patient to complete when they at the end of their treatment when leaving A&E. This allowed HWL to track arrival and departure time.

88 patients completed Part A, this is what they told us:

2 in 5 patients tried to book a GP appointment before arriving at A&E

94%

Felt they should have come to A&E

86%

were given information that was clear and easy to understand upon arrival at A&E

40 patients completed Part B of the survey this is what they had to say:

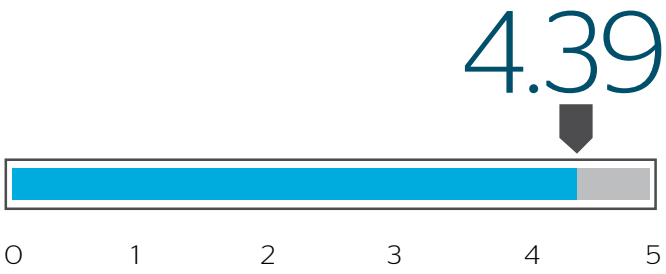
38

patients rated their overall experience as either "good" or "excellent".

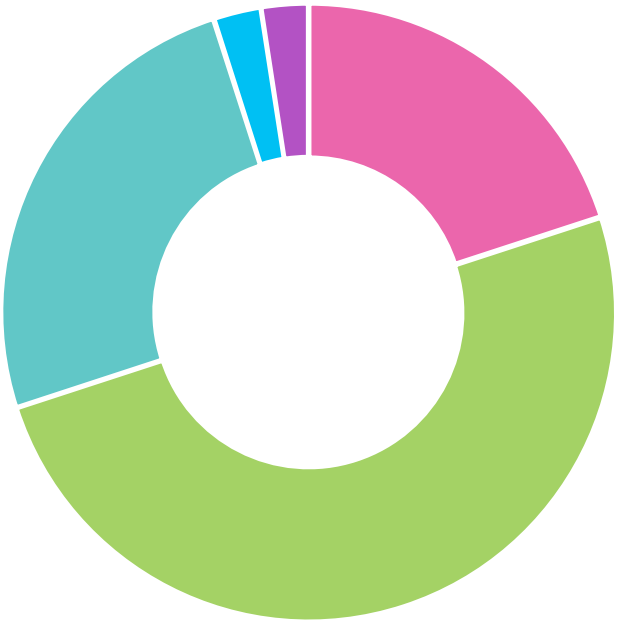
1

described their experience as "poor" (this patient was seen and treated within approximately 3 hours).

On a scale of 1 to 5, 1 meaning poor and 5 meaning excellent, patients rated their experience overall at an average of 4.39.



How long have you been waiting in A&E today?



20% 0-1 Hours

50% 1-2 Hours

25% 2-3 Hours

2.5% 3-4 Hours

2.5% More than 4 Hours

1. Why patients come to A&E

We asked patients 'Did you try to get help anywhere else before you arrived at A&E?'

42% **came straight to A&E without seeking help elsewhere**

58% **tried to seek help elsewhere**

Of the patients that were successful in seeking help elsewhere, they were advised to come to A&E by:

21 a GP or Health Professional

999 4 999

4 NHS 111

3 a Walk in Centre / Urgent Care

2 a GP receptionist

3 people did not answer this question.

Patient Stories

LE4 – Leicester City CCG

A GP advised the patient to attend A&E after the patient's carer spoke to the GP on the phone. The patient did not think they should have gone to A&E and would have preferred to see their GP. The patient said it would have been helpful if the GP was able to assess the problem and prescribe painkillers. They found going by car and utilising the wheelchair at the hospital very difficult.

LE13 – East Leicestershire and Rutland CCG

Attempted to book an x-ray at a local GP practice but would have been required to wait for more than a week. Patient went to A&E by car to get an x-ray. Overall they had a very good experience.

LE5 – Leicester City CCG

The patient contacted their local GP but they had no facilities to stitch a finger so went to A&E by taxi service. The patient had also been to A&E in November 2013 and they waited 4 hours in A&E whilst bleeding so put in a complaint.

LE8 – East Leicestershire and Rutland CCG

The patient contacted the GP the night before (26 June) and an appointment could not be arranged until 7 July 2014. On the morning of the A&E visit, patient went straight to GP practice for a drop-in appointment and waited to see GP. GP advised patient to visit A&E and a taxi was arranged. Patient was happy with care at A&E.

LE2 – Leicester City CCG

A guardian took a child by car to the Children's A&E Department after attempting to contact NHS 111 and experiencing long waiting times whilst queuing on the phone. As it was the evening and the child was experiencing a 'bad' stomach ache, the guardian felt compelled to go to A&E as booking an appointment with the GP was not appropriate. Within an hour of arrival, a nurse assessed the child and spoke to the guardian, providing information that was clear and easy to understand.

LE5 – Leicester City CCG

Patient made contact with NHS 11 and a walk-in centre. They were advised to go to A&E. They travelled by bus to A&E from the LE5 area. Whilst at minor injuries, they felt the information on the next steps could have been more clear. Overall service from staff was reported to be very good although they experienced rude and abrupt behaviour from one administration staff member.

LE67 – West Leicestershire CCG

This was the patient's second visit to A&E in the last 12 months. In this case the patient called 999 and was brought to hospital in an Ambulance.

"If my GP could have looked at my injury and given me stitches, this would have been better than going to A&E."

2. GP Access

We asked 60 patients in A&E to name their GP practice, of which:

55%
were registered with Leicester City CCG

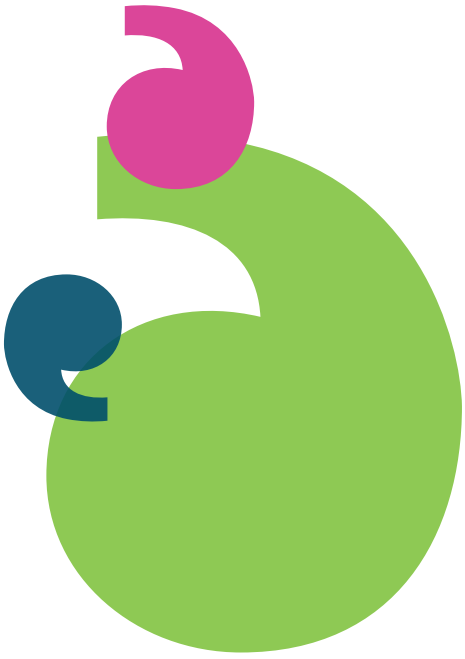
23%
were registered with West Leicestershire CCG

18%
were registered with East Leicestershire CCG

3%
were registered elsewhere

Patients from Leicester City CCG and East Leiecstershire and Rutland CCG were almost two times more likely to come straight to A&E than patients from West Leicestershire CCG.

"Rang GP, diabetic specialist nurse not available, so told to come in to A&E"



Patient Stories

Some patients were unable to get a GP appointment and therefore came straight to A&E, this is what they told us.

LE6 – West Leicestershire CCG

Patient arrived at A&E at 8am after being unable to book a GP appointment until the beginning of the following week.

LE5 – Leicester City CCG

The patients' last option was to come to A&E as they could not get an appointment with their GP. They said this was as an ongoing problem.

LE10 – West Leicestershire CCG

Contact was made with NHS 111 when unable to book a GP appointment. NHS contacted the Out Of Hours service who advised patient to visit A&E. Patient did not think they should have gone to A&E and would have preferred to visit the local GP (to stitch the injury) or a visit from the Out Of Hours service. The patient had to travel 12.5 miles to attend the nearest A&E department.

LE4 – Leicester City CCG

Patient first called their GP and was unable to obtain an appointment; then contacted the NHS 111 service who phoned an ambulance on the patient's behalf. Nurse advised A&E was the right place for the patient but the patient was not sure.

"Tried to book an appointment the day before" - LE6

"Phoned GP this morning - no appointments. Phoned NHS 111 who phoned an ambulance" - LE4

"I would have preferred to be seen by a GP" - LE4

3. Patients' Experience

Overwhelmingly the patients we spoke to had a positive experience in A&E.

86%

were given information that was clear and easy to understand

38/40

patients that completed Part B of the survey rated their experience very highly with stating the overall experience as "good" or "excellent".

"Treated brilliantly, really helpful"

"Very quick, good clear advice"

"Excellent, very cheerful and helpful"

"Excellent high spirits, good feeling all around"

"All staff friendly while being treated"

"Treated very well by staff"

Patients that were not satisfied by their experience gave the following reasons:

14%

were not given information that was clear and easy to understand

1

rated their experience as 'poor'

1

describing their experience as 'average'.

3

people commented on car parking

Here is snapshot of what patients told us:

"Limited parking spaces"

"People who came in after me seemed to get seen before me. The waiting time seemed long, it was not an hour like it said it was."

"Wait for car park too long as delays getting to A&E."

"Urgent care centre - door not wheelchair friendly - no release"

"No help getting a wheelchair on arrival."

Observations

Spending 12 hours in A&E not only gave us the opportunity to listen to patients about their experiences but also see how the service is provided. We have made the following observations:

In addition to understanding what people told us, we noted that;

- UCC & A&E have different staff and management teams, which may impact on patient experience.
- Throughout the day Unversity Hospitals of Leicester (UHL) staff warmly greeted Healthwatch Leicestershire (HWL) staff, volunteers and Board members, and genuinely wanted to help. This positive experience is also reflected in the patients' feedback.
- The patient feedback computer was not used at all on the day. This could possibly be related to a patient's ability or enthusiasm to complete a survey assessment at the exit point.
- Finally, the signage was viewed as confusing for both visiting staff and patients. Often patients questioned whether or not they were waiting in the correct area and some cited difficulties finding respective departments upon arrival.

Next Steps

- HWL has shared its findings with John Adler, Chief Executive at UHL at the previous quarterly meeting on 9th July 2014, and has agreed to work with UHL and CCGs to help implement our recommendations.

Appendix 1 - Survey

Reference no: ☐☐☐☐☐

A&E Survey

healthwatch Leicestershire

We would like to ask you some questions today about your experience of how you arrived at Accident & Emergency; if you feel this is where you should be and how you have been treated since you arrived.

We would also like you to complete a short form after you have received treatment to let us know about your experience while in Accident & Emergency department. We are not asking you to divulge any medical or confidential information about your visit.

Healthwatch Leicestershire is the independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both national and local level and we make sure that the views of the public and people who use services are taken into account.

1. Please tell us if it is you who is seeking help at A&E today?

☐ Yes ☐ No ☐ Prefer not to say

1a. If you answered 'No' to Q1, are you:

☐ Parent/ family member ☐ Partner/ Spouse ☐ Friend ☐ Prefer not to say

1b. Do you provide care or day to day support for the person you are with?

☐ Yes ☐ No ☐ Dont Know

2. Is this your first visit at A&E in the last 12 months?

☐ Yes ☐ No ☐ Dont Know

3. Did you try to book a GP appointment before you arriv

☐ Yes ☐ No ☐ Dont Know

3a. Did you try to get help anywhere else before you arriv

☐ Yes ☐ No ☐ Dont Know

3b. If you answered 'Yes' to Q3a, please tell us where:

4. Who told you to come to A&E?

☐ Came Straight here
☐ GP/Health Professional
☐ Called 999
☐ Called NHS 111 Service
☐ Out of Hours GP
☐ Other please specify:

A&E Survey

healthwatch Leicestershire

5. How did you arrive at A&E?

☐ Ambulance
☐ By myself
☐ Friend/Family
☐ Carer
☐ Other please tell us how you got to A&E?

6. Do you think you should have come to A&E?

☐ Yes ☐ No ☐ Dont Know

6a. If you answered 'No' or 'Don't Know' please tell us why:

7. How long have you been waiting at A&E today?

☐ 0-1 hours
☐ 1-2 hours
☐ 2-3 hours
☐ 3-4 hours
☐ More than 4 hours

8. Since you arrived at A&E, have you been given information that is clear and easy to understand?

☐ Yes ☐ No ☐ Dont Know

9. Have you seen a nurse or doctor since you arrived at A&E?

☐ Yes ☐ No ☐ Dont Know

10. To help us analyse these results and ensure the answers you have given help improve access to services, please could you tell us the following:

Your Postcode: Your registered GP Practice:

Are you a resident of Leicestershire? ☐ Yes ☐ No

Further comments about your experience today:

Time completed:

Thank you for completing this survey

Appendix 2

People were forced to wait for more than 4 hours in Leicestershire (University of Hospitals of Leicester NHS Trust)

Longer than four hours waits:
All data refers to weeks ending 29 June 2014 unless otherwise specified.
A&E attendances > 4 hours from arrival to admission, transfer or discharge.

	A&E attendees				A&E attendees > 4 hours from arrival to admissions, transfer or discharge				
Name		Type 2 Departments – Single Specialty	Type 3 Departments – Other A&E/Minor Injury Unit	All	Type 1 Departments – Major A&E	Type 2 Departments - Single Specialty	Type 3 Departments - Other A&E/Minor Injury Unit	Percentage in 4 hours or less	Percentage in 4 hours or less
England	296,048	12,359	144,942	453,349	19,598	61	421	93.4%	95.6%
University Hospitals Of Leicestershire NHS Trust	2,487	376	1,242	4,105	251	0	12	89.9%	93.6%

Appendix 3 – List of GPs and CCGs

List of GPs and health services where patients are registered	Clinical Commissioning Group	Number of patients we spoke to from practice or health service
Alpine House Surgery	West Leicestershire CCG	1
Castle Mead Medical Centre	West Leicestershire CCG	1
Charnwood Medical Group	West Leicestershire CCG	1
Desford Medical Centre	West Leicestershire CCG	1
Dr R W Lawrence & Partners – Whitwick Road Surgery	West Leicestershire CCG	1
Ibstock House Surgery (PMS) (dispensing practice) (Training Practice)	West Leicestershire CCG	1
Groby Surgery	West Leicestershire CCG	3
Heath Lane Surgery	West Leicestershire CCG	1
Hugglescote Surgery	West Leicestershire CCG	1
Orchard Medical Practice	West Leicestershire CCG	1
Ratby Surgery	West Leicestershire CCG	1
Station View Health Centre	West Leicestershire CCG	1
Maidstone Kent	Other	1
Oxford, Oxfordshire	Other	1
Bowling Green Street Surgery	Leicester City CCG	1
Brandon Street Surgery	Leicester City CCG	1
Downing Drive Surgery	Leicester City CCG	2
Highfields Medical Centre	Leicester City CCG	2
Saffron Group Practice (Saffron Lane)	Leicester City CCG	5
Pasely Road Health Centre	Leicester City CCG	1
Groby Road Medical Centre	Leicester City CCG	2
Hedges Medical Practice	Leicester City CCG	1
Hockley Farm Medical Practice	Leicester City CCG	2
Humberstone Medical Centre	Leicester City CCG	2
Oakmeadow Surgery	Leicester City CCG	2
Petworth Drive Surgery	Leicester City CCG	1
Queens Road Medical Centre	Leicester City CCG	2
Rushey Mead Medical Centre	Leicester City CCG	2
Spinney Hill Medical Centre	Leicester City CCG	3
Springfield Medical Centre	Leicester City CCG	1
St Matthews Health & Community Centre	Leicester City CCG	1
Merlyn Vaz Health & Social Care Centre	Leicester City CCG	1
The Practice Asquith	Leicester City CCG	1
Bushloe End Surgery	East Leicestershire and Rutland CCG	1
The Croft Medical Centre	East Leicestershire and Rutland CCG	1
Dr Kilpatrick & Partners	East Leicestershire and Rutland CCG	1
The Forest House Medical Centre	East Leicestershire and Rutland CCG	1
Glenfield Surgery	East Leicestershire and Rutland CCG	1
Kibworth Health Centre	East Leicestershire and Rutland CCG	1
Latham House Medical Practice	East Leicestershire and Rutland CCG	2
The Limes Medical Centre	East Leicestershire and Rutland CCG	1
Northfield Medical Centre	East Leicestershire and Rutland CCG	2

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Paper 5

Name of Meeting: Healthwatch Leicestershire (HWL) Board
Date of Meeting: 15th October 2014
Subject: Carers Reference Group Update
Author: Pat Fraser MBE & Jenny Darlow, Development Officer
Status: For Comment and Discussion

Summary Overview

This paper provides the HWL Board with background and information on the Carers Reference Group and on its current activities and proposed future initiatives.

Recommendations

The meeting is asked to:

1. Note the report and recommendations in paragraph 9.
2. Comment on the current and proposed activities of the Carers Reference Group

Carers Reference Group Update

Carers Reference Group (CRG) Background

1. The Carers Reference Group (CRG) was formerly known as the Carers Task Group (CTG) and together has been running for the past two to three years. The CTG was set up under Leicestershire LINk and in August 2014 following discussion with Rick Moore, Chair and Vandna Gohil, Director adopted the name change to the Carers Reference Group. The purpose of the Group is to undertake projects and work with the potential to improving the social care and health services for Carers of people living in Leicestershire. The Group has initiated and/or been involved with several carer related work and, over the last 12 – 18 months has been working on the following major pieces of work:

2. The development and launch of the local Carers Charter in 2012. This Charter was signed up to by the University Hospital Trust (UHL), Leicestershire Partnership Trust (LPT), Leicestershire County Council (LCC) Adults & Communities, Leicestershire County Council (LCC) Children & Young People, West Leicestershire Clinical Commissioning Group (WLCCG) and East Leicestershire Clinical Commissioning Group (ELRCCG).

3. The CRG have now asked these organisations for feedback on what they have accomplished over the past year regarding the seven (7) promises they signed up to as part of the Charter. The aim is that a report celebrating the achievements will be prepared by the CRG and shared with the participating organisations, HWL members and the general public. The CRG will then be monitoring further achievements on a quarterly basis to ensure that this important document is not forgotten.

4. Work with the UHL Specialist Discharge team to involve carers at the earliest possible stage in the Hospital Discharge process. The group has been working with the Specialist Discharge Team at UHL to inform them about carers' issues and needs and the services available to support them. The desired outcome is that carers and family members should now be actively involved in discharge planning and in addition, are given information about carers support services available to them from voluntary and community organisations across the county.

- The group has worked closely with Leicestershire County Council (LCC) Adults & Communities to promote carers support services. In 2013 they managed to get an article included in the Leicestershire Matters magazine, the LCC publication that is delivered to all households across the county.

- Work with LCC to promote and encourage HWL members to participate in the LCC consultations on proposed changes to Carers

Support Services and the proposed changes to Adult Prevention Services.

- Supported the LCC Children and Young People service in the development of a Young Carer Identity Card for use in health settings.

