

healthwatch South Gloucestershire

Feedback Feed Forward

Year 5, Quarter 2 (July - September 2017)

Welcome to the Healthwatch South Gloucestershire Feedback Feed Forward report for July - September 2017.

Healthwatch South Gloucestershire gathers feedback from the public about local health and social care services, in order to understand what is working well and what could be improved.

In this report you will find the feedback gathered by Healthwatch South Gloucestershire during quarter one, the key themes that have emerged, and where relevant, any recommendations that Healthwatch has made to try to improve the patient experience. We have also outlined what Healthwatch South Gloucestershire will do with this information.

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SECTION ONE: WHAT HAVE WE HEARD?

SOUTH GLOUCESTERSHIRE CARERS ADVISORY PARTNERSHIP

Healthwatch is working with South Gloucestershire's Carers Advisory Partnership in order to review the findings from the Healthwatch England national inquiry into hospital discharge, which took place in 2014.

During 2014, Healthwatch South Gloucestershire held focus groups with a number of local voluntary sector and community groups, including Bristol and South Gloucestershire Carers' Support Centre, in order to understand people's experiences of hospital discharge. This feedback was pulled together into a local report, which included recommendations for local providers, and shared with Healthwatch England for inclusion into the national picture.

Here is a summary of the main themes from South Gloucestershire:

- ❖ The discharge process for many patients needs to be planned and implemented more efficiently. Where possible, planning should begin early in the patient pathway, and should include and incorporate all elements of safe discharge to avoid any delays.
- ❖ Hospital discharge must include a thorough and effective process for ensuring that patients can access support within their community. Patients should be empowered to maintain and improve their wellbeing post-discharge to avoid the potential for unnecessary readmissions.
- Where possible, and especially in circumstances that involve vulnerable and/or older people, hospitals should examine whether they could provide a 'check-up' service to patients after discharge.
- Hospitals should consider whether they are doing enough to listen to the views of patients, families and carers during the discharge process. Views should be meaningfully incorporated into decisionmaking in order to empower patients to feel in control of their care.

What do we do with your comments?

Healthwatch South
Gloucestershire
hears the
experiences of local
people through
planned public
engagement events,
and from
individuals
contacting the
team directly.

Healthwatch South Gloucestershire records these experiences and where relevant, signposts people to Patient Advice and **Liaison Services** (PALS), advises them on making a complaint, refers them to advocacy services, or in more urgent cases, reports to Clinical Commissioning Groups, Quality Surveillance Groups, or to safeguarding services.

Three years on we are working with the Carers Advisory Partnership to establish if the themes captured in the 2014 report reflect the experiences that people are still having now. Through conversation with carers, we aim to pull together some key themes that we can discuss with local hospital trusts, including North Bristol NHS Trust, which highlight current areas of good practice, alongside areas that still require improvement. This piece of work will continue into the autumn.

To read the contribution that Healthwatch South Gloucestershire made to the national inquiry in 2014 W: http://bit.ly/2ArvpW2

ACCESSIBLE INFORMATION STANDARD

Healthwatch is continuing its engagement work around the Accessible Information Standard (AIS). As outlined in our previous quarterly report (W: http://bit.ly/2BlAyj6), we are working to gather feedback from a wide range of individuals, their families and carers around the legislation in order to understand the impact that it has had since its introduction in August 2016.

This work will continue into the New Year. To find out more about the Standard and share your experiences **W:** http://bit.ly/2BYn5KG

ENTER AND VIEW

The team met several times during the summer period to discuss the focus of work for quarters three and four, which will be around the 3Rs programme (Rehabilitation, Recovery and Reablement). The team's interest in this stems from the national inquiry into patient discharge 2014.

Based on feedback received during the inquiry and our ongoing programme of enter and view visits, the team has identified an interest in understanding people's experiences of the following:

- transfers of care, for example from hospital to a community rehabilitation setting
- care planning and the involvement of patients and their families in this
- the role of staff within different settings to support patients once they have been discharged

During the autumn and into the New Year, the team aims to carry out enter and view visits to hospital and community-based settings to gather feedback from patients, their families and staff about the 3Rs programme.

OUR NAME IN LIGHTS!

