

Bath & North East Somerset Council

MEETING/ DECISION MAKER	Policy Development & Scrutiny Panel Committee	
MEETING/ DECISION DATE:	25 July 2014	
TITLE:	Healthwatch Bath and North East Somerset update	
WARD:	All	
AN OPEN PUBLIC ITEM LIKELY TO BE TAKEN IN EXEMPT SESSION		
List of attachments to this report: Please list all the appendices here, clearly indicating any which are exempt and the reasons for exemption		

1 THE ISSUE

1.1 Update report from Healthwatch Bath and North East Somerset

2 RECOMMENDATION

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

5 THE REPORT

Report to the Wellbeing Policy Development and Scrutiny Panel 25 July 2014

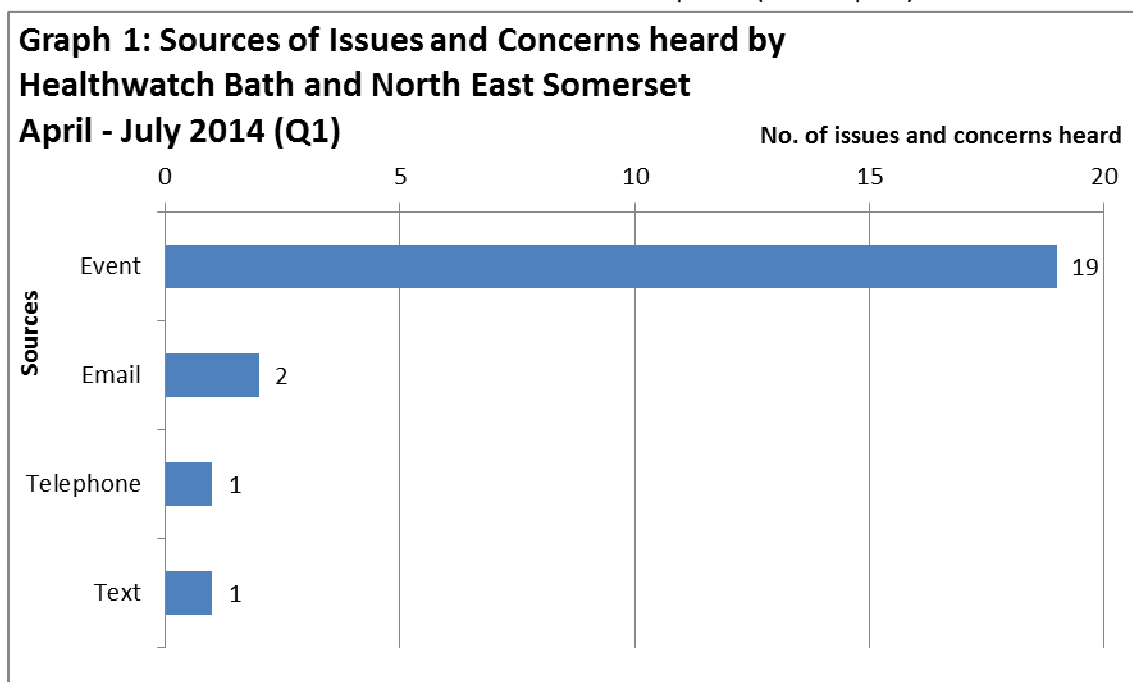
Healthwatch Bath and North East Somerset: Issues and Concerns

Healthwatch Bath and North East Somerset has heard 23 issues and concerns from health and social care service users, carers, family members, and service providers since April 2014.

This report considers the types of comments and the services they relate to, and the themes emerging from the issues and concerns heard between April and July 2014 (Q1).

Sources of Comments

Healthwatch Bath and North East Somerset uses several channels through which it hears issues and concerns about health and social care services from the public (see Graph 1).