The composition of the Carers Reference Group

5. The group is currently made up of 18 members. They range in gender, age, ethnicity and the type of caring and / or carers services that they are involved in. The group meets every 8 weeks. Its members are:

- Anthony Kidger (Chair)
- Pat Fraser MBE (Deputy Chair)
- John Wallington HWL Member
- Janet Clews HWL Member
- John Marshall HWL Member
- Mandy Gilhespie (UHL – Lead - Specialist Discharge Nurse)
- Susan Preston (LCC – Adults & Communities Carers & Mental Health)
- Jenny Lacey HWL Member
- Jane Robins (LCC – Adults & Communities Carer Project Officer)
- Charles Huddleston (The Carers Centre)
- Anne Smith (Rethink)
- Pat Wilkins (Support for Carers)
- Liz Cullinan (Crossroads Care for Carers)
- Linda Wright (HWL Member & Family & Carers Learning Disability Sub Group)
- Donna Pyewell (UHL – Senior Nurse, Patient Experience)
- Amy Lewis (LCC - Young Carer Project Officer)
- Bev Gillman HWL Member
- Annie Bannister Leicestershire Family Voice
- Jenny Darlow HWL Development Officer

Carers Reference Group representatives attend the following Boards and Groups

6. The HWL board is asked to note the following ;

- Carers Project Board (LCC) - Pat Fraser MBE
- Carers Champion Network (LCC) – Jenny Darlow
- Carers Evidence Summit (NHS England) – Pat Fraser MBE
- Family & Carers Subgroup of the Learning Disabilities Project Board (LCC) – Jenny Lacey / Linda Wright
- Young Carers Multi Agency Network - Jenny Darlow
- Patient & Carer Reference Group (LPT) – Pat Fraser MBE / Jenny Darlow

Current Work and how this fits with the HWL Strategic Plan

7. The current work of the CRG can be found in the appendix for 2013 – 2014 Work Plan, which identifies which of the HWL themes / priorities it fits and / or feeds into.

8. The CRG is aware that aligned to the Better Care Together agenda, carers issues are an important consideration for statutory organisations in the provision of health and social care services to vulnerable people in their communities and as such, this group is in a good position, (due to its membership makeup and support from HWL) to gather evidence and feed this into the majority of work undertaken by HWL.

Actions and Next Steps

9. In addition to the work agreed in the Work plan the leaders of the CRG also acknowledge that the CRG needs to continue evolving. To this end, it has identified that there is a need to:

1. Increase their representation of HWL into CCG's, UHL and District Councils
2. Recruit further members, especially carers of people with Dementia and Young Carers, or those who represent them
3. Attract more individual carers who would like to be actively involved in our activities
4. Produce a promotional toolkit including flyer, website page etc.

Appendix

Carers Reference Group Work Plan 2013 – 2014 Overview October 2014

Chair Tony Kidger Deputy Chair – Pat Fraser

Issue No.	HWL Theme	Issue	Actions	Update	Timescale	Status
1.	Information about services	To work with UHL on the establishment of a Carers Information Area at Leicester Royal Infirmary	a) JD to contact Donna Pyewell and Mandy Fahy at UHL to understand the current situation re: the building work and development of a general information area. (Discussion has previously been held with UHL that if this includes a carers section vols from vcs organisations would provide some support to man it at certain times of the week)	a)Donna Pyewell informed the group that the Information area at LRI is now up and running. It is on Zero Level near the discharge lounge and is being manned from 9-5pm Monday – Friday. HWL offered to promote on e-news, newsletter and website DP to send publicity information to JD	September 2014	a) In progress
2.	Information about services	To work with Leicestershire County Council and District Councils to	a) JR working with LCC Communications team b) JD to speak to District	a) On going b)	a) Review October 2014 b) October	a) Ongoing b) In progress

Issue No.	HWL Theme	Issue	Actions	Update	Timescale	Status
3.	Co-ordination of services	To work with UHL and Social Care to extend their duty of care and ensure that the needs of carers are included and met in the discharge procedure.	a) UHL - Representatives of carers organisations will monitor any increase in referrals resulting from UHL for 6 months to monitor impact of the work CRG has been doing with UHL (March – Sept 2014)	a) In progress	a) October 2014	a) In progress
			b) UHL – Talk to MG (Specialist Discharge Lead) re: HWL doing a snapshot exercise at LRI to monitor how many carers are actually being given information/ being involved in decision making	b)	b) October 2014	b)
			c) Social Care – Representative on the Carers Project Board to influence decisions	c) Pat Fraser MBE attending and producing a feedback report for the HWL Board and the CRG - Ongoing	c) Ongoing	c) Ongoing
			d) Monitoring of the Care Act which will give all carers the right to a needs assessment from the point they become a carer. Also monitoring the Children & Families Act	d) Ongoing at the moment but with potential to work with LCC as the Acts come into being	d) Ongoing	d) Ongoing

Issue No.	HWL Theme	Issue	Actions	Update	Timescale	Status
4.	Access to services Voice and advocacy	Improve carers experience at GP surgeries – with special regard to booking of appointments	a) Make contact with PPG's? b) Work with the Carers Health & Wellbeing Project which it is proposed will be rolled out across the county and works with GP's to identify carers. c) Invite VAL to talk to the CRG about Social Prescribing and the pilot taking place in WLCCG area	a) MC and LC to investigate how we access PPG's and involve them in this piece of work b) JD / PF to meet with LCC to discuss how HWL can gain evidence from their work c) JD to invite Ben Smith of Val to attend November meeting to talk about Social Prescribing and how CRG may be involved	a) August 2014 b) October 2014 c) November 2014	a) in progress b) c) In progress
5.	All Themes and Target Audiences	a) Expand the group to include carers not already represented in line with HWL's identified target audiences– i.e. Young Carers, BME, working carers, rurally isolated carers .	a) Identify ways of identifying and approaching carers from the target audiences – District Profiling?	a) Put on the agenda for October 2014	a) October 2014	a)

		b) Expand the group to include carers interested in the HWL priority areas – i.e. Access to services, Co-ordination of services, information, voice and advocacy	b) Identify ways of identifying and approaching carers interested in the HWL priorities – District Profiling?	b) Put on the agenda for October 2014	b) October 2014	b)
6.	Accessing Services Co-ordination of services	LCC Carers Support Consultation 14th April 2014 – 13th July 2014 "Have your say on proposed changes to support for carers."	a) Publicise and encourage carers to participate in the consultation b) Hold a consultation event for HWL members and public in partnership with LCC?	a) Consultation being publicised on HWL e-news, newsletter, website, tweets, etc. b) Plan and develop how HWL can be involved in consultation process and gather evidence from members and public	a) May 2014 b) June 2014	a) Completed b) Event cancelled due to a lack of people booking a place
7.	Accessing Services	Carers in Employment - how do they access services and support? Special interest in young carers and their employment / further education opportunities	a) JR informed the group that this is an area LCC are working on. They are focusing on carers working at LCC at present but will then be looking at this externally. As their work gets under way HWL needs to be involved as appropriate b) Identify ways of	a) On hold until LCC establish their external work plan JR updated the group that LCC have put in a note of interest to run a 2 year pilot study on carers and employment.	a) October 2014 b) October	a) On hold b)

			identifying and contacting working carers and young carers to gather their evidence of accessing services	b) Put on the agenda for October 2014	2014	
8.		Improve HWL Communications about the Group	a) create a flyer to be used in Districts to attract carers to get involved b) create a carers page on the HWL website		a) October 2014 b) October 2014	
9.		Build relationships with CCG's and District Councils	a) recruit representatives from stakeholders to join the group b) build relationship with stakeholders, especially District Councils to enable us to access carers, especially those in target audiences	a) b) JD has begun building relationships with HDC and BDC	a) October 2014 b) October 2014	

Healthwatch Leicestershire has identified 4 themes around which it's work for 2014 – 2015 will focus. Within each theme there are a number of priorities. They are as follows;

Access to services – Healthwatch Leicestershire will:

- Help to improve access to local community mental health services
- Support processes for the public to access GP services
- Highlight the impacts on rurally isolated people

Co-ordination of services – Healthwatch Leicestershire will:

- Support and review current practices to improve the integration of Health and Social Care services
- Help to improve pathways for people entering social care
- Support the improvement process of patients being discharged from hospital

Information about services – Healthwatch Leicestershire will:

- Encourage early diagnosis of disease
- Advocate for clear and appropriate communication to the public

Voice and advocacy – Healthwatch Leicestershire will:

- Support people with long term conditions to have a voice
- Encourage older people to have a voice
- Listen to patients and carers

Paper 6

Name of Meeting: Healthwatch Leicestershire Board
Date of Meeting: 15th October 2014
Subject: East Midlands Ambulance Service (EMAS) and Arriva Transport Solutions (ATS) Update
Author: Ian Staples, Chair of the Ambulance Task Group & Jenny Darlow, Development Officer
Status: For information

Summary Overview
This paper provides the HWL Board with an update of work that has been taking place between HWL and EMAS and ATS with regard to ambulance services in Leicestershire. It will also provide information on planned work going forward

Recommendations

The meeting is asked to:

1. Receive and read the report
2. Offer comments on the proposed activities

EMAS) and ATS Update

East Midlands Ambulance Service (EMAS)

Quarterly Meetings

1. HWL has now held three quarterly meetings with EMAS (the fourth is later in October 2014). The meetings are held with HWL representatives and the Director of Operations for LLR, the Operations Manager and the Community Engagement Officer from EMAS. It is chaired by Ian Staples.

2. The meetings have evolved into something that is of use to both organisations and now consist of a fairly standard agenda which covers, questions from the public, updates from EMAS and HWL, discussions of any important issues or topics and a review of EMAS's performance over the past 3 months.

3. EMAS have been very accommodating and forthcoming in terms of agreeing to HWL only meetings and to providing us with their performance figures, though we are still working on getting figures just for Leicestershire. There is a feeling that they wish to work closely with HWL.

4. EMAS have had a management restructure and Richard Henderson has now been appointed as the Director of Operations for the East Midlands. Underneath him will sit five General Managers, one for each county (Leicester, Leicestershire & Rutland are counted as one county). The new General Manager Tim Slater will now be representing EMAS at the quarterly meetings with HWL.

5. The themes discussed at the July quarterly meeting covered the following

    - Recruitment – In December 2013 EMAS had 41 (12%) unfilled front line staff posts. In July 2014 they had 12 posts unfilled and they aim to have all posts filled by October 2014.

    - Work with CCG's – EMAS have been doing a lot of work with the CCG's on treating people in appropriate settings and sending less people to A&E. They identified that 14% of calls relate to falls and 50% of them end up in A&E. Where there are Fall Prevention Services in place though the figure for admissions falls to 28%.
    - In total 47% of all the calls received by EMAS are treated away from A&E.

    - Estates – EMAS are busy developing co-habiting locations, buildings that they can share with other services rather than building big hubs. The proposed estate strategy was going to the EMAS Board in September and we expect to be update on the outcome at the October quarterly meeting.

- Performance – The performance figures showed that in the 3 months up to July 2014 EMAS had made a 7 second improvement in their response times to Red1 and Red2 calls (time critical calls) over the previous year. There are approximately 8-12 red calls per day in Leicestershire.
- Also a Fast Response Car was launched in North West Leicestershire in July 2014 and more will be launched around the county going forward.

- Protocol – HWL and EMAS are still working on finding a mutually acceptable protocol for working together. EMAS works with 11 Healthwatches across the East Midlands and so would like a standardised protocol covering all.

6. Handover times at Leicester Royal Infirmary (LRI) – The issue of ambulances sitting outside the LRI for long periods of time has been raised. EMAS confirmed that they are working closely with UHL to reduce the time taken for the handover process.
   The process is split into two parts
   - Pre-handover – UHL staff admitting patient into hospital – national target = 15 minutes
   - Post handover – EMAS staff complete paperwork – national target = 15 minutes.
7. UHL are the worst performing A&E in the East Midlands region and EMAS has the best performing crews in the East Midlands region.

8. Dr Ian Sturgess, a process guru has been seconded to UHL for 6 months to look at the whole process from admission to discharge. This will also involve Arriva Transport Solutions.

Visit to EMAS Headquarters

9. On 12th August 2014, members of HWL visited EMAS Headquarters in Nottingham, where they were given a tour of the building, spent time in the control centre listening in to 999 calls, met with the Patient Experience and Performance Management Teams. Members found it very informative and enlightening.

10. As a number of other Board members showed an interest in attending but were unable to make the 12th August 2014, an extra visit has been arranged and further members of the HWL Board and Enter & View Task Group will now be visiting EMAS Headquarters on the 20th October 2014.

Arriva Transport Solutions (ATS)

11. In August 2014 representatives from Healthwatch Leicester and Healthwatch Leicestershire met with Asiya Jelani, Head of Communications and Engagement and Tony Athersmith, Head of Service from Arriva Transport Solutions.

12. The themes discussed at the meeting covered the following

- Care Quality Commission (CQC) Inspection – Following the CQC's inspection in 2013 ATS changed their Management Structure which involved creating a more inclusive staff plan, increasing management supervision and the ratio between team leaders and staff, sharing quality information with all staff levels and producing their first Quality Accounts and Annual Review.

- It was agreed that HWL would be invited to comment on the next set of Quality Accounts before they are published.

13. Performance – It was agreed that ATS will provide HWL with their performance figures on a monthly basis so that gaps in performance can be identified, solutions can be sought to issues that arise and so that HWL can give a balanced view of what is actually happening at ATS.

14. Existing performance figures have shown ATS not meeting targets. Reasons given for this included having to deal with 60% more stretcher activity than they tendered for, supporting a wider mobility mix which has a knock on effect in terms of vehicles and the number of staff required. In addition it was identified that there has been an increase in the number of Points of care, the destinations they have to deliver patients to (currently 143 across the county) and an increase of 20% in out of county activity.

15. East Leicestershire & Rutland Clinical Commissioning Group (ELRCCG) – Having identified these issues ATS put together a new proposal for ELRCCG and this has been fully supported by ELRCCG.

16. The use of External Taxi Companies – A number of complaints have been received about unhelpful taxi drivers. As a result ATS have changed the taxi companies that they use and all drivers are DBS checked and issued with ATS's expectations with regard to the service they will provide and the quality of that service.

17. The relationship with UHL re: discharge – ATS now have daily and weekly conversations with UHL re discharge. They have been attending bed meetings since July which has had a positive impact and they have appointed dedicated discharge workers who work solely with UHL.

18. ATS have been working with other Healthwatches across the country and are keen to work with HWL. It was agreed to begin holding meetings on a quarterly basis along the same lines as those held with EMAS. These will involve the opportunity to discuss issues, performance, members questions etc.

19. HWL members and staff have been invited to attend ATS Headquarters at the Meridian Business Park in Leicester and this is being arranged for the end of October 2014.

20. ATS invited HWL to attend their first Stakeholder Briefing Event in September 2014 and have an information stand. HWL did attend this meeting. It was an opportunity to meet members of ATS staff and talk to attendees about their experiences. Unfortunately not many members of the public attended, though there were a number of health professionals there.

Next Steps

21. Ian Staples has agreed to chair the quarterly meetings with both EMAS and Arriva and any actions that arise from those meetings will be worked on by the Ambulance Task Group.

Ian Staples,
Chair of the Ambulance Task Group

Jenny Darlow
Development Officer
October 2104

healthwatch Leicestershire

Paper 7

Name of Meeting: Healthwatch Leicestershire Board meeting
Date of Meeting: 15 October 2014
Subject: HWL 'My Voice Counts' Summer Tour
Author: Ivan Liburd
Status: For Information and Discussion

Summary Overview

This paper present the public and patient feedback received from the HW Leicestershire Summer Tour.

Healthwatch Leicestershire visited communities across the County during August and September 2014 as part of the 'My Voice Counts Summer Tour. We engaged in conversations with patients and members of the public; listened to their views and opinions on health and social care services.

The experiences and comments that were gathered will be used to highlight overall service user and community issues to key commissioners and service providers in health and social care throughout Leicestershire.

Recommendations

The meeting is asked to:

1. Note the report.
2. Use the findings to elevate the public voice when representing HW Leicestershire.

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Healthwatch Leicestershire

My Voice Counts Summer Tour

Consumers champion for health and social care

August - September 2014

Healthwatch Leicestershire 'My Voice Counts' Summer Tour

Overview

Healthwatch Leicestershire visited communities across the County during August and September 2014 as part of the 'My Voice Counts Summer Tour'. We engaged in conversations with patients and members of the public; listened to their views and opinions on health and social care services.

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Our Aim

The overall aim of the 'My Voice Counts Summer Tour' was to:

- Promote awareness of local Healthwatch
- Gather valuable experiences of local people
- Build membership

Methodology

Healthwatch Leicestershire attended events in all seven districts/ boroughs in Leicestershire throughout the months of July, August and September 2014. We spoke to over 350 people and a variety of under-represented groups and individuals including Children and Young People, Black Minority Ethnic (BME), Working Parents and vulnerable adults.

We attended a diverse range of events in order to capture and gather public opinion. The events attended are as follows:

- Harborough - Market Harborough by the Sea, 6 August, 10am – 4pm
- Hinckley & Bosworth - 'Snapdragon' Children & Family Festival, 6 August, 9am – 5pm
- Melton - Age UK Coffee Morning, 15 August, 9am – 12pm
- Melton – Melton by the Sea, 15 August, 10am – 4pm
- Charnwood - Loughborough Mela, 17 August, 10am – 5pm
- Oadby & Wigston - Supersonic Boom Youth Festival, 20 August, 11.30am – 4pm
- North West Leicestershire - Whitwick Party in the Park & Scarecrow Festival, 6 September, 11am – 5pm
- Hinckley & Bosworth - Over 50s Day Green Towers, 19 September, 10am – 4pm
- Blaby - PPG Awareness Day, 20 September, 12pm – 4pm*

*Please note that Blaby does not feature heavily as part of the district breakdown as we attended events by a third party. We were present within the district of Blaby but unfortunately due to the footfall at the above event we were unable to capture local issues. We will remedy this by ensuring a stronger presence through our winter tour.

In order to capture a range of experiences, we asked an open question, which was based around identifying what the public would change or improve, if anything, about the health and social care services that they use.

What we heard was placed against our broad priority theme areas, which are:

- Access to services
- Coordination of services
- Information and Advice
- Voice and Advocacy

Background to Healthwatch Leicestershire priority themes

In 2013 Healthwatch Leicestershire held consultation events with patients, stakeholders and members of the public to identify key issues, which would inform Healthwatch's priorities and the development of a future work plan.

The consultation was combined with a programme to promote awareness of local Healthwatch and a membership drive. The public were consulted through a combination of consultation events in each of the seven Leicestershire districts and online survey/ hard copies of the survey in strategic locations. The consultation materials were developed to allow patients and the public to drive the agenda, whilst also providing links into other priorities identified by key statutory bodies with whom Healthwatch will be working.

Respondents were first asked to identify the biggest issues in health and social care in Leicestershire from their own perspective. The overall issues raised at engagement events were categorised in to what now forms our broad priority areas as listed above.