In August the Healthwatch South Gloucestershire volunteers were delighted to have their enter and view work recognised in a new Healthwatch England report titled 'What's it like to live in a care home?' This report pulls together key findings, best practice and areas for improvement that have been identified through 197 enter and view visits across England.

To read the Healthwatch England report: 'What's it like to live in a care home'

W: whats-it-live-care-home

INDEPENDENT FEEDBACK

Further to the planned engagement work that Healthwatch South Gloucestershire is undertaking, we also receive independent feedback from members of the public by telephone, email, post and via the Feedback Centre on the Healthwatch website. During this quarter, Healthwatch heard 31 independent accounts of health and social care services from members of the public.

Key themes

Healthwatch identifies key themes when it receives five or more comments about a similar issue or a single provider. The themes are pulled together from **all** of the feedback heard by Healthwatch South Gloucestershire during the quarter, be that from planned engagement activity as laid out in section one, and the independent feedback that we receive through our channels of contact.

The key themes from quarter two are listed in Table 2 (below), which also details the number of people that reported the issue, and which organisation(s) this information has been shared with by Healthwatch South Gloucestershire.

These organisations will be asked to respond to the theme(s), and their response will be published in the next report. All themes are presented to the Healthwatch South Gloucestershire Advisory Group for consideration for inclusion in the Healthwatch South Gloucestershire work plan. The outcomes of this decision and of any resulting actions to date will be published in the next report.

Table 2: Key themes from public feedback in quarter two

Theme	Number of issues heard	Shared with
 Q2.1) Commentators reported frustration at the mechanisms for accessing GP appointments, and the waiting times that they are experiencing at their surgeries. For example: appointments not running to time, with one commentator reporting an hour wait for a scheduled appointment positive feedback was received about online appointment booking systems, but there was frustration that these systems are not always very flexible. For example: one commentator praised the system at their surgery but was frustrated that they cannot manage their appointment online, with any changes requiring a phone call. Another commentator said that their surgery's system only allows them to book GP appointments online, not 	Five	This feedback will be shared with: - NHS England - named services where known - South Gloucestershire Clinical Commissioning Group (CCG)

visits to other practice staff, e.g. the practice nurse. - commentators generally reported good care, but expressed frustration at having to wait three weeks plus for an appointment.		
Q2.2) Commentators reported positive experiences of care and treatment that they had received from staff within local primary care services, including GP practices, dentists and pharmacies.	Six	This feedback will be shared with: - NHS England - named services where known - South Gloucestershire CCG
Q2.3) Commentators reported positive experiences of care, treatment explanation and effectiveness from local hospital services, including Southmead Hospital, BRI Haematology Centre, Bristol Eye Hospital and BRI Heart Institute.	Five	This feedback will be shared with: - named services where known - South Gloucestershire CCG

SECTION TWO: WHAT HAVE WE DONE WITH WHAT WE HEARD?

Table 2: Key themes from year five, quarter one (April - June 2017)

Q1.1) Inequalities in access to primary care services experienced by people from the gypsy and traveller community.

This was raised with:

Theme

West of England Travellers' Health Steering Group, NHS England and South Gloucestershire Clinical Commissioning Group (CCG)

Response(s) received

South Gloucestershire CCG:

Thank you for drawing this feedback to our attention. Whilst we do not commission primary care we are of course committed to ensuring equality of access to services. With regards to referrals between primary and secondary care, we will explore this further as part of our routine contract monitoring process, which includes equalities performance.

Q1.2) The challenge that specialist health professionals face in raising awareness and championing the rights of people from inequalities groups, particularly the gypsy and traveller community.

This was raised with:

West of England Travellers' Health Steering Group, NHS England, South Gloucestershire CCG and South Gloucestershire Council Public Health

South Gloucestershire CCG:

Thank you for drawing this to our attention. We have worked positively with the Specialist Health Visitor for Gypsy and Traveller families in the past, including liaising between our Patient and Public Involvement Team, Equalities and PALs, but we will make contact to explore if there is anything additional we can be doing to help enable strong channels of feedback.