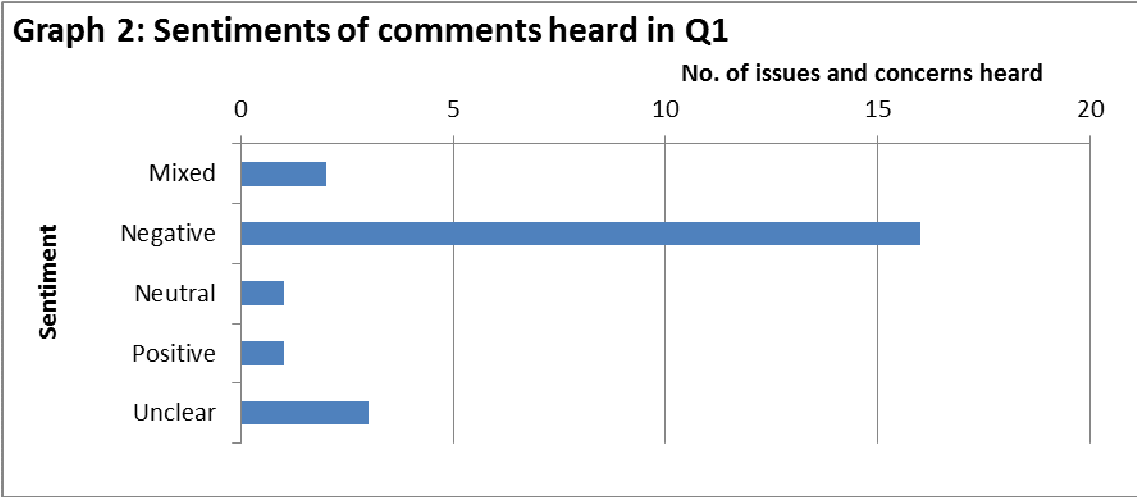


In Q1, the most commonly used method of capturing service users' feedback was through a presence at events. The Healthwatch Development Worker, a Healthwatch Representative or Healthwatch Champion notes down any issues and concerns expressed by event attendees, and with the commentator's consent, submits them for inclusion in the Healthwatch Bath and North East Somerset database. The second most utilised method of communicating issues and concerns was by email, and the other methods used were by telephone and by text message.

Sentiment of comments

The sentiments of the service feedback heard by Healthwatch Bath and North East Somerset are shown in Graph 2:

Graph 2: Sentiments of comments heard in Q1



Comment types

Graph 3 shows the issues and concerns heard by Healthwatch Bath and North East Somerset, according to the type of comment. Some stories could be categorised by more than 1 type of comment.

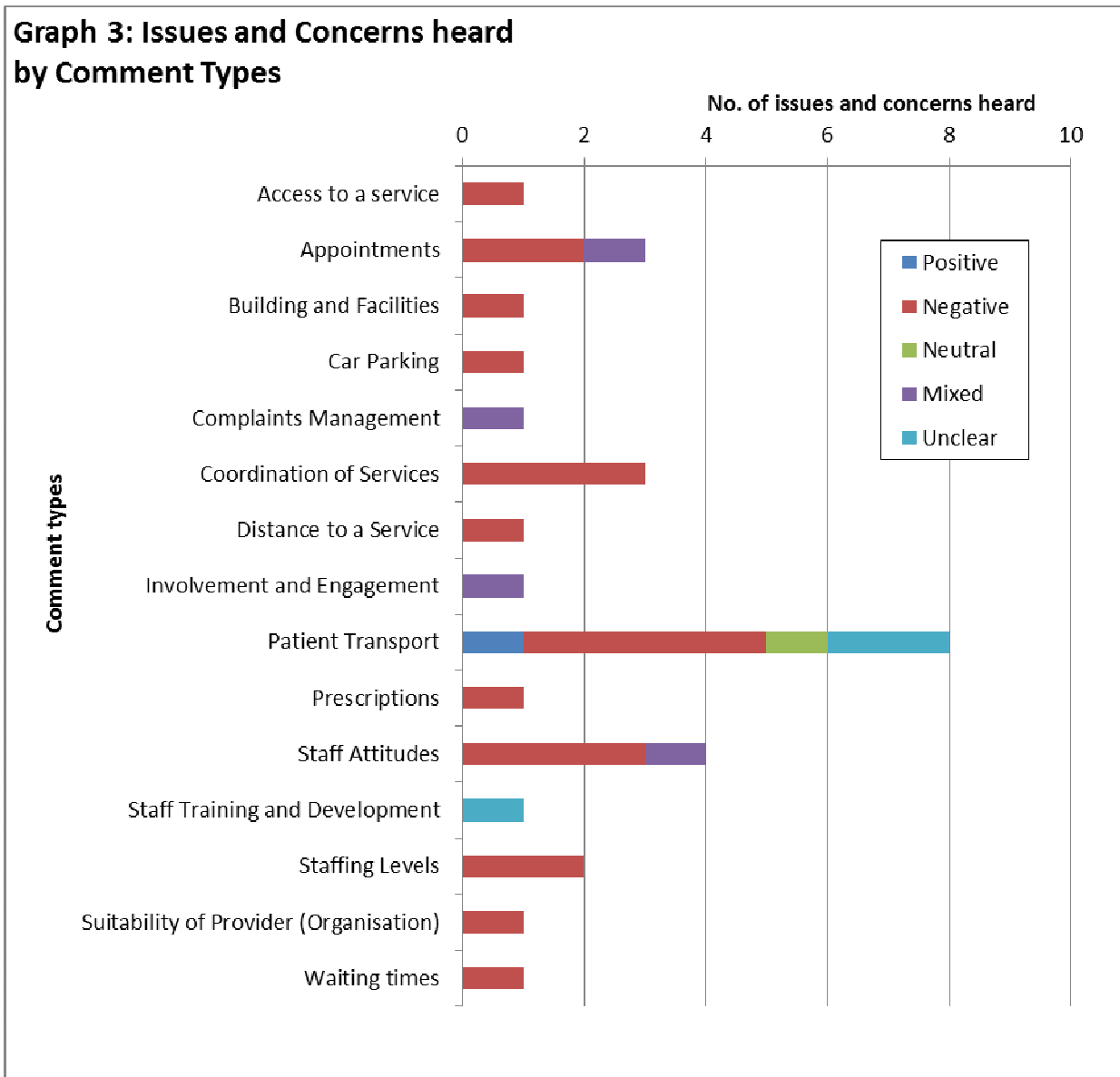
The most often-heard types of issue and concern in Q1 related to;