The overview results of the previous consultation held in 2013 are shown below:

Access to services

- Availability of services locally – cuts/reductions in local services, increasing centralisation of services e.g. walk-in centres
- Capacity of services e.g. GPs
- Transport to access services (especially rural areas)
- Waiting time for referrals
- Securing GP appointments
- Continuity of care

Co-ordination of services

- Co-ordination of individuals healthcare between different services/professionals
- Links between GP and other health services
- Lack of joined up approach with social care services, particularly discharge arrangements and delays in setting up care packages

Information

- Patients getting the right information
- Improved information for families and carers about social care services
- Access to local information points
- Information following discharge from hospital and other services

Voice and advocacy

- Advocacy for vulnerable patients e.g. elderly patients, mental health
- Concern over patient voice in hospitals
- Healthwatch as an important mechanism for patient voice, which needs to extend its reach
- Staff attitudes, including response to equalities issues

Key Findings

This report reflects the comments that we heard and received when we asked the public what they would change or improve about health and social care services they receive. The key issues highlighted through the consultation can be grouped into the following four broad priority themes of Healthwatch Leicestershire. What we have found is that the messages we received from the public in our previous consultation in 2013, are very similar to what we are reporting on below.

Access to services

- Patients told us that they had poor experiences with the process and procedures leading up to an appointment.
- Gaining a GP appointment on the day that patients rang was a major issue. Linked to this was the waiting time to access an appointment. Patients mentioned that they would like to see the same GP but that this was often not the case. They did state that if they were prepared to wait even longer for an appointment, that they could see their regular GP. This was also the case with elderly patients who fall in to the nominated GP envelope.
- Stemming from the poor access to appointments, patients told us that they would simply give up after attempting to make an appointment by phone, as they could not get through. These tended to be elderly patients.
- Patients we spoke to told us that they would attend the walk in centre or accident and emergency due to not being able to get a GP appointment the same day.
- Local people wanted to see more out of hour's services. Some local services were not available on the weekend and therefore patients had to travel to other areas, city hospitals or accident and emergency.
- Local people told us that they felt services were actually being reduced locally, forcing patients to travel to appointments.

Coordination of services

- More local based services are something that many people spoke of. Often patients, many of who are elderly have to travel far afield to regular appointments.
- Patients told us about forming better transition/ links between hospital services and community services.
- People told us that the patient transport for non-emergency appointments was very poor and needed improving.
- There are still examples of people being discharged from hospital and not having the appropriate care in place, which has at times led to readmission. Some patients felt abandoned and unaware of their options.

Information

- Patients told us that receptionists could often be the difference between having a good or bad experience in health facilities.
- Communication between the hospitals and patients whether it is patients repeating their case history or referral letters not being received, was highlighted as an issue. Also being kept informed when physically waiting at the hospital as to what is happening with their care.

Voice and Advocacy

- A lack of consistency of care was noted, mainly regarding compassion.
- A concern that is worth mentioning is the inconsistency of domiciliary care. This along with the erratic timings, which means that a patient could be asked to eat lunch and dinner two hours apart, has a real negative affect on the patient's experience. The reality of this oversight is that the patient may well be too full to eat and therefor miss a meal.
- Many patients told us that although they were being treated for their conditions, they did not feel that they were being cared for.

Positive experiences

Overall, members of the public are aware of the enormous challenge to deliver health and social care services that meet the needs of every individual and are sympathetic to that challenge. Below are some of the positive experiences that were captured:

- "Nothing but fantastic care across the board was echoed at least once in every district we visited".

- "My knee operation at the Glenfield was fantastic; I was in at 3pm on a Saturday and home by 8.30pm".

- Many of the public that we spoke to told us that they receive a good personal one to one service once they are with the doctor or nurse.

- GP surgeries that have a morning drop in session (for example between 8.30am -10.30am) were very well received with patients. Many thought that it offered a good balance and flexibility to the appointment system.

- People told us of their support for the NHS, as it does a great job for our society.

- "Ambulance service was very good, the paramedics are hard working and kind with patience".

"My husband had Parkinson's Disease and received excellent care. Before he died he told me "we cannot let the NHS go, it is too valuable".

Public comments and suggestions

- Some patients are not aware of cheaper more affordable transport options and in the past have used a regular taxi service. For elderly patients, hospitals could provide transport options when sending a letter to attend an appointment. i.e. hospital, private or voluntary organisations that provide transport.

- Better privacy for patients when informing receptionists of issues would put many patients at ease.

- More pharmacies attached to, or next-door to GP surgeries as many patients have found this to be very beneficial.

- Mental health patients could be given/ allocated longer appointments to allow them time to open up and feel comfortable.

- A children's play area in GP surgeries would benefit many parents, especially in purpose built surgeries, as it is hard to entertain children whilst waiting for an appointment.

- There could be an over 60's clinic that is specific to physical and the health, wellbeing and emotional needs of patients. This could be in the form of a drop in clinic/ centre and could offer patients more time to discuss their concerns and illnesses.

"I want people to share as much information as possible about my condition with me without any jargon".

Patient Stories

- I am diabetic and due to the cuts my GP has changed the brand of needles and medicine that I usually take to a cheaper brand. This concerned me as I was used to the brand that I had been on for a long time. I asked my GP how much the saving amounted to per year and I was told it would save £30. I offered to pay the £30 in order for me to remain using the brand that I was used to. I was told that it is government policy and that I would need to change. Surely there should be an option for me to pay the extra to receive piece of mind.

- Mrs Jones who is 85 years old needed transport to the hospital from her home. When the transport came, she was wheeled to the side of the vehicle in her wheelchair and then asked to stand up and enter the vehicle. Mrs Jones refused and asked that they use the lift, as this was the procedure that she was used to. Mrs Jones felt that they did not care about her wellbeing and that the attitude of the staff was nonchalant.

  When Mrs Jones arrived at the hospital she was given a wheelchair with no sides/ arms, which she felt was a bit unsafe.

  After her appointment she had to wait two and a half hours to be transported back home. Mrs Jones felt that the overall experience was very negative although the doctor that she saw gave a very good service.

- Physiotherapy – Mr Smith is over 80 years old and uses an electric scooter to travel, which can't fit on the regular public transport bus, as it is too big. In order to get to his appointment he pays £18 return for a taxi.

  Mr Smith has said that both the financial worry of attending the appointment by taxi and the lack of compassion within the care meant that they would probably not go back to their next appointment as they already have a copy of the exercises that they need to do. No information has been shared with Mr Smith about his travel options noting this may have encouraged him to continue his physiotherapy.

  "I felt that they were not interested in me or my care and wanted to get my session over and done with as soon as they could".

- A neighbour receives Domiciliary Care and had told me that on the weekend their breakfast would be delivered late and their dinner would arrive early. This had happened on more than one occasion and had resulted in food being wasted, the person not eating enough or eating to early and a feeling left them feeling quite helpless at a time when they where trying to be more self sufficient.

- My daughter was overweight and I found out that she was eating extra (going back for more) at school lunchtimes. As a family we were given support around diet and nutrition and I am proud that my daughter lost the excess weight. I think that schools should be better at monitoring what children are having at lunchtimes and a wristband/ token system is put into place to help prevent overeating. More local education and support is needed for families.

- It is quite often very difficult to get an appointment with the doctors by phone. It is often more successful to physically get to the surgery at 8am and queue up before they open at 8.30am even though the wait is long. There have been occasions especially in the winter months that I have needed to take my hot water bottle with me due to the cold weather. As an elderly person I tend the feel the cold quicker than I used to.

- I am undergoing Retinopathy treatment. Every time that I go to the GP for a screening, I pass out. When I had the same treatment at the hospital it seemed to agree with me, as I did not pass out. So I asked for my next appointment at the hospital instead. The service has now been contracted out and I have been waiting 12 months for an appointment, but I do not want to have the treatment at the GP's because I fear what will happen.

District Breakdown

Healthwatch Leicestershire visited each district/ borough in Leicestershire as part of the roadshow tour. The following information is what was captured from members of the public at each event.

Harborough

When we asked the public what they would change or improve about health and social care services in Harborough if anything, they said:

GPs

- GP appointments to be more accessible and timely – seeing the doctor on the day that you call
- More after hours GP appointments available
- More referrals for weight reduction sessions

Hospitals

- Shorter shifts for nurses in hospital would help them and their patients
- Car parking charges at hospitals is too high in general and there is a lack of parking spaces at the hospital in Market Harborough

Other

- People should support the NHS as it does a great job for our society
- Excellent service, would not change anything
- Have an interpreter available when making appointments
- More health visitors for babies
- Better school education on healthy eating and dinners
- 1,800 new homes being built, do we have the capacity within the various health services in Market Harborough to support this growth?

Hinckley & Bosworth

When we asked the public what they would change or improve about health and social care services in Hinckley and Bosworth if anything, they said:

GPs

- A children's play area in the GP surgery would be nice as it is hard to entertain your children whilst waiting for your appointment
- Burbage walk in sessions are very useful
- Access to the doctor is restricted at times and instead patients are referred to a nurse. Sometimes patient's just want to see a doctor
- Seeing the doctor on the day that you call as you can not always get an appointment
- More out of hours GP appointments available
- GP home visits
- Too many patients for the amount of doctors
- Calling times to book appointments should be earlier for children that attend school and appointments for children should be looked at differently
- Doctors need to listen to patients, as we sometimes know what we are talking about
- Doctors should listen to the patient and not look at the computer screen.
- I have a bad back and it still has not been diagnosed for over a year. The

pain is still there but I am just living with it, as I have received no joy from the doctors
- There should be an over 60's clinic that is more understanding and specific to our needs. Maybe like a drop in centre

Hospitals

- Very good service and experience at the George Elliot Hospital
- Lack of choice when it comes to psychiatrists
- My husband had Parkinson's Disease and received excellent care. Before he died he told me "we cannot let the NHS go"
- Do we even have a walk in centre in Hinckley? If we do, then I do not know about it. We also need an A&E department in Hinckley instead of having to travel to Leicester

Other

- Would like a Walk in Centre in the area
- Lack of joined up services (disjointed) and different funded posts that deliver various services for the same person
- Imbalance between mental health services and physical health services
- More services for older people
- Arriva transport public meetings should be held in the evenings so that more people can attend
- There are too many websites that advise me or direct me to health services. Leicestershire should have one website as a central point for all health concerns locally.
- Many of us use cross border services such as Rugby, Nuneaton and Warwickshire
- Excellent health service overall

Melton

When we asked the public what they would change or improve about health and social care services in Melton if anything, they said:

GPs

- Making GP appointments - Quicker to walk to the doctors rather than ring by telephone. Melton GP surgery is a very large facility, with many doctors. Is there enough phone lines to accommodate the patients?
- The GP's in Melton are very good
- GPs should refer to other services quicker
- GP receptionists need to deliver better customer service
- My GP will not treat more than one thing at a time. However I have a bad knee, which has resulted in my back hurting, but they will not look at my back in the same appointment
- My GP was very patient when I was vey afraid and had a stroke. He came out for a home visit within two hours
- Waiting times can be quite lengthy & the environment is depressing to wait in

- Having to explain my issues in an open reception area is off putting
- Very good doctors at the local surgery
- Pharmacy next to GP's would be beneficial
- GP appointments to be more accessible and timely especially if you want to see your own doctor
- Need to use the local hospital for more services
- No x-rays available locally at the weekend

Hospitals

- My treatment at hospitals has been fantastic
- My knee operation at the Glenfield was fantastic, I was in at 3pm on Saturday and home by 8.30pm
- I had an MRI scan at the General Hospital and four weeks later I am still waiting for the results. I would like to know how long this should take as it may be causing more injuries
- There is no A&E department in Melton
- Leicester Royal Infirmary is too big to deliver consistent care
- Very bad experience in hospital, poor care
- I was expecting a referral letter and I received nothing. I was left in limbo. Then I was told that the letter had never been sent to me
- I think the noise i.e. televisions can be bad on hospital wards
- When you're over 80 years old you worry about things more, cancelled appointments have a knock on affect both emotionally and for subsequent appointments

Other

- Dentists – NHS services I would like to see the same dentist
- Diagnosed with cancer and I could not fault the service
- Physiotherapy – will only treat one ailment at a time. My knee and back were hurting but I had to return to my doctors for another referral
- Receive excellent service once you get an appointment but the administration of the process is poor
- Long waiting time for the dentist
- Slow diagnosis of disease

Oadby & Wigston

When we asked the public what they would change or improve about health and social care services in Oadby and Wigston if anything, they said:

GPs

- Wigston Central GP Surgery drop in sessions work very well between 8.30am – 10.00am. I can turn up and wait any morning and be seen
- Is there national guidance on the number of GP's per member of the public? When new homes are built I do not see an increase in facilities and GPs
- Overall a good thing that four GP surgeries are joining up in a new facility however my travel time has increased and means I have to walk further when I am not well

- The nominated GP rule is not working as well as hoped, as I still do not see the same GP when I visit. You would have to wait weeks to be able to stick to your own GP. I would like to see the same GP for consistency, especially at my age (80+)
- I have to wait two to three weeks to get an appointment to see a doctor at the GP Practice
- Improve GP services to get an appointment, they get paid good money to provide a service
- I don't always get to see my own GP and I have to see a locum doctor which I don't always want to do

Hospitals

- Cancelled hospital appointments – I had three eye appointments cancelled in a row and I know of a few people who have had the same problem. The issue seems to be bigger than one person and is not acceptable
- Can hospitals send out information about the best ways for patients to travel to hospitals with their appointment letter?
- I heard on the radio that there are going to be less beds available in hospital when they start to move services back in to the community. The public needs to hear these messages and understand what it will mean to them. Services need to be actually up and running in the community before others are taken away
- The hospital complaints system should be easier so that people can say what they need to in their own language
- The eye clinic at Windsor Leicester Royal Infirmary hospital has terrible waiting times and chronic issues
- I want to see the same consultant at the hospital. When I saw a consultant at Leicester General Infirmary, I had to explain my whole history to them which I had already done at a previous appointment

Other

- Home Care/ Domiciliary Care is not as consistent on the weekends. A neighbour had told me that on the weekend the breakfast would be delivered late and the dinner would arrive early. This had happened on more than one occasion
- Age UK Home Care services is very good including the home library service
- Social services need to provide a consistent standard when delivering services. I worry about what service my son will get and would rather pay for the service from someone else
- Ensure pathways for secondary care are effective
- I am struggling to see an NHS dentist. I am on a waiting list for an appointment and have to wait until September
- My dentist is excellent
- Getting updates from receptionists. They are not medically qualified to interpret information and answer any questions I have. Also there is the issue of confidentiality

Charnwood

When we asked the public what they would change or improve about health and social care services in Loughborough if anything, they said:

GPs

- Who is the service being run for? GP's are doing what they want and not for the people
- Being able to get an appointment on the day that you ring
- I like that fact that our surgery has an online booking service where you can book appointments in advance if non urgent
- I attend the walk in centre because I can not get an appointment with the GP
- GPs should work longer hours
- Mental health patients should be offered slightly more time during appointments to give them time to open up to the GP
- See seven day services especially for serious conditions
- Marvellous GP surgery – Alpine House, Mountsorrel
- Having to call an 0844 number, this should be a local number
- Telephone triage with GP is fantastic, very happy with GP services and surgery
- Not seeing the same doctor
- Had to wait three weeks for an appointment
- Very rude receptionists
- I want to feel that the doctor listens to me
- Trying to make an appointment at the doctors is an utter nightmare and they should be open on the weekend too
- Receptionists – you are not gatekeepers, we are entitled to our services
- More say in our treatment
- Woodbrook GP Surgery, limited time to book appointment by phone. Need to improve access
- Gorse Covert Practice, difficult to get appointments. There are lots of GP but hard to build relationships. I don't bother going

Hospitals

- My treatment at hospitals has been fantastic
- Out of Hours service do not do x-rays, which means people are using A&E instead of local services
- I had to visit the Leicester Royal Infirmary (LRI) for a blood test when I could have done this at the GP
- LRI should improve communication and interact with patients
- Poor communication between Glenfield Hospital, patients and primary care
- Don't get ill on a Friday
- Loughborough Hospital, please do what you say you will do
- Communication whilst waiting a long time is really important – LRI
- Bad cleanliness in hospitals
- I shouldn't need to keep repeating my case history to different hospital staff

- Pay nurse's more money
- I would like a care package to have been in place before leaving hospital

Other

- More care in the community, not having to travel to Leicester or Eyres Monsell
- Midwives – you never see the same one twice
- Dentist – University dentist is good and organised
- More suicide bereavement care
- More affordable and healthier food choices for people
- Stop privatisation
- The system is flawed, very difficult to get treatment and after care
- I have set up a mental health group but have nowhere to meet
- Sexual health clinic is very good and staff are supportive and kind
- Nothing but fantastic care across the board
- Actual service is fine but the process is poor
- Local services for local people
- Prescriptions for older people. Reviews needed, as they may not always be taking their pills. Also more information given so that they know what they are taking and why
- Better, honest and open communication with patients/ service users
- More improved out of hours services
- I want more support for mums of children with colic rather than just being told to ' try to take it easy and get more sleep'. Could the Health Visitors put together a list of things that mums can attempt to try to soothe their children? This at least gives mums some ideas when you're child won't stop crying and you're exhausted?

North West Leicestershire

When we asked the public what they would change or improve about health and social care services in North West Leicestershire if anything, they said:

GPs

- I have a problem getting an appointment
- Services are generally ok, longer opening hours would be useful
- Whitwick Health Centre is very good. A family GP's which means I get to see the same GP and have continuity of care. You are able to get emergency appoints when needed
- I have lived in Whitwick all my life and my doctor is great, I have no issues
- Long Lane Centre is very good and is doing a lot of proactive work and tests. I am very impressed

Hospitals

- I really appreciate the Leicester Royal Infirmary Eye Department specialists
- I had an appointment at Glenfield hospital and I am allergic to latex but they had no alternative gloves. I was then sent to Leicester Royal Infirmary hospital, which again had no non latex gloves

- Coalville hospital is under utilised. What is happening with the closure?
- I would like an Accident & Emergency department at Coalville
- Stop closing wards at small hospitals. Why not use them as recovery units after major surgery
- Once I was discharged from hospital there was no follow up care information. I was not advised to see a nurse or my GP. Subsequently my internal bleeding was missed
- Coalville hospital and North West Leicestershire seem to be taking away the local services causing people to be transferred and having to travel out of the area
- My treatment was good, the doctors were very quick and on time
- Car park charges and how to get a refund is unclear

Other

- I want people to share as much information as possible about my condition with me without any jargon
- Continuity – I would like to see the same person each time and not having to repeat my story
- I want more health meetings to happen in our area. We have local venues but they get forgotten
- Patient transport for non emergency appointments is very poor and needs improving
- Ambulance service was very good, hard working, kind with patience
- More communication between services for example; children and young people and those with disabilities and special needs
- Care homes to do more activities with the residents
- I was given incorrect information in regards to the location of my appointment, which differed between my letter and what my doctor told me. I ended up paying three times for car parking!