South Gloucestershire Council Public Health:

Healthwatch received a comprehensive response from Public Health about the work that is being undertaken by the South Gloucestershire Travellers Working Group. This multi-agency group is working across a wide range of service areas to try to improve the health and wellbeing of the gypsy and traveller community. The group's ongoing work includes:

- the delivery of cultural awareness training to primary care staff, including GP practices
- travellers' site maintenance/ management and services to unauthorised encampments
- completion of a gypsy and traveller needs assessment to better understand the experiences of this community and areas of focus for further work

Healthwatch was invited to attend the last Working Group meeting and hear about these projects and more. We hope to continue involvement with this group; sharing information with them on the feedback that we receive and helping to raise awareness of their work where possible.

Q1.3) Gaps in and/or a lack of communication was raised by a number of commentators during this quarter. Commentators expressed frustration at the following:

- having to repeat their stories because patient information/ files had not been shared within a provider, e.g. when someone had been referred to a consultant
- a lack of communication between primary care, secondary care and social services following patient discharge
- having to chase to get information, such as diagnostic results
- lack of information about changes to services/ service providers, e.g. patient transport

This was raised with:

NHS England, South Gloucestershire CCG, North Bristol NHS Trust and South Gloucestershire Council

Q1.4) Mixed feedback on the ability, confidence and approach that staff within primary and secondary care take when communicating with adults with learning disabilities, particularly when explaining medical

South Gloucestershire CCG:

Thank you for sharing this with us. We recognise the frustrations reported about not wishing to share your story over and over, whilst of course having to balance this within the context of the Data Protection Act. We are always mindful of opportunities to improve this, and where we are working to develop services, we include this in our thinking. For example, improving communications to patients is central to our discussions in shaping recent work on Musculoskeletal Services across Bristol, North Somerset and South Gloucestershire.

The introduction of the Accessible Information Standard in 2016 should help to ensure that service users with a disability or a sensory loss have information provided to them in an accessible format. Monitoring of implementation of the Accessible Information Standard is a part of our quality schedule for 2017 to 2019, and will be discussed annually with providers at contract review meetings.

South Gloucestershire CCG:

Equitable access to services is always a key focus, and we work continuously with providers in this key area. The introduction of the Accessible Information Standard in 2016 should help to ensure that service users with a disability or a sensory loss have information provided to them in an accessible

conditions, or any treatment/ procedures that need to be carried out.

Concerns (five) raised include:

- staff speaking to carers/ relatives rather than the patient
- staff using long words and jargon
- patients needing to be accompanied to appointments to assist with understanding

Best practice (five) shared:

- providers adapting information so that it is available in Easy Read
- staff adapting communication methods and taking the time with patients to ensure understanding
- positive experiences of treatment/ procedures due to the explanations provided

This was raised with:

NHS England, South Gloucestershire CCG and North Bristol NHS Trust format. We will continue to work closely with providers, including monitoring of implementation of the Accessible Information Standard as part of our regular meetings with them.

Where possible, Healthwatch aims to follow up on the responses that have been provided to see the impact that the work being undertaken is having on people's experiences of using health and social care services.

About us

Healthwatch is an independent, statutory service which has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Each local authority has its own Healthwatch service. Although all Healthwatch hold the core value of championing the voices of patients and members of the public in health and social care, there are variations in how each local Healthwatch delivers the aim. For more information, please contact your local Healthwatch.

Healthwatch welcomes and encourages members of the public to continue to contribute their feedback to us using the communication methods listed below.

Healthwatch also supports members of community groups to become Volunteer champions so that they can represent the experiences and needs of their community. If you would like to find out more about volunteering with Healthwatch, please contact us using the details below or visit our volunteering webpage W: http://healthwatchsouthglos.co.uk/volunteers

Tell Us Your Story

Healthwatch South Gloucestershire wants to hear from you about your experiences so that we can tell services your needs to create the best local services.

Text us: text SG followed by your message to 07860 021 603

Email us at info@healthwatchsouthglos.co.uk

Call us: 01454 543 402

Write to us at: Healthwatch South Gloucestershire, The Care Forum, The Vassall Centre, Gill Avenue, Fishponds, Bristol, BS16 2QQ

Or visit our website to see more at: www.healthwatchsouthglos.co.uk