- Patient transport (8 in total: 1 positive, 4 negative and 1 neutral and 2 unclear)
- Staff attitudes (4 in total: 3 negative and 1 mixed)
- Appointments (3 in total: 2 negative, 1 mixed)
- Coordination of services (3 in total: 3 negative)

The positively-reported types of experience fed back related to patient transport (1 positive issue heard).

The most negatively-reported type of experience fed back also related to patient transport (4 negative issues/concerns heard).

Graph 3: Issues and Concerns heard by Comment Types



Examples of qualitative data expressing the most common types of issues and concerns heard in Q4 include;

- **Patient transport**

Community transport drivers are unable to park legally to accompany someone into the hospital, which is a concern if the patient is frail. The group reported that a couple of drivers have received parking tickets.

- **Staff attitudes**

Service user reported that when visiting their podiatrist they don't feel like they are being heard and that staff are rude.

- **Appointments**

Commentator had a routine mammogram and was told to arrive at the BRI for 2pm. Upon arrival she discovered it was a first come first served system so lots of people had turned up at 1pm to be at the front of the queue. Due to her position in the queue she wouldn't have been seen until 4.30pm, which meant she would be late to collect her children from school in Chew Valley. As a result she had to leave and was probably recorded as a no-show.

- **Coordination of services**

Commentator reported that in Bath and North East Somerset, packages of care from RUH include aftercare and transport, however if you go to Weston or Bristol for your care - which a lot of people in this area do - you get nothing.