As a result of the summer roadshows

The strengthened engagement activities of Healthwatch Leicestershire has encouraged greater feedback from members of the public and in turn delivered more information for our board members and Healthwatch representatives to cascade to the relevant strategic levels. Stakeholders and partners also commented that Healthwatch is more focused and active within communities.

The success of the summer roadshow can be assured in different ways, as follows:

1. We have:
   - Recruited 33 new members from across Leicestershire
   - Gathered public experiences from over 350 people
   - Raised awareness of Healthwatch Leicestershire by being visible at 9 events by thousands of people across Leicestershire and by cascading information about Healthwatch via stakeholders to their members.

2. We will be organising a Winter Roadshow – which will include:
   - Public consultations that will allow individuals to attend specific events in East and West Leicestershire and to share their concerns about services that they receive.

- Engagement with Universities & Colleges that will see Healthwatch directly visit places of education in order to gather the youth voice.
- Engagement with Social Groups & User Groups in an environment that is comfortable to them, which will encompass vulnerable service users and seldom heard groups.

3. Healthwatch representatives have a strong voice on strategic partnership and stakeholder boards. We will share the experiences of the public by having direct conversations with those that provide services and those that commission services regarding the key issues raised in local areas.

healthwatch Leicestershire

My Voice Counts Tour

We're on the road

Healthwatch Leicestershire is touring the County during August & September 2014. Come and see us, bring the family and tell us about your experiences of Health & Social Care Services in your local area.

Stay in touch:

0116 2574 999
info@healthwatchleics.co.uk
www.healthwatchleicestershire.co.uk
@HWLeicShire
#YourVoiceCountsTour

Come & See Us

Market Harborough
2 August 10am – 4pm
Market Harborough by the Sea - Common Health Day
The Square, Market Harborough, LE16 7PA

Hinckley
6 August 9am-5pm
'Snapdragon' Children & Family Festival - Various locations around Hinckley

Melton Mowbray
12 August 9am-12pm
AgeUK Coffee Morning
Gloucester House, 3 Norman Way, Melton Mowbray, LE13 1JE

Melton Mowbray
15 August 10am-4pm
Melton by the Sea, Melton Town Centre

Loughborough
17 August 10am-5pm
Loughborough Mela 2014, Loughborough Town Centre

South Wigston
20 August 11.30am-4pm
Supersonic Boom Youth Festival, Blaby Road Park, South Wigston

Whitwick
6 September 11am-5pm
Whitwick Party in the Park & Scarecrow Festival, Whitwick Park, North Street, Whitwick

Hinckley
19 September 10am-4pm
Over 50s Day, Green Towers, Richmond Road, Hinckley, LE10 0DZ

Additional dates:
Blaby - Health Promotion Event

District Breakdown

Healthwatch Leicestershire visited each district/ borough in Leicestershire as part of the roadshow tour. The following information is what was captured from members of the public at each event.

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When we asked the public what they would change or improve about health and social care services in Harborough if anything, they said:

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- More referrals for weight reduction sessions

Hospitals

- Shorter shifts for nurses in hospital would help them and their patients
- Car parking charges at hospitals is too high in general and there is a lack of parking spaces at the hospital in Market Harborough

Other

- People should support the NHS as it does a great job for our society
- Excellent service, would not change anything
- Have an interpreter available when making appointments
- More health visitors for babies
- Better school education on healthy eating and dinners
- 1,800 new homes being built, do we have the capacity within the various health services in Market Harborough to support this growth?

Hinckley & Bosworth

When we asked the public what they would change or improve about health and social care services in Hinckley and Bosworth if anything, they said:

GPs

- A children's play area in the GP surgery would be nice as it is hard to entertain your children whilst waiting for your appointment
- Burbage walk in sessions are very useful
- Access to the doctor is restricted at times and instead patients are referred to a nurse. Sometimes patient's just want to see a doctor
- Seeing the doctor on the day that you call as you can not always get an appointment
- More out of hours GP appointments available
- GP home visits
- Too many patients for the amount of doctors
- Calling times to book appointments should be earlier for children that attend school and appointments for children should be looked at differently
- Doctors need to listen to patients, as we sometimes know what we are talking about
- Doctors should listen to the patient and not look at the computer screen.
- I have a bad back and it still has not been diagnosed for over a year. The

pain is still there but I am just living with it, as I have received no joy from the doctors
- There should be an over 60's clinic that is more understanding and specific to our needs. Maybe like a drop in centre

Hospitals

- Very good service and experience at the George Elliot Hospital
- Lack of choice when it comes to psychiatrists
- My husband had Parkinson's Disease and received excellent care. Before he died he told me "we cannot let the NHS go"
- Do we even have a walk in centre in Hinckley? If we do, then I do not know about it. We also need an A&E department in Hinckley instead of having to travel to Leicester

Other

- Would like a Walk in Centre in the area
- Lack of joined up services (disjointed) and different funded posts that deliver various services for the same person
- Imbalance between mental health services and physical health services
- More services for older people
- Arriva transport public meetings should be held in the evenings so that more people can attend
- There are too many websites that advise me or direct me to health services. Leicestershire should have one website as a central point for all health concerns locally.
- Many of us use cross border services such as Rugby, Nuneaton and Warwickshire
- Excellent health service overall

Melton

When we asked the public what they would change or improve about health and social care services in Melton if anything, they said:

GPs

- Making GP appointments - Quicker to walk to the doctors rather than ring by telephone. Melton GP surgery is a very large facility, with many doctors. Is there enough phone lines to accommodate the patients?
- The GP's in Melton are very good
- GPs should refer to other services quicker
- GP receptionists need to deliver better customer service
- My GP will not treat more than one thing at a time. However I have a bad knee, which has resulted in my back hurting, but they will not look at my back in the same appointment
- My GP was very patient when I was vey afraid and had a stroke. He came out for a home visit within two hours
- Waiting times can be quite lengthy & the environment is depressing to wait in

- Having to explain my issues in an open reception area is off putting
- Very good doctors at the local surgery
- Pharmacy next to GP's would be beneficial
- GP appointments to be more accessible and timely especially if you want to see your own doctor
- Need to use the local hospital for more services
- No x-rays available locally at the weekend

Hospitals

- My treatment at hospitals has been fantastic
- My knee operation at the Glenfield was fantastic, I was in at 3pm on Saturday and home by 8.30pm
- I had an MRI scan at the General Hospital and four weeks later I am still waiting for the results. I would like to know how long this should take as it may be causing more injuries
- There is no A&E department in Melton
- Leicester Royal Infirmary is too big to deliver consistent care
- Very bad experience in hospital, poor care
- I was expecting a referral letter and I received nothing. I was left in limbo. Then I was told that the letter had never been sent to me
- I think the noise i.e. televisions can be bad on hospital wards
- When you're over 80 years old you worry about things more, cancelled appointments have a knock on affect both emotionally and for subsequent appointments

Other

- Dentists – NHS services I would like to see the same dentist
- Diagnosed with cancer and I could not fault the service
- Physiotherapy – will only treat one ailment at a time. My knee and back were hurting but I had to return to my doctors for another referral
- Receive excellent service once you get an appointment but the administration of the process is poor
- Long waiting time for the dentist
- Slow diagnosis of disease

Oadby & Wigston

When we asked the public what they would change or improve about health and social care services in Oadby and Wigston if anything, they said:

GPs

- Wigston Central GP Surgery drop in sessions work very well between 8.30am – 10.00am. I can turn up and wait any morning and be seen
- Is there national guidance on the number of GP's per member of the public? When new homes are built I do not see an increase in facilities and GPs
- Overall a good thing that four GP surgeries are joining up in a new facility however my travel time has increased and means I have to walk further when I am not well

- The nominated GP rule is not working as well as hoped, as I still do not see the same GP when I visit. You would have to wait weeks to be able to stick to your own GP. I would like to see the same GP for consistency, especially at my age (80+)
- I have to wait two to three weeks to get an appointment to see a doctor at the GP Practice
- Improve GP services to get an appointment, they get paid good money to provide a service
- I don't always get to see my own GP and I have to see a locum doctor which I don't always want to do

Hospitals

- Cancelled hospital appointments – I had three eye appointments cancelled in a row and I know of a few people who have had the same problem. The issue seems to be bigger than one person and is not acceptable
- Can hospitals send out information about the best ways for patients to travel to hospitals with their appointment letter?
- I heard on the radio that there are going to be less beds available in hospital when they start to move services back in to the community. The public needs to hear these messages and understand what it will mean to them. Services need to be actually up and running in the community before others are taken away
- The hospital complaints system should be easier so that people can say what they need to in their own language
- The eye clinic at Windsor Leicester Royal Infirmary hospital has terrible waiting times and chronic issues
- I want to see the same consultant at the hospital. When I saw a consultant at Leicester General Infirmary, I had to explain my whole history to them which I had already done at a previous appointment

Other

- Home Care/ Domiciliary Care is not as consistent on the weekends. A neighbour had told me that on the weekend the breakfast would be delivered late and the dinner would arrive early. This had happened on more than one occasion
- Age UK Home Care services is very good including the home library service
- Social services need to provide a consistent standard when delivering services. I worry about what service my son will get and would rather pay for the service from someone else
- Ensure pathways for secondary care are effective
- I am struggling to see an NHS dentist. I am on a waiting list for an appointment and have to wait until September
- My dentist is excellent
- Getting updates from receptionists. They are not medically qualified to interpret information and answer any questions I have. Also there is the issue of confidentiality

Charnwood

When we asked the public what they would change or improve about health and social care services in Loughborough if anything, they said:

GPs

- Who is the service being run for? GP's are doing what they want and not for the people
- Being able to get an appointment on the day that you ring
- I like that fact that our surgery has an online booking service where you can book appointments in advance if non urgent
- I attend the walk in centre because I can not get an appointment with the GP
- GPs should work longer hours
- Mental health patients should be offered slightly more time during appointments to give them time to open up to the GP
- See seven day services especially for serious conditions
- Marvellous GP surgery – Alpine House, Mountsorrel
- Having to call an 0844 number, this should be a local number
- Telephone triage with GP is fantastic, very happy with GP services and surgery
- Not seeing the same doctor
- Had to wait three weeks for an appointment
- Very rude receptionists
- I want to feel that the doctor listens to me
- Trying to make an appointment at the doctors is an utter nightmare and they should be open on the weekend too
- Receptionists – you are not gatekeepers, we are entitled to our services
- More say in our treatment
- Woodbrook GP Surgery, limited time to book appointment by phone. Need to improve access
- Gorse Covert Practice, difficult to get appointments. There are lots of GP but hard to build relationships. I don't bother going

Hospitals

- My treatment at hospitals has been fantastic
- Out of Hours service do not do x-rays, which means people are using A&E instead of local services
- I had to visit the Leicester Royal Infirmary (LRI) for a blood test when I could have done this at the GP
- LRI should improve communication and interact with patients
- Poor communication between Glenfield Hospital, patients and primary care
- Don't get ill on a Friday
- Loughborough Hospital, please do what you say you will do
- Communication whilst waiting a long time is really important – LRI
- Bad cleanliness in hospitals
- I shouldn't need to keep repeating my case history to different hospital staff

- Pay nurse's more money
- I would like a care package to have been in place before leaving hospital

Other

- More care in the community, not having to travel to Leicester or Eyres Monsell
- Midwives – you never see the same one twice
- Dentist – University dentist is good and organised
- More suicide bereavement care
- More affordable and healthier food choices for people
- Stop privatisation
- The system is flawed, very difficult to get treatment and after care
- I have set up a mental health group but have nowhere to meet
- Sexual health clinic is very good and staff are supportive and kind
- Nothing but fantastic care across the board
- Actual service is fine but the process is poor
- Local services for local people
- Prescriptions for older people. Reviews needed, as they may not always be taking their pills. Also more information given so that they know what they are taking and why
- Better, honest and open communication with patients/ service users
- More improved out of hours services
- I want more support for mums of children with colic rather than just being told to ' try to take it easy and get more sleep'. Could the Health Visitors put together a list of things that mums can attempt to try to soothe their children? This at least gives mums some ideas when you're child won't stop crying and you're exhausted?

North West Leicestershire

When we asked the public what they would change or improve about health and social care services in North West Leicestershire if anything, they said:

GPs

- I have a problem getting an appointment
- Services are generally ok, longer opening hours would be useful
- Whitwick Health Centre is very good. A family GP's which means I get to see the same GP and have continuity of care. You are able to get emergency appoints when needed
- I have lived in Whitwick all my life and my doctor is great, I have no issues
- Long Lane Centre is very good and is doing a lot of proactive work and tests. I am very impressed

Hospitals

- I really appreciate the Leicester Royal Infirmary Eye Department specialists
- I had an appointment at Glenfield hospital and I am allergic to latex but they had no alternative gloves. I was then sent to Leicester Royal Infirmary hospital, which again had no non latex gloves

- Coalville hospital is under utilised. What is happening with the closure?
- I would like an Accident & Emergency department at Coalville
- Stop closing wards at small hospitals. Why not use them as recovery units after major surgery
- Once I was discharged from hospital there was no follow up care information. I was not advised to see a nurse or my GP. Subsequently my internal bleeding was missed
- Coalville hospital and North West Leicestershire seem to be taking away the local services causing people to be transferred and having to travel out of the area
- My treatment was good, the doctors were very quick and on time
- Car park charges and how to get a refund is unclear

Other

- I want people to share as much information as possible about my condition with me without any jargon
- Continuity – I would like to see the same person each time and not having to repeat my story
- I want more health meetings to happen in our area. We have local venues but they get forgotten
- Patient transport for non emergency appointments is very poor and needs improving
- Ambulance service was very good, hard working, kind with patience
- More communication between services for example; children and young people and those with disabilities and special needs
- Care homes to do more activities with the residents
- I was given incorrect information in regards to the location of my appointment, which differed between my letter and what my doctor told me. I ended up paying three times for car parking!

As a result of the summer roadshows

The strengthened engagement activities of Healthwatch Leicestershire has encouraged greater feedback from members of the public and in turn delivered more information for our board members and Healthwatch representatives to cascade to the relevant strategic levels. Stakeholders and partners also commented that Healthwatch is more focused and active within communities.

The success of the summer roadshow can be assured in different ways, as follows:

1. We have:
   - Recruited 33 new members from across Leicestershire
   - Gathered public experiences from over 350 people
   - Raised awareness of Healthwatch Leicestershire by being visible at 9 events by thousands of people across Leicestershire and by cascading information about Healthwatch via stakeholders to their members.

2. We will be organising a Winter Roadshow – which will include:
   - Public consultations that will allow individuals to attend specific events in East and West Leicestershire and to share their concerns about services that they receive.

- Engagement with Universities & Colleges that will see Healthwatch directly visit places of education in order to gather the youth voice.
- Engagement with Social Groups & User Groups in an environment that is comfortable to them, which will encompass vulnerable service users and seldom heard groups.

3. Healthwatch representatives have a strong voice on strategic partnership and stakeholder boards. We will share the experiences of the public by having direct conversations with those that provide services and those that commission services regarding the key issues raised in local areas.

healthwatch Leicestershire

My Voice Counts Tour

We're on the road

Healthwatch Leicestershire is touring the County during August & September 2014. Come and see us, bring the family and tell us about your experiences of Health & Social Care Services in your local area.

Stay in touch:

0116 2574 999
info@healthwatchleics.co.uk
www.healthwatchleicestershire.co.uk
@HWLeicShire
#YourVoiceCountsTour

Come & See Us

Market Harborough
2 August 10am – 4pm
Market Harborough by the Sea - Common Health Day
The Square, Market Harborough, LE16 7PA

Hinckley
6 August 9am-5pm
'Snapdragon' Children & Family Festival - Various locations around Hinckley

Melton Mowbray
12 August 9am-12pm
AgeUK Coffee Morning
Gloucester House, 3 Norman Way, Melton Mowbray, LE13 1JE

Melton Mowbray
15 August 10am-4pm
Melton by the Sea, Melton Town Centre

Loughborough
17 August 10am-5pm
Loughborough Mela 2014, Loughborough Town Centre

South Wigston
20 August 11.30am-4pm
Supersonic Boom Youth Festival, Blaby Road Park, South Wigston

Whitwick
6 September 11am-5pm
Whitwick Party in the Park & Scarecrow Festival, Whitwick Park, North Street, Whitwick

Hinckley
19 September 10am-4pm
Over 50s Day, Green Towers, Richmond Road, Hinckley, LE10 0DZ

Additional dates:
Blaby - Health Promotion Event

Paper 8

Name of Meeting: Healthwatch Leicestershire Board Away Day
Date of Meeting: Wednesday 15th October 2014
Subject: Healthwatch Leicestershire Information & Advice Service
Author: Cherelle Farrell
Status: for Information and Discussion

Summary Overview

This report provides an update on the Healthwatch Leicestershire Information and Advice Service that supports the priority work streams 'Listening to the local population' and 'Advice & Information. This paper includes a summary of themes of issues collated from calls, emails and engagement through county drop-ins.

Recommendations

The report is asked to:

1. Note the current data capture through the Information & Advice service since the reduced phone hours.

2. Note the development of County drop-ins.

3. Note the use of issues and concerns for influence on key stakeholder committees to inform commissioning and service delivery

Healthwatch Leicestershire Information & Advice Service

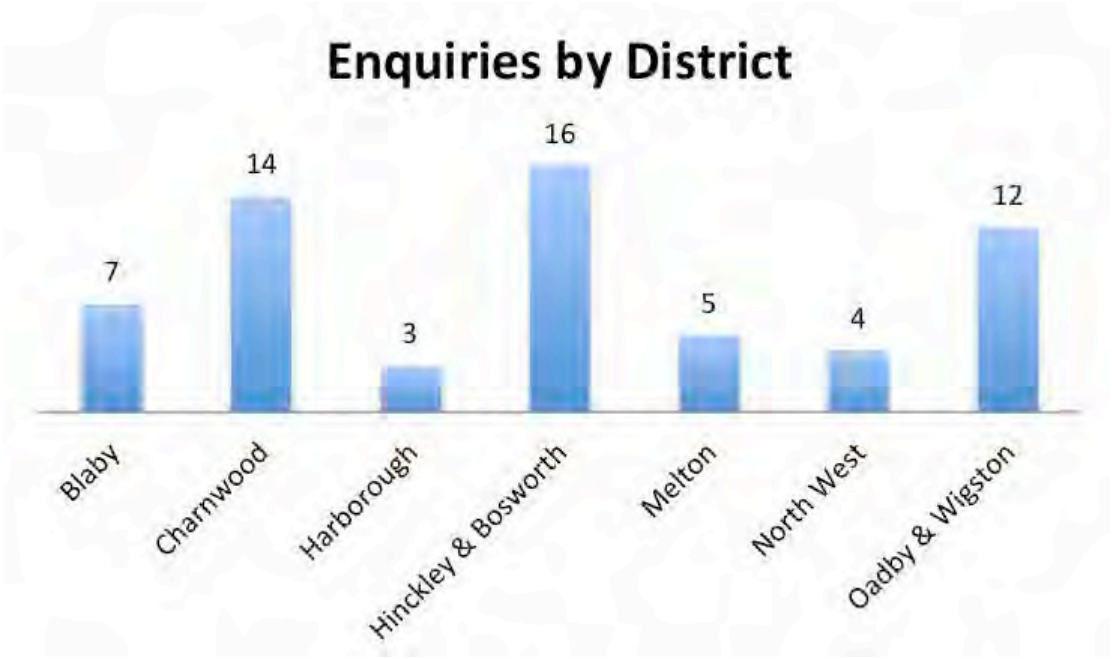
Introduction

1. During 1st July and 30th September 2014 the Healthwatch Leicestershire (HWL) Information and Advice Service has practiced reduced telephone hours at 2-4pm with voicemail services available 24/7. This means Information and Advice could introduce County Drop-ins to be able to provide another mean of communication for the public. This report is an overview of the themes of issues and concerns gathered by Healthwatch, the methods used and what the HWL evidence base has been utilised for thus far.

Information and Advice Service – Phone line and 'Infobox' email

2. Over the last quarter HWL Information & Advice service has operated a dedicated daily telephone service between 2-4pm. This time period was chosen after analysing the phone lines and noticing county calls are predominantly received in the afternoons. There is still the option for 24 hour access to HWL as callers can leave voicemail messages, have use of the website and email box with call backs and responses to be occur in one working day.

Figure A.



3. As illustrated in Figure A, the main three Districts to contact HWL Information & Advice service are currently Hinckley & Bosworth (LE9, LE10, Charnwood (LE4, LE5, LE11, LE12) and Oadby & Wigston (LE2, LE18). This number of calls may be due to many factors; one being significant access issue or local concerns, it may be a reflection of HWL engagement and awareness of HWL in these districts but it is important to note that the HWL 'Get in touch' number is referred to as the Dental Helpline and published in the Yell directory and Oral

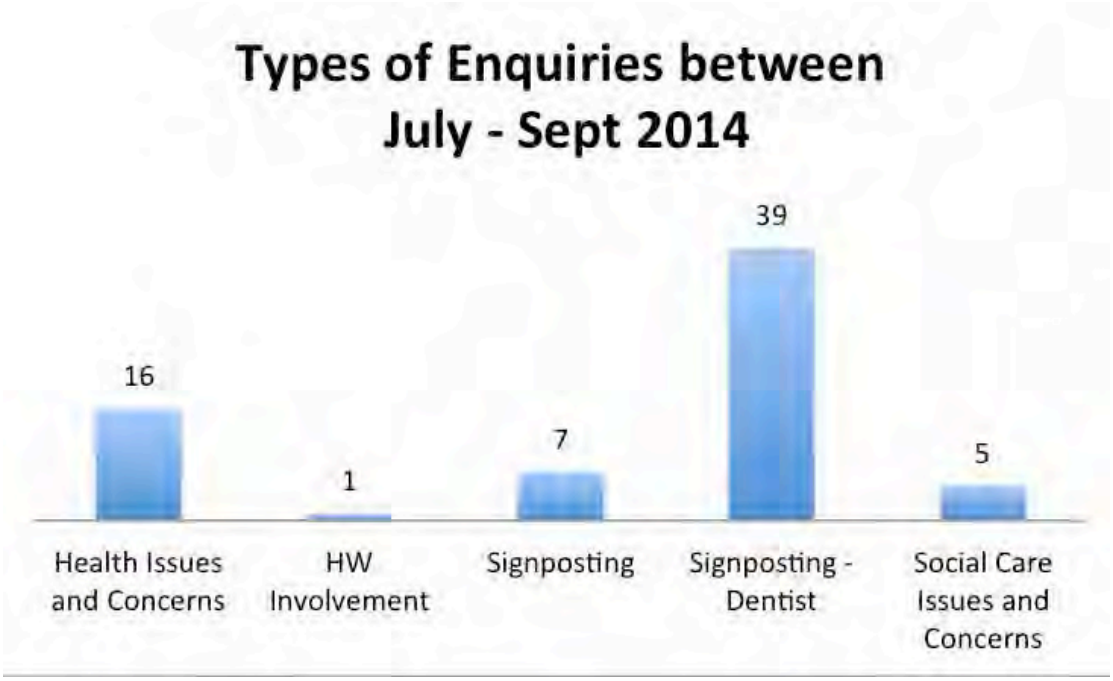
Health promotion leaflets which could mean the public do not know they are contacting HWL directly.

4. There are 8 'Other' enquiries that do not fit into the Leicestershire districts due to lack of information on exact location or an enquiry coming from outside of county, some examples being Warwickshire and Lincolnshire who enquire for dental or GP access information.

Types of Enquiries

5. There are five categories that HWL enquiries are identified by. 'Signposting' refers to general signposting enquiries that do not directly relate to Health or Social care concerns example of this is contact details for EMAS or how to contact the Social workers department. 'HW involvement' used to represent the membership and volunteering requests, as the membership database is now separated this number has reduced and now represents requests from stakeholders, health and social care providers for project work and engagement events.

Figure B.



6. 'Signposting – Dentist' continues to be the highest caller subject at 57% of all enquiries through the HWL Information & Advice services, most enquiries come from the Oadby & Wigston and the Hinkley & Bosworth districts which reflects the lack of NHS Dental access currently in those districts. 'Social care issues and concerns' still remains to be the lowest in only receiving 5 issues and concerns in the last (July-Sept) quarter.

Summary of Issues and Concerns

NHS Dentists

Removed from Dental Practice list

7. Although there is no registration currently for dentists patients enquire to why they are unable to book an appointment with a dentist they have seen previously. Reasons have been patient missed a previous appointment therefor the Dental practice refuses to provide another appointment.

Domiciliary Care and Home visits

8. Since the 1st June 2014 Healthwatch Leicestershire have received an increased number of enquires regarding domiciliary care and home visits, this appears to be due to the retirement of a dentist who provided Domiciliary Dental Services from a Dental Practice in Oadby (LE2). Patients have been signposted to the Domiciliary Denture Services in Charnwood District of Leicestershire as this is currently the only option.

Wait times and Access for NHS Dentist appointments

9. NHS England Local Area Team (Leicestershire & Lincolnshire) have explained that Dental practices are advise to close NHS dental services if the waiting list is more than 8 weeks. HWL do receive a number of patients looking for NHS Dentists as there local practices are reporting 10-14 week waiting lists, some not accepting new patients until 2015.

Signposted from Dental Access Centre (DAC)

10. A number of patients go to the DAC for emergency appointments either because they can not get an appointment with there current dentist or will have to join as a new NHS patient and find there are none available locally or long waiting lists. DAC advised they still require further treatment from an NHS Dentist and signpost patients to HWL for more information.

GP Services

Access to GP Services

11. Obtaining GP appointments still appears to be a key issue across the Leicestershire districts. Patients are reporting poor appointment systems that require calling at 8.30am for same day appointments but by the time they get through find there is nothing available that day or the next. Patients have also told HWL they have to wait 2 weeks for an appointment.

GP Service Provision

12. Patients who have spoke to HWL have reported a lack of services available in GP services and feel if more treatments and assessments could be held in local practices this will avoid hospital appointments and long waits to receive results. Examples of the services asked for are minor injury wound care (e.g. stitches), x-rays and blood tests.

Social Care

13. Of the few Social care issues submitted to HWL services provided at home, Residential Care Homes and non emergency ambulance services like Arriva are the main subjects of enquiries.

County Drop-in sessions in the Leicestershire Districts

Overview

14. The purpose of County Drop-in sessions is to increase access options for County residents who may not utilise internet or telephone services and prefer community environments. Since the beginning of August 2014 there have been 9 Information and Advice County Drop-in sessions across 3 districts; Oadby & Wigston, Blaby and Harborough.

15. County drop-in sessions are planned for October / November for Hinckley & Bosworth at Hinckley Library and Community Flat in Earl Shilton and Barwell, also drop-ins arranged for North West Leicestershire at Ashby Library.

16. Health and Wellbeing Day events at libraries have been used as a way to promote County Drop-ins that take place in libraries. Regarding Melton & Charnwood contact has been made with alternative locations like community centres and community houses/ flats as libraries are not always well-used facilities in some areas.

17. There are plans to incorporate Community Champion volunteers into the County Drop-in work plan as HWL volunteers with local access and knowledge would be essential part of gathering and reporting local issues and concerns.

18. Table 1 provides an overview of engagement through the County Drop-in sessions. This represents 9 drop-ins that took place during August and September. People engaged with refers to members of the public that HWL spoke or provided information to where as people present represent the number of people at the event/ location. The table also illustrates new members obtained at the County drop-in and the number of issues and enquiries.

19. Table 1 also highlights the themes of issues and concerns for the district to give a brief overview of what has been heard through the Infromation & Advice service so far. Providing community locations for the Information & Advice service appears to have increased activity for the Harborough district, which previously had very little input into HWL.

Table 1	District		
Number of...	Oadby & Wigston	Harborough	Blaby
People HW engaged with	30	14	3
People Present (Approx.)	158	52	20
New HW members	4	3	1
Issues and enquiries	20	8	5
Themes	• Access to GP appointments • Family, Children and Young people services	• Arriva bus timetables • Lack of Maternity services	• Good access GP/Dentists • Poor communication in hospitals

Next Steps

20. To ensure the patients voice is being heard the issues and concerns that are fed into Healthwatch are utilised for many evidence-based work, including four quarterly meetings with CEOs of UHL and LPT, the Local Professional Network and the NHS England Local Area team.[1]

21. There are plans for the Hinckley & Bosworth district to work with VAL and Group Support hold a joint event at the Earl Shilton & Barwell community flat. This will community day for local residents to learn about different services available in this district and the promotion of HWL.

22. There will be continued research for locations potential locations of the Information & Advice Service County Drop-ins and utilising volunteers to help support these sessions and provide a presence in the community.

[1] Report paper submissions for meeting with Local Professional Network and meeting NHS England LAT to be available as reference papers.

Paper 9

Name of Meeting: Healthwatch Leicestershire Board
Date of Meeting: 15 October 2014
Subject: Membership Update October 2014
Author: Gemma Hammond
Status: For information

Summary Overview
The Board has asked for regular updates on membership as one of its key priorities for the year. The activities outlined have been undertaken for increasing membership. As part of this, an exercise for membership database cleansing is ongoing.

The Development Team has also been promoting and recruiting new members as part of the summer roadshow and looking at strategies for increasing membership.

Recommendations

The meeting is asked to:

1. Note the report
2. Note the membership numbers and next steps

Membership Update October 2014

Data Cleanse

1. The Healthwatch Leicestershire (HWL) database was separated in September 2014 so that we now have two distinct separate databases; one for membership and one for signposting.

2. In order to ensure that the data that we hold is accurate, the data cleansing has been undertaken to identify inaccurate records, duplications and errors within the database. The database cleanse has brought some challenges and problems due to the number of error corrections and unsubscribers to the newsletter and membership. The process of categorising the members is still being undertaken.

Current Membership

3. The table below presents the current HWL membership figures as of the 1 October 2014.

HWL Membership and newsletter subscribers =	**2513**

Membership type	**Number of members (Full and Associate members)**	
• Individuals	**1526**	Information held on HWL Database
• Organisations	**94**	
• Additional newsletter subscribers (including stakeholders, GP Practices, Village network and community organisations)	**893** (This figure excludes the membership individuals and organisations that also receive our communications)	Information held in Mailchimp
Total =	**2513**	

Activities to increase membership

4. Further to previous discussions, the HWL Board members agreed to promote membership and a resource pack has been developed. Each Board member will receive their own pack of materials to take with them to events and meetings.

5. Since we have started to use the new forms we have recruited **119 new members**. During the summer roadshow we noted that people were reluctant to share their contact details at some events although, they were

happy to talk to us and tell us their views on health and social care experiences. Therefore, we need to reconsider how we promote membership through engagement.

6. The Development Team have been reflecting on strategies for building membership and a parallel exercise to capturing evidence and insights. We are looking at opportunities for free adverts to be included in community magazines and statutory publications and exploring membership opportunities and collaborations with other stakeholders i.e. ELR CCG Be Healthy, Be Heard Membership.

Next steps

3. The Board is asked to note the following next steps:

Activity	**Timescales**	**Lead**
1. Finalise current data cleanse	Completed by November	Gemma
2. Look at opportunities for advertising membership	From October	Comms
3. Contact stakeholders re: opportunities and collaborations	November	Gemma
4. Look at strategies for building membership	October-December	Development Team
5. To continue to recruit members at events and meetings	Ongoing	ALL

Gemma Hammond
Development Officer
October 2014

Paper 10

Name of Meeting: Healthwatch Leicestershire Board meeting
Date of Meeting: 15 October 2014
Subject: A Draft Report: Patient views on quality of Service
Author: Ivan Liburd
Status: For Information and Discussion

Summary Overview

This paper present the public and patient feedback received from conducting a survey on the quality of health services between 20 May – 30 September 2014.

The aim of the survey was to take a snapshot of what a quality service means to the patient, as this may often be different from a provider viewpoint.

The online survey had 70 respondents not including the focus groups that had a total of 58 attendees.

Suggestions to modify the survey are welcome so that it becomes a standard tool for collecting patient and public feedback.

Appendix 1 – Survey questionnaire

Recommendations

The meeting is asked to:

1. Note the report and recommendations
2. Use the findings to elevate the public voice when representing HW Leicestershire.
3. Agree to receive further reports following revised survey questionnaire.

Healthwatch Survey

What does a quality service mean to you?

healthwatch Leicestershire

At some point in our lives we will all use at least one of the health services available to us. In order to help make your experience of these services meet your expectations, Healthwatch Leicestershire would like to understand what a good service looks like to you.

Please help us to inform those that deliver services and those that make decisions about services to better understand your views.

When you think about receiving a good service, how would you describe it?

Please tick up to six answers.

- ☐ Friendly
- ☐ Caring
- ☐ Compassionate
- ☐ Good location / access
- ☐ Safe environment
- ☐ Helpful staff
- ☐ Good administration
- ☐ Trained / qualified staff
- ☐ Good policies and procedures
- ☐ Good financial management
- ☐ Confidentiality
- ☐ Meeting targets
- ☐ Value for money
- ☐ Effective management
- ☐ Language support
- ☐ Responsive
- ☐ knowledgeable staff
- ☐ Consistency
- ☐ Good use of technology
- ☐ Good information
- ☐ High levels of staffing
- ☐ Customer attention
- ☐ Quality kite mark

Please use this space for any other description

Do you use any of the following health services? Please tick as many as appropriate.

- ☐ Hospital Services
- ☐ Emergency Services – For example; Accident & Emergency, Ambulance, 999, Walk in Centres, Out of Hours services
- ☐ Social care services – For example; support for carers, help for people with learning disabilities, home care, information and advisory services
- ☐ Community services – For example; palliative care services, physiotherapy & occupational therapy, health visiting, families, young people & children services
- ☐ Dental Services
- ☐ Doctors/ GP Services
- ☐ Pharmacy Services
- ☐ Eye Care Services
- ☐ Mental Health Services
- ☐ Sexual Health Services
- ☐ Maternity Services

Any other sevices

Healthwatch Survey

What does a quality service mean to you?

healthwatch Leicestershire

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- ☐ Compassionate
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- ☐ Safe environment
- ☐ Helpful staff
- ☐ Good administration
- ☐ Trained / qualified staff
- ☐ Good policies and procedures
- ☐ Good financial management
- ☐ Confidentiality
- ☐ Meeting targets
- ☐ Value for money
- ☐ Effective management
- ☐ Language support
- ☐ Responsive
- ☐ knowledgeable staff
- ☐ Consistency
- ☐ Good use of technology
- ☐ Good information
- ☐ High levels of staffing
- ☐ Customer attention
- ☐ Quality kite mark

Please use this space for any other description

Do you use any of the following health services? Please tick as many as appropriate.

- ☐ Hospital Services
- ☐ Emergency Services – For example; Accident & Emergency, Ambulance, 999, Walk in Centres, Out of Hours services
- ☐ Social care services – For example; support for carers, help for people with learning disabilities, home care, information and advisory services
- ☐ Community services – For example; palliative care services, physiotherapy & occupational therapy, health visiting, families, young people & children services
- ☐ Dental Services
- ☐ Doctors/ GP Services
- ☐ Pharmacy Services
- ☐ Eye Care Services
- ☐ Mental Health Services
- ☐ Sexual Health Services
- ☐ Maternity Services

Any other sevices

healthwatch Leicestershire

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Patient Views on Quality of Services

Consumer champion for health and social care

What does a quality service mean to you?

Executive Summary

Introduction

At some point in our lives we will all use at least one of the health care services available to us. In order to help make these experiences meet our expectations, Healthwatch Leicestershire is reviewing what a quality service means to the public.

We want to make sure that healthcare services have real value and are effective, understood and championed by everyone – including the people who provide them.

In order to do this, we need the public to tell us what they think about quality service provision, as this should be at the heart of decisions around how care services are designed and delivered. Patients are direct recipients of these services, and therefore are in the best position to provide suggestions for improvement.

It is important to note that this is not just about our engagement with communities, this is about the culture of healthcare, and making sure we are doing all we can to ensure services are accessible for all.

Healthwatch Leicestershire

As a consumer champion, Healthwatch Leicestershire is committed to bringing the voice of the public and of service users to the forefront of all conversations around health and social care services in Leicestershire.

Aims

Our aims were to:

1. take a snapshot of what a quality service means to the patient, as this may be different from the perceptions of service providers; and
2. understand what changes or improvements the public would like to make in order to ensure their experiences better meet their expectations.

Methodology

Healthwatch Leicestershire sought the views of its members and those of the public via:

- A short survey allowing insight into the type of services accessed, perceptions of quality service provision and suggestions for improvement. A total of 70 respondents completed the online survey. As part of the analyse for this report we have highlighted the 18 responses from Children and young people under the age of 25 years old. These responses form part of the total 70 online responses.
- Through attending the Leicester Pride event we gathered Lesbian, Gay, Bisexual and Transgender (LGBT) community 15 responses were obtained. These responses have been included in the online survey results of 70 responses.

- Gathering experiences from group meetings with Adults and children with disabilities - specifically sight loss, poor mental health/dementia, and people with dual sensory impairments and learning difficulties - these sessions were hosted by Vista, a local leading charity that provides services and support. A total of 58 people attended these sessions and do not form part of the online survey responses. The findings for this group are reported under focus groups.