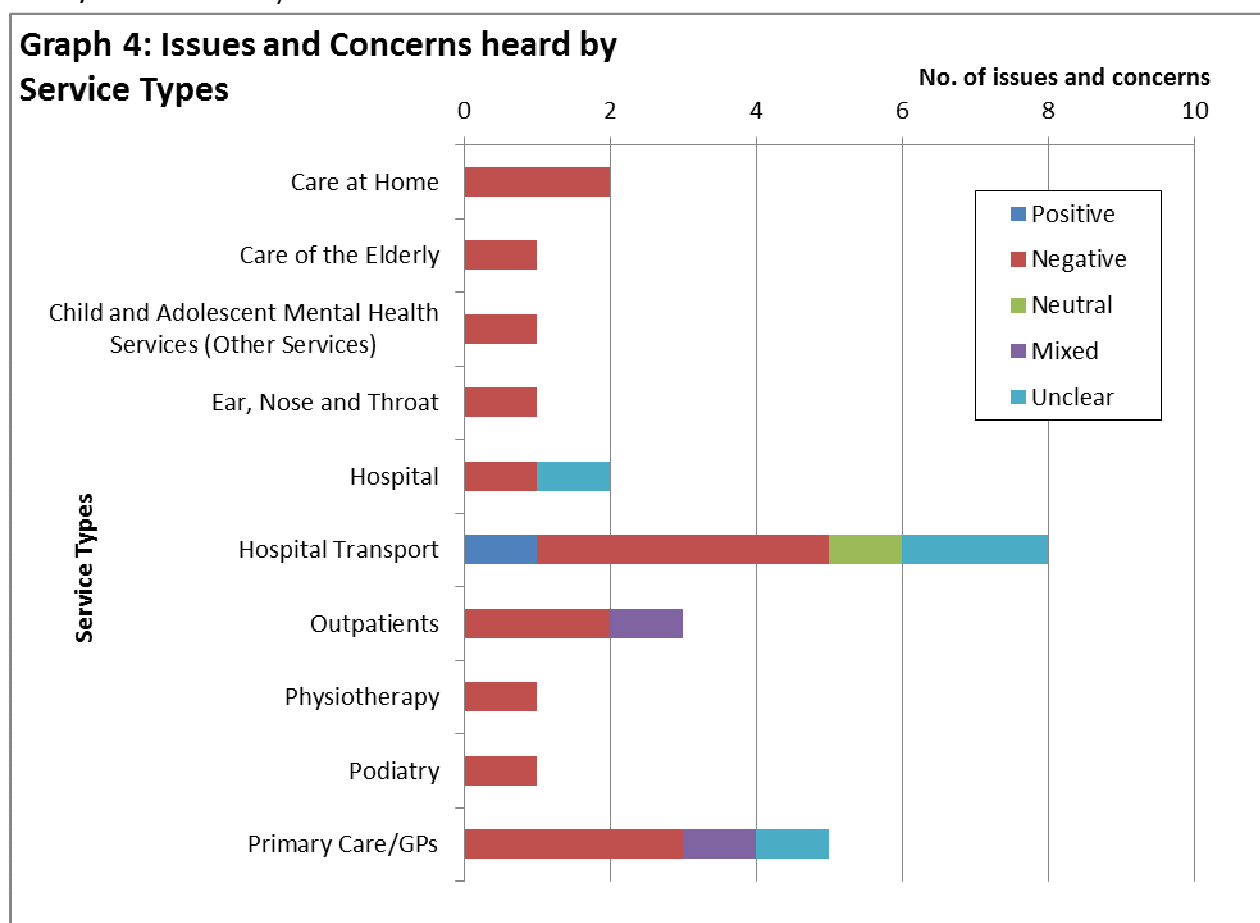
Service types

Graph 4 shows the issues and concerns heard by Healthwatch Bath and North East Somerset, according to the service they refer to. Some stories could be categorised by more than 1 type of service.

The three most common services referred to in issues and concerns heard in Q1 are;

- Hospital transport (8 in total: 1 positive, 4 negative, 1 neutral and 2 unclear)
- Primary Care/GPs (5 in total: 3 negative, 1 mixed and 1 unclear)
- Outpatients (3 in total: 2 negative, and 1 mixed)

The positively-reported types of service was hospital transport (1 positive issue heard), and the most negatively-reported type of service was also hospital transport, as detailed above (4 negative issues/concerns heard).



Examples of qualitative data relating to the most common services heard about in Q1 include;

- Hospital transport

Commentator reports that South Bristol Hospital have set up a system whereby community transport drivers can pass on their vehicle/registration details, enabling them to park 'legally' in non-emergency ambulance bays when dropping off patients. This allows them to accompany patients into the building, which is particularly useful when they are transporting frail patients.

- Primary care/GPs

Commentator has been using a painkiller that meets their needs, but their GP surgery has said that they won't continue to fund their prescription as it costs too much. The commentator has tried an alternative

but has found it ineffective. The GP has changed their offer to a cheaper alternative but again this has been ineffective so the commentator is fighting a case to remain on the same medication.

- **Outpatients**

The commentator wanted to feed back their negative experience of hospitals' block appointments booking systems, and the difficulty this can cause for patients who live a long way away, when appointments or operations are delayed or cancelled at short notice.

Themes

From analysis of the issues and concerns heard in Q1 of Year 2 of Healthwatch Bath and North East Somerset, no new or emerging themes have been identified. However, some of the data collected this quarter corroborates a theme identified in the first year of Healthwatch;

- **Care at Home:** commentators in Bath and North East Somerset have reported a poor quality of care, as a result of what they perceive to be contract constraints e.g. targets. Specifically, service users have commented on a lack of continuity in the care staff who come to their homes, and the difficulties/stress this can cause in having to re-explain their personal circumstances repeatedly.

Healthwatch Bath and North East Somerset will take this information to their partners, stakeholders, and to their Advisory Group, who will advise on any further work to be undertaken to investigate this theme further.

Individual issues that have been 'acute' or ongoing at the time they were fed back to Healthwatch Bath and North East Somerset, have been considered by the Project Coordinator, and remedial action taken where necessary/possible/appropriate. These issues are marked with an asterisk in a full record of the issues and concerns heard in Q1, which is available in Appendix 1.

They have been sorted by service type, as feedback has stipulated that this would be the most useful format for commissioners and service providers to access and use meaningfully in service planning and improvements.