Information was promoted via: targeted emails to Healthwatch Leicestershire Membership, local networks, and Voluntary and Community Sector representatives; social media; and, the Healthwatch Leicestershire website.

All percentages as part of this report are based on the 70 online respondents to the survey.

Key Findings

Our findings reveal that patients value the high quality care and treatment they have received. They suggest that a number of improvements could be made to healthcare services that would enhance perceptions of quality, and further contribute to a positive patient experience.

The overall patient experience

The public responded positively to the NHS as an institution in principle, and critically to their own experience of receiving treatment from healthcare services.

What improvements could be made for patients?

Access to services

Where there was a general positive feeling towards the overall experience of using services, patients themselves had a number of suggestions for the ways in which the quality of service delivery could be improved. In short, patient's felt services should put people at the heart of decision-making surrounding care.

There were some negative comments with respect to entry into the healthcare system. Improvements in access to services were evident in the comments and suggestions made by both patients and staff.

Coordination between services

In addition, a lack of coordination across the healthcare system was a key concern for patients. This extended to the processes of patient discharge from healthcare systems, where patients felt there was a slow transition from hospitals to community settings or home.

Improving the general public's perceptions of services

There was also a divergence between the perceptions of some service providers – who might not perceive any real problem related to quality – and those perceptions of the patients.

What does quality look like for patients?

The vast majority (68%) of patients felt that trained and qualified staff were the most important factors facilitating quality service provision. Patients wanted to be confident that staff training encompassed their emotional needs. Patients spoke of health professionals being able to understand their needs both clinically and emotionally.

This finding is supported by the fact that over half (54%) of patients felt that having knowledgeable staff was an important factor. This extended to the healthcare professionals who were providing treatments; both in terms of the knowledge they hold about their profession and also the knowledge they hold with respect to the particular communities they serve. This gave patients a sense of reassurance.

Other features indicated being Helpful (51%), friendly (49%) and caring (49%) staff was also considered to be important factors for patients. These descriptions of a quality service featured highly across responses.

Alongside this, 46% of patients felt that communication and information sharing both between healthcare systems, and importantly, between healthcare systems and the patient themselves, was an important factor.

Confidentiality (45%) and accessibility (39%) were also found to be highly important.

We also noted that quality service provision looks different for particular 'communities of interest'.

- Patients who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) rated confidentiality 15% higher than overall respondents.
- Children and young people under the age of 25 valued confidentiality 16% more of an important factor in facilitating quality service provision. This group also considered the caring (67% which is 17% higher than the overall responses) and friendly (61% which is 11% higher than the overall responses) nature of staff to be important factors.
- Patients who reported a learning difficulty or disability placed emphasis on staff that was adequately trained in responding to a person's disability.

What will we do with this report?

- We will share our findings with public and statutory stakeholders and partners, both at a county and district levels including councillors and MP's.

- We will use it to influence service provision in conjunction with other Healthwatch Leicestershire reports; and to strengthen the public voice at a strategic level, through Healthwatch representation.

- We will share it with Healthwatch England so that the feedback can help to form a national picture around quality of service provision.

Recommendations

We propose a set of workable recommendations. These include:

1. Workforce - The highly regarded training of healthcare staff and existing strategies for staff development should continue to be supported and extended with a specific focus on local knowledge. Given that highly trained, qualified and knowledgeable staff were the most important factors reinforcing notions of quality for patients, it is important to continue driving development across the healthcare workforce.

2. Client focus - Targeted work aimed at specific vulnerable or marginalised patients. Vulnerable groups of patients are more affected by issues around patient confidentiality. More research is needed in this area, followed by targeted intervention work with the identified groups to ensure healthcare is accessible for all.

3. Transparency and candour - Better transparency on the performance of healthcare services and adequate resourcing of marketing campaigns with a focus on enhancing the credibility of healthcare services. We found that negative perceptions undermined notions of quality, which may well affect a patient's decisions to access healthcare services.

Main Findings

Overall patient experience

Overall, patients had a highly positive attitude to the health and social care system. There was a general sense that patients valued the principles of the NHS both in terms of the ability to access healthcare, and the quality of service provision. This feeling was reflected in both the survey work and through group meetings with key stakeholders. Opinions expressed included:

- "I am a strong believer in the NHS. I believe in it as a principle and love the fact that we have one and we should take care of it as an institution".
- "I have received excellent care in my lifetime".
- "Staff generally are trying to do a good job but the system as a whole does not always help".
- "I need more support because I have mental health issues, so far the support is good".

As expected, patient's utilised a range of healthcare services from Doctors/GP services (cited by 93 per cent of patients), to services accessed in the community (cited by 22% of patients).

A range of other services were accessed by patients including:

- Dental services (82%)
- Pharmacy services (69%)
- Hospitals (54%)
- Emergency services (48%)
- Eye care services (46%)
- Mental health services (19%)
- Social care services (16%)
- Sexual health services (15%)
- Maternity services (3%).

What improvements could be made for patients?

Patients provided a number of suggestions for improvement based on their experience of different healthcare services.

Access to services

There was an obvious connection between the experience of the patient and suggestions for improvement regarding the quality of service design and delivery. Indeed, patients made a number suggestions for the ways in which service delivery could be improved, particularly relating to access to healthcare services. A comment made by one patient summed up the concerns in relation to healthcare access:

"More flexible appointment times. Sometimes it is a long time before a doctors appointment becomes available. This isn't helpful and is not for the benefit of the patient."

There is no doubt that concerns around access to healthcare (namely GP appointments) is an issue. Many patients did not understand the reasons why it was so difficult to access GP services in particular (depending on which GP surgery they belonged to). Knowing the reasons behind the issue often helped to dilute any negative feedback. To this end, improving communications (in a broad sense) would go some way in helping patients understand the issue.

Better Coordination

Patients expressed a number of concerns regarding a lack of coordination across the health and social care sector. One patient gave this account, placing emphasis on the need for a joined up system:

"I have experienced reluctance by social care providers to consider input from health practitioners when assessing social care needs".

Another patient told us:

"A neighbour who has severe Multiple Sclerosis now travels to their regular appointments by self-funded taxi because using ambulance transport means that they would spend a full and very tiring day away from their home for a 15-minute appointment".

Patients also expressed their frustrations regarding a slow discharge process and transition from hospital to a community setting or home.

Improving perceptions

The credibility of a service is influenced by a person's perception of it. In other words, patients make a judgement about the credibility and quality of service provision based on the public perception. In many cases what the patient perceives is not the actual case, but due to limited information an opinion is formed, which may well influence a patient's decision to access healthcare services.

In our survey, 59% of respondents thought that those who deliver services would not listen to the public's opinions when attempting to improve services. Many respondents to this question were sceptical that their comments would lead to any meaningful change. One respondent said:

"Their concerns are mainly financial not customer focused".

There was also a general feeling among patients that their suggestions for improvement would not be considered and that decisions had already been formed before asking members of the public.

"Individual staff may listen and provide for individual needs but perhaps it's the contracts that aren't specific enough to include

effectiveness of provision. If providers were accountable for effectiveness of what they do, they may want to do the right thing".

What does quality mean for patients?

We asked respondents to identify, describe and prioritise six attributes they look for in a good service, the top six were as follows:

1. 67% of respondent's valued trained/qualified staff – Patients felt that it was very important for professionals to be adequately trained and qualified. This provided an extra level of security and confidence in the person treating them. Comments related to better-trained staff also made reference to administration and support staff.

2. 55% of respondent's valued knowledgeable staff – Patients wanted to be reassured that those who are providing treatments were not only knowledgeable about their profession but also knowledgeable about the communities they serve.

3. 50% of respondent's valued friendly staff – Patients spoke of the need for an improved and consistent bedside manner. Patients felt rushed within appointments, and also mentioned that the role of receptionists is vital to portraying a friendly service.

   "I was a receptionist and often the service that the patient receives and the extent to which you are prepared to go to try and get them an appointment, depends on your own stress levels and your fear of getting told off by the doctors for allowing extra patients to be added to their schedule. Improving this aspect of frontline service would subsequently improve the patients' experience".

4. 50% of respondent's valued caring - Patients wanted more compassion and care, and to feel that their individual needs were considered as important. Often, if the health professionals displayed compassion even with bad news, the patient's opinion of the care received would be improved.

   "A more personal touch, feeling you are known and understood".

5. 50% of respondent's valued helpful – Patients mentioned that having helpful staff at a time when they are feeling most vulnerable could help to aid their recovery. Often this help was related to quick access to medications, help in accessing appointments, signposting to other services that may be beneficial, and explaining the reasons behind decision-making.

6. 47% of respondent's valued good information –As conditions become more complicated, patients felt that the sharing of good clear information was vital. Providing information at the right time in the right place is a common theme from patient feedback.

It is noted that many of the above choices relate to things that the consumer can see and feel on the front line and which directly influence their experience. The things that were of less importance were back office functions such as meeting targets (4%), good administration (12%) and effective management (13%).

Communities of interest

Lesbian, Gay, Bisexual and Transgender (LGBT)

Whilst at the Leicester Pride, we were able to capture the views of 15 service users who identified as LGBT.

When we asked which services respondents used, we found that a third (33%) of respondents use Mental Health Services (as opposed to 19% of the total), and a third (33%) use Sexual Health Services (in comparison to 14% of the total responses).

We asked respondents to identify, describe and prioritise up to six attributes they look for in a good service, we have highlighted the top four as follows:

1. 73% trained/ qualified staff
2. 60% confidentiality
3. 60% friendly staff
4. 53% caring

Interestingly, patients who identified as Lesbian, Gay, Bisexual or Transgender (LGBT) were 15% more likely to feel that confidentiality was an important factor facilitating quality service provision.

In addition, more than half (53%) of respondents thought that those who deliver services would not listen to the public's opinions when attempting to improve services. One respondent said:

> *"I feel that the NHS has become too much about managers and targets at the expense of good quality care".*

A common theme that emerged from this group of individuals was a desire for health professionals to be better educated about LGBT communities and issues. Respondents felt that their issues and barriers to accessing services could be better understood. In addition respondents conveyed the feeling that the care provided could be more personalised and that professionals could empathise with the patients concerns.

> *"Better educated staff specifically around LGBT"*

Children and Young People under 25 years of age

As part of the analyse we were able to extract the responses from children and young people under the age of 25 years old (18 responses overall 26% of the sample size for this report). The results indicate that one in three of the young people that responded to the survey use mental health services and 29% use sexual health services. Again, these figures were higher than the overall responses.

We asked respondents to identify, describe and prioritise up to six attributes they look for in a good service, we have highlighted the top four as follows:

1. 67% caring - (17% higher than overall)
2. 61% confidentiality - (16% higher than overall)
3. 61% friendly staff - (11% higher than overall)
4. 61% trained/ qualified staff - (6% lower than overall)

Interestingly, the focus on caring staff, friendly and confidentiality staff was significantly higher than the overall total, as displayed above. Our general engagement with young people reflected these findings as many people told us that they wanted conversations with doctors or nurses to remain confidential. Young people also wanted to be understood and not felt judged, which is reflected in the higher number of those that valued caring staff.

One individual told us:

> *"I want to feel like an individual not a number".*

Nine out of 18 (50%) respondents thought that those who deliver services would not listen to the public's opinions when attempting to improve services. Traditionally, young people's views have been sought to already formed questions or in regards to youth issues in isolation, which undermines young people's self-efficacy and sense that they can make a difference. Again, Healthwatch engagement has gleaned that some young people feel their voice is not as important. As one young person illustrates below:

> *"I think that these health services already have a picture in their minds about what THEY feel should be done in order to improve services and the public's opinion has little impact on that. For instance recently, a petition was signed by hundreds of thousands asking for the age of screening for cervical cancer to be lowered and without much consideration was dismissed as there was no evidence to suggest that lowering the screening age would have any positive impact. No commitment was even made to investigate this".*

Another young person said:

> *"I don't feel that healthcare professionals, particularly GP's take young people seriously enough because statistically they are less at risk".*

Focus Groups (with people specifically sight loss, poor mental health, dementia, and people with dual sensory impairments and learning difficulties)

Healthwatch Leicestershire worked closely with Vista to gather insight from their service users. A total number of 58 service users that attended these sessions. These sessions were held as separate group exercises in four different locations across Leicestershire, which included:

- Charnwood
- Hinckley & Bosworth
- North West Leicestershire
- Blaby

We asked respondents to identify and describe attributes they look for in a good service, the top two were:

- Caring
- Safe environment

Service users spoke of staff being able to communicate at all levels, as communication was considered more difficult for those suffering from hearing loss. Other attributes that service users told us best described a good service were:

- Friendly
- Good location
- Compassionate
- Good use of technology

The common theme that arose when we asked, what would make the service they receive better was communication, both verbally and written. Shorter waiting times for treatments was also part of the feedback received.

"We don't know what we would do without Vista rehab services".

Many of the individuals that were part of these focus groups classed themselves as rurally isolated.

The majority of the groups thought that those who deliver services would not listen to the public's opinions when attempting to improve services. Individuals were aware or had seen many cuts to services, which had dampened their confidence of having their voice, heard and acted up on.

"Rather be a patient than a number".

Paper 11

Name of Meeting: Healthwatch Leicestershire (HWL) Board
Date of Meeting: 15TH October 2014
Subject: Healthwatch England Special Inquiry
Author: Thad Douglas
Status: For comment and discussion

Summary Overview

This paper provides the HWL Board with an overview of the findings from research commissioned by Healthwatch England to explore what happens to people when they are discharged from a health or social care setting.

Recommendations

The meeting is asked to:

1. Note the report and recommendations
2. Comment on the final report and next steps

Healthwatch Leicestershire Evidence paper

Findings from the ‘Healthwatch England Special Inquiry: What happens when people get sent home?’

This is an overview of the findings from research commissioned by Healthwatch England to explore what happens to patients when they are discharged from health and social care settings.

It presents evidence gathered from focus groups and case study interviews with patients who have experienced ‘unsafe discharge’ from hospitals, nursing or care homes, and mental health settings in Leicestershire.

It also provides an understanding of good practice to assist in policy development, influencing, and commissioning the design and delivery of services.

Acknowledgments

Healthwatch Leicestershire would like to acknowledge the contributions from everyone involved in the project. We would particularly like to thank Action Homeless, LAMPdirect and Melton Borough Council for facilitating access to patients and providing information throughout the project.

Healthwatch Leicestershire

Healthwatch Leicestershire is the independent consumer champion committed to gather and represent the views of the public. Healthwatch has a role to play at a national and local level, and works to ensure the views of the public and people who use health and social services are taken into account.

Executive Summary

Introduction

Unsafe discharge from health and social care settings is consistently identified as a key concern for patients. There is a mounting body of evidence to suggest that this absence of support leaves patients feeling isolated and increasingly marginalised. In its most extreme manifestation, it can be detrimental to health and blight a person's life in the long-term. Alongside the human costs, unsafe discharge has been identified as a cause of hospital readmission. It is likely to result in the use of more resource and further costs to the health economy if unchecked and care remains the same.

Aims

The aims of the investigation were to:

1. establish a deeper understanding of patient's experiences when they are discharged from a hospital, care home or secure mental health setting;

2. focus on understanding the experiences of homeless people, those with mental health conditions and older people because the evidence shows the problem can have a significant impact on vulnerable or marginalised groups; and

3. use Healthwatch England's statutory powers to influence national and local policy and practice.

Methodology

Between July and August 2014, Healthwatch Leicestershire undertook a programme of research involving two major components:

1. A series of case studies involving in-depth interviews with patients and staff of support services aiming to provide rich detail of the patient experience, and shed light on the factors that facilitate positive patient experience.

2. An analysis of the evidence gathered from Healthwatch Leicestershire's enquiries, outreach and engagement work to understand the nature of the problem locally.

Emergent Findings

The emergent findings from Healthwatch Leicestershire reveal in detail:

- **The overall patient experience** – patients were very positive about their visit to the health or social care setting, both in terms of the treatment they had received and how healthcare staff treated them. This view was evident in comments from patients and staff of support services. With that being said, there was a degree of stigma and discrimination experienced by homeless people, people who have experienced poor mental health and older people who felt they were being rushed through the system.

- **Discharge planning: a lack of holistic assessments and limited patient involvement** – there was no consistent pattern in how hospitals and care settings approached discharge planning. This extends to: the consideration of additional health problems at the time of discharge; assumptions surrounding family, accommodation and community support; and, the involvement of patients in decision making.

- **Discharge planning: the balance between the availability of beds and resource (coupled the need to prevent long term stay in healthcare), and premature discharge -** there was a clear connection between the need to reduce length of stay – where a long stay could result in low mood, dependence on health care services, and more use of resource – and the need to transfer patients and release beds. This was related to the different experiences of patients with respect to premature discharge, delayed discharge, out of hour discharge and self-discharge.

- **Discharge process and the adequacy of protocols** – in most cases patients were given a clear treatment plan. There were some cases where patients reported failures in the use and adequacy of discharge protocols. For example, some patients requested more guidance in the medication they received after discharge because they were not certain about the arrangements.

- **Breakdowns in communication between agencies** – access to, availability of, and adequacy of community based support (e.g., social care or mental health services), and rehabilitation services were problems cited by several patients. This was closely aligned to breakdowns in communication, and failures at moments of transfer and transition between systems.

- **Post discharge: readmission** – patients reported readmission and repeat visits to healthcare services because of unmet needs. Often this was associated with premature or poorly planned discharge. A number of individuals were dissatisfied with the care arrangements in place post discharge. For example, there were quite a few examples where patients had to be readmitted into a hospital or care setting because of being poorly prepared for home or treatment in the community.

- **Good practice** – patients provided some suggestions for the ways in which the discharge processes could be improved and/or extended, typically including wider coverage and communication with the patient to ensure they are at the heart of the decision making process when deciding to discharge.

Recommendations

Healthwatch Leicestershire offers a series of workable recommendations based on the evidence. These include:

1. Putting patients at the heart of decision-making surrounding care and discharge planning. Further consideration should be given to the patient's *'needs'*, ensuring they are fully met, and further ensuring safe and timely discharge. Communication with the patient and their carer(s) is

paramount at all stages in the 'cycle of care'. It gives patients a sense of reassurance and helps them to feel enfranchised and a part of the recovery process.

2. The highly coveted discharge guidance should continue to be rolled out and adhered to as part of the wider strategies to promote a positive patient experience. This should include, but is not limited to:
    a. Ensuring the patient is fit and ready to leave the healthcare setting;
    b. Support for additional health problems diagnosed prior to admission or discovered at the time of discharge planning;
    c. Ensuring there is sufficient support available when returning home or in the community – this extends to, family, accommodation, residential care, and access to community rehabilitation services;
    d. Effective communication with the individual receiving treatment, their carer(s), and between systems;
    e. Ensuring arrangements for aftercare, treatment plans and processes for follow-up are understood by the patient and their carer(s);
    f. Timely identification of discharge date; and
    g. An identified named lead to oversee the process and to coordinate the different stages of care.

3. Better resourcing and support for carers (a person who cares, unpaid, and is responsible for looking after a family member with a disability or long-term health condition). Arrangements need to be made to ensure that the needs of those who are caring for the patient are considered. This extends to ensuring the people responsible for care have a clear understanding of the discharge arrangements, and ensuring there is appropriate support and/or respite for the carers themselves.

Introduction

Much has changed in the landscape of the NHS in the two years since the Health and Social Care Act was established in 2012. Changes in the way services are designed and delivered, including the introduction of Clinical Commissioning Groups, are presenting a wide range of opportunities and challenges.

The healthcare community in Leicestershire has detailed its strategy 'Better Care Together', which aims to promote more integration between health and social care services.[1] A key component of which relates to putting patients at the heart of decisions surrounding the provision of care. This extends to processes of patient discharge, ensuring the smooth transition and availability of appropriate care options in the community.

Hospital and community care discharge planning refers to processes whereby patients are considered medically fit with arrangements to continue care at home or in the community. There is a mounting body of evidence asserting a view on the breakdowns associated with the routine arrangements of patient discharge. For example, a body of research commissioned by the three Clinical Commissioning Groups in Leicester, Leicestershire and Rutland (LLR), 'Learning Lessons to Improve Care', looked at the quality of the care patients received when being admitted to hospital settings, during stay, and when being discharged from hospital settings, GP and other social services. The report concludes that significant improvements need to be made for patients being discharges out of hospital care, particularly in attention to the communication processed between health and social care. [2]

The Department of Health guidance [3] [4], presents a range of strategies that healthcare professionals can use when making arrangements to discharge patients. The principles of effective discharge and transfer of care should therefore include:

- Involvement of patients and their carer(s) at all stages planning and implementation;
- Facilitating a 'whole system approach' approach involving all stakeholders, including the commissioners of services;
- Early planning and identification of a release date;
- A name lead who has responsibility for coordinating care across the journey through healthcare, and with all stakeholders involved in the 'cycle of care';
- Use of a multi-disciplinary and multi-agency team responsible for care at the different stages of patient discharge;
- Effective transition and transfer of care including transport and sharing relevant information; and
- Ensuring individuals understand follow-up arrangements, including their rights that enable them to make informed decisions around the continuation of care.

[1] Information on the Better Care Together strategy can be found at http://www.bettercareleicester.nhs.uk
[2] Media Briefing - University of Hospitals of Leicester NHS Trusts ''Learning Lessons to Improve Care' – Publication of A Quality Review in Leicester, Leicestershire and Rutland. Available at http://www.leicestershospitals.nhs.uk/EasySiteWeb/GatewayLink.aspx?alId=27824
[3] Department of Health (2003) 'Discharge from hospital: pathway, process and practice'. Department of Health
[4] Department of Health (2004) 'Achieving timely 'simple' discharge from hospital'. Department of Health

In sum, patient discharge is not an isolated event. There is a growing recognition that effective and safe discharge requires a multi-level approach, with work at all levels involving the individual, their carer(s), healthcare services and services accessed in the wider community.

Healthwatch Leicestershire

Healthwatch Leicestershire conducted a study to understand in greater depth the impact unsafe discharge can have on patient's health. The study forms part of the Healthwatch England programme of research, to glean essential depth of understanding with respect to the experiences of homeless people, people with mental health conditions and older people.

Aims

The study pursued the following aims:

To present an overview of the patient experience when they are discharged from a hospital, care home or secure mental health setting, with respect to:

- Previous experiences of discharge
- Reasons for admission
- The general patient experience and treatment from healthcare staff
- Discharge planning
- Discharge protocols and arrangements
- Post discharge
- Suggestions for improvement.

To focus on understanding the experiences of homeless people, people with mental health conditions and older people, with respect to:

- The impact unsafe discharge can have.

To use Healthwatch England's statutory powers, with respect to:

- Influencing national and local policy and practice.

Methodology

Healthwatch England has identified safe discharge from health and social care settings as a priority issue. To explore the phenomenon in more depth, a programme of work was commissioned to question patients about their experiences. The lines of questioning were drawn up in consultation with Healthwatch England and a team of experts who have extensive experience in visiting settings to conduct reviews (see Appendix 1).

Healthwatch Leicestershire delivered a series of case study interviews with 18 people (1 homeless person, 8 people who have experienced poor mental health and 9 older people) in order to contribute to the national research, and inform our own local understanding of the issue. These case study interviews allowed respondents to best express their feelings or direct us to the issues most pertinent to them. Respondents were offered the opportunity to elaborate on their answers not listed by us in the interviews. This was the case, for example, with the questioning around the types of issues encountered and helped to guard against leading the respondent into giving a particular answer.

The sessions were hosted and facilitated by:

- LAMPdirect – an voluntary organisation working to promote good mental health for everyone in Leicester, Leicestershire and Rutland; [5]
- Action Homeless – a charity based in Lecestershire dedicated to tackling the causes and consequences of homelessness; [6]and
- Melton Borough Council – who provide a range of residential services for older people in Leicestershire.

When taking part in the research, respondents were provided with covering information detailing why we are asking them for this information and what would be done with it. The scope of the research was also provided, including a brief introduction of what discharge is. This helped to ensure all participants were aware of what we were asking them to talk about. The interviews took around 30-45 minutes to complete dependent on the nature of the person's experience and were conducted in person or via the telephone. Completed interviews were written up, analysed and summarised by a single researcher.

Alongside this, Healthwatch Leicestershire conducted analysis of its evidence gathered through enquiries, outreach and engagement work.

The research findings from both the case study interviews and analysis of Healthwatch Leicestershire activities were shared with Healthwatch England to contribute to the national programme of research. [7]

[5] LAMPdirect website (2014) – About LAMP at http://www.lampdirect.org.uk/lamp
[6] Action Homeless (2014) – About Action Homeless at http://actionhomeless.org.uk/about-us/
[7] Information on the national programme of research commissioned by Healthwatch England can be found here: http://www.healthwatch.co.uk/then-what-special-inquiry

Results and Thematic Findings

PREVIOUS EXPERIENCE OF DISCHARGE FROM HEALTH AND SOCIAL CARE SETTINGS

The vast majority of patients we spoke to reported an isolated experience (discharged once within the past 18 months), however some patients reported being discharged from a health or social care setting more than once in the past 18 months. Repeat visits were more common among older people and homeless people. Often, this was result of premature or poorly planned discharge.

The study focused less on the extent of the problem and more on its nature and intensity. When we asked about the number of times patients had been discharged the vast majority reported an isolated case. However, it was interesting to note that some patients reported readmission and repeat visits to healthcare services because of unmet needs such as the reoccurrence of a problem. This was particularly evident among comments from older people. This insight was also evident among staff and professionals interviewed as part of the research.

> *Had a fall, went into hospital, come out and came back in [due to] collapse and weakness. Other health conditions discovered at the time... First stay around 4 weeks, then discharged to home for two weeks under carers, then had to be readmitted.*
> CS2 Older people

> *Discharged twice in the past 18 months from hospital. Discharged from the general hospital for a knee operation and then infection.*
> CS3 Older people

> *Discharged from hospital setting twice, once at general hospital and moved to another hospital within the area. Needed additional care so transferred into a care home. Initially admitted because of a stroke, but later moved into care because required more intensive support. Currently resides in care home.*
> CS4 Older people

> *Patient was 91 and admitted to hospital within the past 18 months. Had shingles and later discharged and transferred to another hospital with blisters on her heels. Patient also diagnosed with dementia.*
> CS5 Older people

> *Cases where patients are not well enough to leave the hospital. Homeless people are rushed through the system.*
> CS1 Homeless people (staff)

REASONS FOR ADMISSION TO CURRENT HOSPITAL OR HEALTH CARE SETTING

Reasons for admission to hospitals or care settings varied widely, from known medical conditions which require specialist treatment such as an operation, to emergency or unplanned admissions which happen at short notice.

Although there were variations in the reasons why patients had been admitted, we also noted some consistency in the reasons provided by specific vulnerable groups. For example, alcohol and substance misuse was one of the main reasons why homeless people had been admitted, while older people were generally admitted for falls, mobility issues and planned operations. Patients who were admitted to hospital because of a mental health condition typically stayed in the hospital or care facility for the longest amount of time.

> *Issues around mental health and substance misuse*
> CS1 Homeless people (staff)

> *Most tenants in sheltered housing experience falls - Urinary Track Infections which can leave them feeling disorientated - discharged once the appropriate assessment is made. Mobility problems*
> CS8 Older people (staff)

> *Bi-polar affective disorder or they call it manic-depressive. No other health conditions. Stayed in the hospital each time about 8 weeks.*
> CS1 Mental health

> *Mental health condition. Stayed in hospital for nearly four months after being sectioned.*
> CS3 Mental health

Moreover, patients reported additional health problems (in addition to the primary reason why they were being treated). This was either known by the patient prior to the admission (e.g., long-term health condition) or discovered at the time of receiving care.

> *Bi-polar disorder and post traumatic stress disorder. In hospital for nearly 4 months.*
> CS2 Mental health

> *Diagnosed psychosis and also has a liver problem.*
> CS5 Mental health

> *Operation. Also has Autistic Spectrum Disorder.*
> CS1 Older people

GENERAL TREATMENT & ATTITUDE TOWARDS HEALTHCARE STAFF

One of the most consistent patterns revealed by the interviews was that patients were very positive about their visit to the health or social care setting, both in terms of the treatment they had received and how healthcare staff treated them. However, there was a degree of stigma and discrimination encountered by homeless people, people who have experienced poor mental health and older people who felt they were being rushed through the healthcare system.

Overall patients had a highly positive attitude towards the treatment they received from healthcare staff. This feeling was particularly evident among older people who felt they were treated well during their stay in the health setting.

> *Treated well by staff.*

CS1 Older People

Overall treated well.
CS2 Older People

Treated very well.
CS3 Older people

Treated well by healthcare staff.
CS3 Mental Health

There were virtually no negative comments about how patients were treated by healthcare staff. However, there was some exceptions for homeless people and people who have experienced poor mental health, where there was a general feeling of stigma and discrimination directed towards them because of the circumstances they found themselves in.

Some good people and some bad people. Some really helpful and some who did not seem to care. Felt stigmatised and discriminated. Yes and Yes.
CS1 Mental health

Treated very well by healthcare staff, although at times I did feel like I was getting on their nerves. Yes felt stigmatised and discriminated against.
CS2 Mental health

Some examples where patients are not treated well. A degree of stigma associated with homeless people.
CS1 Homeless people (staff)

Older people often do feel they are brushed aside too easily & not taken seriously.
CS9 Older people (staff)

DISHCARGE PLANNING

There was no consistent pattern in how hospitals and care settings considered additional health problems at the time of discharge. There were also some assumptions made about family, accommodation and community support networks. In some cases patients did not feel ready enough to leave the hospital or care setting, and did not feel involved in decision-making process.

It was clear that hospitals and care settings approached patient discharge in different ways, with some considering additional health needs at the point of discharge and others passive with no consideration.

Yes, conditions considered during discharge because I had a care plan. I did not know about the post traumatic stress until I was discharged. Could have been told before maybe.
CS2 Mental health

No, disability was not considered. I was supposed to have had a package of care set up for me to help me cope with being on the outside.
CS1 Older people

Yes, all conditions considered during discharge planning.
CS2 Older people

Had some difficulties sleeping but was given sleeping tablets.
CS4 Mental health

The fact that healthcare services considered family support networks when deciding to discharge patients was also seen as critical. The persistence of healthcare settings in terms of asking about family – as well as accommodation and community support – were seen as especially important factors for homeless people.

Asked about family in interviews when talking to the psychiatrist. They got a rough picture of what was going on at home.
CS1 Mental health

Yes asked about family and community support when deciding to discharge (the community mental health team).
CS2 Mental health

Yes, knew about family support.
CS2 Older people

Home but homeless and housing situation not taken into account.
CS1 Homeless people (staff)

Very supportive family, visited almost everyday, so had support when discharged.
CS5 Mental health

Furthermore, the case study interviews showed very clearly that some patients felt they were not ready to leave the health or social care setting for a range of different reasons. For some of the patients, there was a need for further support. This left them feeling isolated and not part of the decision making process. For other patients, there was a very clear shared sense of wanting to leave the hospital or care setting to avoid becoming dependent on services or affected by low mood. Patients felt they were being rushed through the system to make hospital beds available. This is related to the different experiences of patients in terms of premature discharge, delayed discharge, out of hours discharge and self-discharge, as illustrated in the quotes below.

Did not feel well enough when being discharged. Would have preferred to stay in hospital until I was a little bit better. The trouble is it takes months. They have not got enough space to keep all the people in. The psychiatrist at the time was not a good one; you could not talk to him and say you did not feel ready to come out. He just was not a good psychiatrist, but they would put you

out in 8 weeks. I think because you get institutionalised so quickly they want to rush you out, but I had to come out. Did not feel involved in the decision making process to leave the hospital
CS1 Mental health

Partially felt well enough when being discharged, but frightened of leaving because I had been there so long and had been institutionalised. Discharge kept being cancelled, felt like I needed to make a conscious effort to be discharged and had booked a family holiday and wanted to go. Felt involved in the decision-making process to leave the hospital - I was sectioned so I was not going anywhere in a hurry.
CS2 Mental health

Considered the condition and was not able to be discharged until ready. Wanted to leave but it was not practical at the time - links to homeless/accommodation. The team listened to what I had to say - involved in decision-making.
CS3 Mental health

The first time I left hospital I felt quite paranoid and maybe was not ready. Other times I was ready to leave and maybe stayed for too long, but understand it was not my decision
CS5 Mental health

Discharged at 11:30 at night on the street with no transport. Practitioner went to work the next morning and found the patient on the street outside the office quite distressed. They were initially held for treatment but then discharged at 11:30 at night. Undermines trust among service users. Housing situation not taken into account.
CS1 Homeless people

I do not think she was well enough to leave the hospital at the time. She was not eating so did not have any strength. Better food for the elderly, decent soup. However, discharged at the right time, asked if she would like to leave and patient agreed. Did not tell the relatives mum is not eating, family could have bought in meals and maybe helped the process. Patient felt a bit better and wanted to leave the hospital but perhaps was not strong enough.
CS2 Older people

No, not ready to be discharged developed a water infection following the operation and did not know who to talk to.
CS3 Older people

Transport arranged but delay in discharge due to residential - no places available.
CS3 Mental health

Incident two weeks ago - inappropriate discharge - tenants discharging themselves - took half a day to find out what happened to the patient - speech impairment - difficult to understand.
CS8 Older people

DISHARGE ITSELF

One of the most obvious aspects of the discharge process itself was that patients were given a treatment plan. This was explained to the patient and in most cases understood. There were some cases where patients reported failures in the use and adequacy of discharge protocols in place within a setting. Some patients requested more guidance in the medication they received after discharge because they were not certain about the arrangements. Access to, availability of, and adequacy of community based support (e.g., social care or mental health service), and rehabilitation services featured highly among patients. This fits with breakdowns in communication, and failures at moments of transfer and transition between systems.

The first and most obvious aspect of the discharge process itself was clearly the way in which a treatment plan was provided to patients. In the majority of cases, this was understood and followed by the patient. When it was not provided or deemed as inadequate by the patient, this resulted in added complications further down the line. For example:

> *I was supposed to have a care package in place. This never materialised and I had to be readmitted to hospital. When I was discharged again the same thing happened.*
> CS1 Older people

> *Discharged without a discharge package. Transport was arranged.*
> CS3 Older people

> *Given a treatment plan involving free carers for 6 weeks. After the 6 weeks she would have had to pay but the local authorities would have paid it.*
> CS2 Older people

> *Yes care plan - first priority to be a mother and look after child.*
> CS2 Mental health

> *Yes given a care plan and team involving consultant, coordinator.*
> CS3 Mental health

> *Had not received medication for three weeks. Mother written to GP but received no response.*
> CS5 Mental health

> *Following discharge carer went to the chemist with the prescription and the chemist explained that there were 2 sets of medication missing. When they returned home rang the hospital and was told that they knew that they had not taken all of the medication and when she rang departures they had already gone. The nurse explained that they would need to go in and pick them up and that he would have been fine without the medication. Felt that this was not good enough and after much discussion they agreed to send the medication to their home and it was delivered by taxi.*
> CS6 Older people

Sent home without any tablets and had to skip taking her tablet for Saturday. A nurse delivered her tablets and the doctor's letter to her on Saturday night.
CS7 Older people

Another aspect revealed about the discharge process is that patients tend to be given access to support in the community, social care and rehabilitation services. In some cases, this support was again delayed or deemed inadequate. In other case, the support was absent altogether, as illustrated in some of the comments outlined below:

It is basic care, microwave food, out of the freezer and put in the microwave, cupa soup that sort of thing. Once she was sick and they did not even wash her face or change her jumper. No physio, the carers supposed to be getting her back on her feet. The idea was she would get strong again and look after herself…Some carers did not know what they doing so we had to pull them up, saying is she supposed to be having this, is she supposed to be having that.
CS2 Older people

Also, when she was discharged she was told that a carer would come to put her in the bath on Saturday. She waited and waited and the carer did not turn up so she tried to put herself in the bath with the help of her disabled husband. My fear is - what would have happened if she slipped and fell in the bath. Her disabled husband has lost the use of one hand.
CS7 Older people

She was discharged and had four carers going into her home and it was suggested that she needed physiotherapy, so he rang the GP and a physiotherapist came out to see her and suggested that she keep her legs elevated as the ankles and the legs were both swollen. Her feet were bandaged due to the blisters and she was told to keep them on all day and also in bed, but she did not. Her legs and ankles swelled so much that she kept falling over and each time her nephew was called to pick her up.
CS5 Older people

Day treatment offered which involved activities but it was not really doing it for me - I liked the art but I did not get on with deep medication and positive self - not quite ready for that when you have just come out. It was only one session per week. Discharged during the day.
CS2 Mental health

Medication. Art therapy and spoke to a counsellor during hospital. Visited the hospital once every week after being discharged. Arranged transport with family.
CS4 Mental health

In some cases patients have been offered suitable treatment for alcohol and drug dependency, but in others they are not.
CS1 Homeless people (staff)

Epileptic fit - in hospital over two weeks - delayed discharge because no care agency - heart team - delay
CS8 Older people (staff)

The carers were supposed to be adequate but were not.
CS2 Older people (staff)

The final finding in this section relates to the breakdowns in communication between services. This is related to failures in the flow of information between systems and failures at the point of transition or transfer. The comments below evidence the deficiencies in movement between systems.

Discharged at 12 noon and they made her sit and wait for transport for 4 or 5 hours without a cup of tea, no sandwich nothing, what a rotten thing to do. Yes, but had to wait for taxi for 4 or 5 hours.
CS2 Older people

One case recently in Melton but patient went to Nottingham - delay in communication of medical information which delayed her discharge. Lack of communication between hospitals
CS8 Older people (staff)

Lady passed away - went into hospital last year because of dementia. Failed to pass information on around patient notes and medication. Unfortunately family could not go with her. When she ended up at LRI the information had not been passed on by ambulance. Hospital asking patient, but patient did not know and appeared confused due to dementia
CS8 Older people (staff)

Delay in communication – the communication between hospital and the family – could have been discharge sooner – but because of communication delayed.
CS8 Older people (staff)

Delay in the discharge because of residential - no availability of beds. Could be more proactive in assessments because when it is time to discharge patients are not ready.
CS3 Mental health

AFTER DISCHARGE (POST DISCHARGE CARE)

Despite significant improvements in the discharge process and the general sense of a positive experience (specifically in terms of being provided with a treatment plan), a number of individuals were dissatisfied with the care arrangements in place post discharge. For example, there were quite a few examples where patients had to be readmitted into a hospital or care setting because of being poorly prepared for home or because of a lack of adequate treatment in the community. This resulted in complications further down the line, increased use of resource that is further likely to prove more costly in long term. This finding was evident across all three groups (older people, homeless people and people with who have experienced mental health conditions).

As outlined throughout the report, readmission was common for a range of different reasons. There was a large degree of variability in the amount of collaboration between health and social care services, reflecting the fact

that improvements could be made with respect to the links between health and social care. While a number of patients were provided access to social care and support in the community, patients themselves also recognized a number of ways in which the aftercare package fell short of their expectations.

> *Readmitted within two weeks for the same problem. Patient eventually passed away. No intermediate healthcare services, just GP. Not easy - hard - to obtain support. Disparity reported between the actual care provided and promised. Carers did show up but not very helpful at times. No contact - carer supposed to be looking after us. Patient had the support of her daughter which really helped.*
> CS2 Older people

> *Yes, but because of the water infection, so therefore, because of something different but related to the initial problem.*
> CS3 Older people

> *After several falls, she was eventually seen my paramedics and readmitted to hospital (name of the hospital provided) and later discharged for respite care into a Care Home (area of the care home provided). She is now back on an acute ward somewhere, but he did not know where. Social services had allocated a social worker who is not contactable (name of the social worker provided) and his calls are ignored in general. Patient admitted to hospital once again (name of the hospital provided) had deteriorated considerably and was considered now to have dementia. She is due to be discharged by hospital and carer has gone to view potential care homes. He said the consultant had advised that she had early signs of dementia and was not eating, they were going to discharge her into a care home and put her on end of life care.*
> CS5 Older people

> *When someone is being discharged from hospital, and having medication changed which caused deterioration and delay in hospital info to GP - compounds and escalates into more problems - and costs more. It has an impact on tenant's wellbeing - we do not understand why the hospital changed medication without informing other services.*
> CS8 Older people (staff)

> *I did manage to sort my own life out without the support of social services. I had to as there was no choice, but I am glad that I have.*
> CS1 Older people

It was also reported that patients had difficulties obtaining and following post discharge instructions. For example, patients reported difficulties in accessing appropriate medicine and difficulties in obtaining and attending appointments with other care services. In addition, some patients were not aware of the social care support they were entitled to.

> *Visit from psychiatric nurses, but one did not come once. Had a good one, she arranged a bed that was comfortable. It was not easy to get support it was only that I happened to phone and spoke to a good physiatrist who got me back in. Had one good psychiatric nurse that really helped -*

very good at her job. Otherwise they were useless. On and off visited the GP, throughout it all. When you are under the psychiatric umbrella you are better of dealing with them. Because it was a mind condition I deteriorated within 12 hours of relapse - it was too quick to get the support of a home visit. They only way I could get help was contacting the good psychiatrist who could get me in again.
CS1 Mental health

When the patient had to go into a care home, the Social Worker did not explain that he would be eligible for Continuity of Care and so the family funds him and they received no support. He said he did not have a problem with first hospital (name of the hospital provided). Assuming that the second hospital (name of the hospital provided) have a discharge process similar to first hospital, the gentleman would not have left the hospital without the care in place and maybe when he had to go into a home, the hospital should have prompted the Continuity of Care, but certainly that should have been the support given by the social worker, which was clearly not the case as carer had to do all the tracking himself.
CS4 Older people

My understanding is that she is entitled to 6 weeks free social care after leaving hospital and this is what she was told by the hospital.
CS7 Older people

GOOD PRACTICE

A number of patients provided some suggestions for the ways in which the discharge processes could be improved and/or extended, typically including wider coverage and communication with the patient to ensure they are at the heart of the decision making process.

Community mental health team. Very easy to keep contact, had meetings at home, at hospital and the community base. No difference in the care offered and received. Visited GP. Care coordinator got in touch to see how I was getting on.
CS3 Mental health

Both patients and staff of support services recognized that discharge planning, processes, and arrangements for aftercare could be improved and/or extended. Many patients drew specific contrasts in the way in which health and social care services worked together, making suggestions to promote better collaboration. This extends to better housing, residential and accommodation options, as well as, better links between hospitals and other care services (including charities) where patients do not meet the criteria and require referral. This was especially important for homeless people who felt they were not considered to be a priority.

Contact between the hospital and social services and a care package in place.
CS1 Older people

Improving the links between health and social care.
CS2 Older people

He was not happy what happened to his Aunt - the social worker is not involved whatsoever and he has difficulty in contacting him or getting him to call back. Better communication between the consultant and the discharge team about the pathway of care received at care home.
CS5 Older people

Some examples of good practice when there are better links between hospitals and crisis teams. For example one case where the patient was treated at hospital detoxed, treated, transferred into the alcohol unit - referred to alcohol unit - good practice. In terms of recommendations, better partnership between social housing options and hospital. Making homeless people a priority. Better links between hospitals and services (including charity) where patients do not meet the criteria they can be referred here.
CS1 Homeless people (staff)

Patients felt there should be information provided regarding entitlements for both the patient and their carer(s). Added to this, options for support in the community could be improved and/or extended:

Ensuring patients and their carers are advised on benefits available to them.
CS2 Older people

No examples of good practice, bad memories of being discharged from hospital after treatment. I was given the support at home help to do housework and I could go in for a cup of tea at a drop in centre but it was not only mentally poor health people but also alcoholics. Could have had better support than I got. They could have had a day centre.
CS1 Mental health

All fine. More classes and visits to day treatment with classes that I enjoyed - more than once a week. More beneficial classes for me as well.
CS2 Mental health

Examples highlighting the importance of communication between services were also cited. It is important to note that the discharge process works well for patients when all stakeholders are involved in the cycle of care communicate and follow the existing discharge procedures. Cases where there is a named lead consultant was also considered as an important factor in the discharge process. This feeling was evident among both patients and staff of support services.

When discharged with the appropriate care this was done well - heart team come in to support her
CS8 Older people (staff)

Cases where staffs are on site 24 hours (out of hours staff/service). Tennant was sent home late but we have known because of communication and were able to accommodate and put arrangements in place.
CS8 Older people (staff)

Works well when there is a legal obligation. Tailored around the individual's needs and involved in decision making. Support for carers. Making sure there is accommodation. Consultant is person led.

Appropriate assessment of needs.
CS5 Mental health

Could be more proactive in assessments because when it is time to discharge patients are not ready.
CS3 Mental health

Recommendations

Although this study used a very small sample and is therefore limited in its capacity to represent the wider population of Leicestershire, it nonetheless gives a valuable insight into the varied experiences of patients who have experienced unsafe discharge from hospitals, care settings or mental health institutions from patient's own perspective. To this end we offer the following recommendations and reforms:

1. **Putting patients at the heart of decision-making surrounding care and discharge planning.** At times this is not always possible. Safe discharge may involve ongoing stay or treatment within a healthcare setting, which may in turn override a patient's decision to exit a healthcare setting. Where it is possible, consideration should be given to the patient's 'needs', further ensuring safe and timely discharge.

2. **The highly coveted discharge guidance and practice should continue to be rolled out, extended and adhered to as part of the wider strategies to promote a positive patient experience.** This should include, but is not limited to:
    a. Ensuring the patient is fit and ready to leave the healthcare setting;
    b. Support for additional health problems diagnosed prior to admission or discovered at the time of discharge planning;
    c. Ensuring there is sufficient support available when returning home or in the community – this extends to, family, accommodation/residential care and access to community rehabilitation services;
    d. Effective communication between services, the individual receiving treatment, and their carer(s);
    e. Ensuring arrangements for aftercare, treatment plans and processes for follow-up are understood by the patient and their carers;
    f. Timely identification of discharge date; and
    g. An identified named lead coordinator to oversee the process.

3. **Better resourcing and support for carers** (a person who cares, unpaid, and is responsible for looking after a family member with a disability or long-term health condition) who are, at times, neglected during discharge planning. Arrangements need to be made to ensure that the needs of those who are caring for the patient are considered. This extends to awareness of the discharge arrangements, and ensuring there is appropriate support and respite for the carers themselves.

Appendix 1 –Sample questions for homeless people

Sample questions to guide our focus groups, interviews and conversations - Homeless people

Please collect demographic information if people are happy to share this, including gender, area they live, age range and ethnicity. For homeless groups it may also be useful to know length of time homeless and country of origin (if not UK)

Running a focus group:

- Where possible please involve service users from that consumer group or people with direct experience to lead focus groups (or at least to be run in partnership - asking questions together).
- Please inform the group what the special inquiry is about and how you will use any input from focus groups.
- Please tell focus groups how you will feed back to update them on the inquiry as it progresses.
- Remind everyone that they don't have to share information about themselves that they are not comfortable sharing and that they are free to leave the discussion at any point if they need to.

Photographs: If people are happy for photos or video to be taken / used then please ask each individual to complete a consent form (we will provide a template which could be adapted)

Thanks again for all the support. Please let us know if any questions at all!

Lines of inquiry	Probes
▪ Involvement in decision-making ▪ Treatment by health-care staff ▪ Access to intermediate services ▪ Availability and	**1. Have you been discharged from a health or care setting in the past 18 months?** - How many times have you been discharged in the last 18 months? - What type of health or care service? - What were you being treated for? - Did you have any additional health conditions at the time (in addition to your primary reason for seeking treatment) - How long did you stay in hospital or the care service? - Where were you living when you were admitted? **2. Please tell us what happened when you were being discharged?** - How were you treated by healthcare staff? Did you feel stigmatised or discriminated against in any way?

Appendix 2 – Sample questions for mental health

Sample questions and prompts for people with mental health conditions

Please collect demographic information if people are happy to share this, including gender, area they live, age range and ethnicity.

Running a focus group:

- Where possible please involve service users from that consumer group or people with direct experience to lead focus groups (or at least to be run in partnership - asking questions together).
- Please inform the group what the special inquiry is about and how you will use any input from focus groups.
- Please tell focus groups how you will feed back to update them on the inquiry as it progresses.
- Remind everyone that they don't have to share information about themselves that they are not comfortable sharing and that they are free to leave the discussion at any point if they need to.

Photographs: If people are happy for photos or video to be taken / used then please ask each individual to complete a consent form (we will provide a template which could be adapted)

Thanks again for all the support. Please let us know if any questions at all!

Lines of inquiry	Prompts
▪ Access to shared decision-making ▪ Access to community support ▪ Assumptions about family / community support networks ▪ Treatment by staff	**1. Have you been discharged from a health or care setting in the past 18 months?** - How many times have you been discharged in the past 18 months? - What type of health or care facilities? What type of ward were you staying on? - What were you admitted for? - Did you have any additional health conditions at the time (in addition to your primary reason for seeking treatment) - How long did you stay in hospital or care facility? **2. Please tell us what happened when you were being discharged from the hospital or care facility?**

Appendix 3 – Sample questions for older people

Sample questions to guide our focus groups, interviews and conversations – Older people

Please collect demographic information if people are happy to share this, including gender, area they live, age range and ethnicity.

Running a focus group:

- Where possible please involve service users from that consumer group or people with direct experience to lead focus groups (or at least to be run in partnership - asking questions together).
- Please inform the group what the special inquiry is about and how you will use any input from focus groups.
- Please tell focus groups how you will feed back to update them on the inquiry as it progresses.
- Remind everyone that they don't have to share information about themselves that they are not comfortable sharing and that they are free to leave the discussion at any point if they need to.

Photographs: If people are happy for photos or video to be taken / used then please ask each individual to complete a consent form (we will provide a template which could be adapted)

Thanks again for all the support. Please let us know if any questions at all!

Older people	Probes
▪ Misuse of medication ▪ Adequacy of equipment services ▪ Unsuitable housing following post discharge ▪ Assumptions about family and/or community support networks ▪ Delayed discharge ▪ Sufficiency of community care	**1. Have you been discharged from a health or care setting in the past 18 months?** - How many times have you been discharged in the past 18 months? - What type of health or care facilities? What type of ward were you staying on? - What were you admitted for? Did you have any additional health conditions at the time (in addition to your primary reason for seeking treatment) - How long did you stay in hospital / care home? **2. Please tell us what happened when you were being discharged from the hospital?** - How were you treated by healthcare staff? - If you had more than one condition / problem at the time, do you think they were all considered in the discharge planning? Please explain - Did staff ask about your family / community support when deciding to discharge you? - Did you feel well enough / ready to leave the hospital at the time you were discharged? If not, what would you have liked to have happened? What additional care or time did you need? If yes, did you feel your discharge had been delayed? - If you feel you were discharged too early, then what do you think were the reasons you were discharged? - Did you feel involved in the decision-making process to leave the hospital?

Paper 13

Name of Meeting: Healthwatch Leicestershire Board Meeting
Date of Meeting:
Subject: NHS Complaints Review - Update
Author: Micheal Smith
Status: For information

Summary Overview

This report is to give a summary brief of the continuing work around NHS Complaints handling. Looking at the joint Healthwatch work group and it's work on:

- Leicester, Leicestershire and Rutland Complaints Standard
- Work with University Hospitals of Leicester to review their complaints handling process
- A pilot public survey with NHS England Local Area Team.

Recommendations

The meeting is asked to:

1. Note and comment on the paper.

NHS complaints review - update

Introduction

1. Working jointly across Leicester, Leicestershire and Rutland, Healthwatch has been working to improve the NHS Complaints handling since June 2013.

2. This coincided with work undertaken by Healthwatch England[1] and a parliamentary report on NHS complaint handling[2]

3. The initial work on this involved setting out an aspirational Complaint standard for NHS Complaints and working with the University Hospitals of Leicester (UHL) NHS Trust to review their complaints process and identify possible improvements. In addition to this Healthwatch began working with the NHS England's Local Area Team around a regional approach to review NHS complaints.

4. The work was delivered through a work group of volunteers and stakeholders. Due to the Chair (Geoff Smith) stepping down and delays in re-establishing the group the group has not met since April 2014.

5. Work has continued with UHL and NHS England through the staff lead – Micheal Smith, Healthwatch Leicester City

Working with University Hospitals of Leicester NHS Trust

6. Working jointly with UHL, Moira Durbridge - Director of Risk and Safety, a workshop was held in June 2014, this was to gather public opinion on ways the Complaints process in UHL could be improved and also to seek opinion on how to better review UHL complaints. In early discussion with UHL and Healthwatch a proposal for an Independent review panel had been created, this was also discussed at the workshop.

7. All feedback captured at the workshop was reviewed and reported on by Micheal Smith and Martin Caple – UHL Patient Advisor. Moira and her team used to feedback and themes highlighted to highlight key changes they were able to implement to their Complaints process. Jointly an Implementation Plan was agreed for the changes to the UHL Complaints process.

8. A Trust Board paper (Paper N –report available from UHL website) was presented to the UHL board on the 25th September, which was unanimously supported.

9. Healthwatch is expected to continue working with UHL, looking to engage with marginalised communities on UHL's complaint handling.

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1 - http://www.healthwatch.co.uk/news/healthwatch-england-shines-spotlight-complaints-first-national-healthwatch-network-conference-0

2 – A Review of the NHS Hospitals Complaints System Putting Patients Back in the Picture – RH A Clwyd M.P. & Prof. P Hart – Oct 2013

Working with NHS England Local Area Team

10. To take the local approach used with UHL and move it into a regional area, Healthwatch, worked with the NHS England Local Area Team. To better inform this work it was agreed to undertake a pilot public survey.

11. The survey, which was designed to capture the experience of members of the public if they had complained and obstacles if they had not, was sent out during August.

12. In mid September Healthwatch and NHS England's Local Area Team, met to discuss the findings of the survey.

13. A report is currently being drafted from the survey findings, which will include a number of initial recommendations, which the NHS England team feel able to implement immediately.

14. Healthwatch and NHS England's Local Area Team will continue to work on a regional approach to NHS Complaints.

LLR NHS Complaints working group

15. After the group meeting in April 2014 the group has not met, until a new chair was appointed by HWLC and HWL. NHS complaints features in the HWL's strategic plan under the Influencing section as an example of Challenge and Scrutiny. It is also features in the HWLC Strategic Plan 2014-16 under the local priority of Customer Care in Primary Care

16. Helen Child (Leicester City Board) had agreed to take up the role of Chair for the group but had been unable until recently to take forward this role.

17. Membership will include the Participating Observers (See Appendix 2 for full list) for the three CCG's, UHL and LPT, in addition to representatives of the NHS complaints advocacy service and representatives from NHS England's Local Area Team.

18. The groups work programme will continue the work of the LLR Standard and working with the NHS trusts on their Complaints handling process. The group will also consider Social Care complaints.

19. The first meeting of the reconvened group will take place in November 2014.

Summary/Conclusion

20. Healthwatch in Leicester, Leicestershire and Rutland can now demonstrate a key impact in the NHS complaints handling process of UHL, changing the process to be better suited to the community that uses them.

21. Both Leicester City and Leicestershire Healthwatch have committed to continuing the work around NHS Complaints.

22. NHS Complaints continues to be a significant priority for Healthwatch England, with their Parliamentary report on Complaints. This is to be presented to a Parliamentary reception on the 14th October 2014.

23. The NHS Complaints work group will provide the Boards with a further report for their respective December Board meetings, reliant on the group meeting in November 2014.

Appendix 2

Patient Representatives In Healthwatch Leicester City
And Leicestershire County

	Board / Committee	Board Lead
1.	West Leicestershire Clinical Commissioning Group	Ian Clarke
2.	East Leicestershire and Rutland Clinical Commissioning Group	Sue Staples
3.	Leicester City Clinical Commissioning Group	Steph Chapman
4.	University Hospitals of Leicester Board (LLR)	David Henson
5.	Leicestershire Partnership NHS Trust (LLR)	Sue Staples