Appendix:

Issues and Concerns by Service Type heard by Healthwatch Bath and North East Somerset
1/4/2014-30/6/2014 (Q1)

Care at Home

- Service user reported that they don't always have the same carer visit their home.
- Commentator raising concern about provision of home care to people in rural locations in BaNES. She reports erratic timings of visits, incontinuity of staff members and the impact these issues are having on service users who cannot plan their days and/or coordinate with other services e.g. Keynsham Dial a Ride, due to the erratic nature of care services. She believes that poor management is causing these issues, and increased isolation in service users, who don't complain in case they are seen as ungrateful. The commentator feels that care providers are not fulfilling their agreed duties.

Care of the Elderly

- Commentator expressed concerns about hospital provision and support for frail elderly patients - increasing support and help is being required from agencies; insufficient parking facilities; poor signage at hospital; waiting too long/appointments running behind.

Child and Adolescent Mental Health Services

- Commentator expressed concern about the lack of services for young people and mental health. She is a school governor at St. Brendan's Sixth Form College, Bristol and states that this is one of the biggest topics they have to discuss.

Ear, Nose and Throat

- Commentator recounted an issue that she witnessed recently at RUH Audiology - a patient was upset because she thought that was due to have an appointment at Audiology, however it appeared that she was registered with Sirona. It took a long time for the hospital staff to sort it out; at one stage there were 4 members of staff trying to help, which was very annoying for other people that needed to book in.

Hospitals (general)

- Commentator is deaf in one ear so people need to speak up when talking to him. If he can't hear what people are saying he tends to fill in the blanks himself, leading to misunderstanding, confusion and sometimes conflict. Health professionals have his notes but tend not to notice his hearing aid.
- Service user expressed frustration that staff are unfamiliar with their medical records.

Hospital Transport

- South Bristol Hospital have set up a system whereby community transport drivers can pass on their vehicle/ registration details, enabling them to park 'legally' in non-emergency ambulance bays when dropping off patients. This allows them to accompany patients into the building, particularly useful when transporting frail patients.
- Community transport drivers are unable to park legally to accompany someone into the hospital, which is a concern if the patient is frail. A couple of drivers have received parking tickets.
- The frailty of community transport passengers is increasing, and the commentator wants to know why they don't qualify for Arriva assistance. Volunteer community transport drivers increasingly have to accommodate wheelchair users, who if deemed vulnerable, need support once dropped off to access facilities. Volunteer drivers are not medically trained and are concerned about whether they should be transporting some patients, especially those who are very frail.
- Length of appointments and lack of information; when an appointment is expected to take 2 hours community transport drivers will often wait to bring patients home afterwards, usually due to the rural location of the patient's home. If the wait increases to 4 hours and waiting isn't practical drivers may have to leave, resulting in patients having to get a taxi home at their own expense. If community transport knew more they could time things better and enable drivers to share lifts.
- Commentator works with Keynsham Community Transport and has suggested that post-coded appointments would really help transport issues. It costs the same to transport 1 person as it does 10, so if there could be some coordination by the services they could help and it would be far more viable.
- Commentator expressed frustration with the lack of public transport to get to her GP, dentist and hospital appointments realistically. You may be able to get to your appointment, but then have to wait around all day in order to return home. Have to rely heavily on volunteer schemes. Commentator asked her GP Practice Manager about Arriva and they didn't know about it.

- Service user reported problems with public transport to and from their GP Surgery.

Outpatients

- The commentator's husband woke in the night bleeding. They called 999 and an ambulance arrived. Patient was taken to RUH A&E, treated quickly, offered clear advice and discharged. GP promptly referred him to a specialist and an appointment was made for the following week at Southmead, available at a variety of times. The appointment was kept and an operation was booked - a very positive experience so far. The couple made their way to Southmead for the operation (5am start to get there for 7.30am) only to be told that the operation had been moved to the afternoon. The hospital were unable to say when in the afternoon it would take place, and in the meantime the husband was nil by mouth. The couple were offered the option of going home to return later but they live too far away. The couple spoke to other patients there who had also had their appointments changed. Commentator queries why appointment times are so thoughtless for those that live a long way away, and why hospitals have block appointments.
- Commentator had a routine mammogram and was told to arrive at the BRI for 2pm. Upon arrival she discovered it was a first come first served system so lots of people had turned up at 1pm to be at the front of the queue. Due to her position in the queue she wouldn't have been seen until 4.30pm, which meant she would be late to collect her children from school in BaNES. As a result she had to leave and was probably recorded as a no-show.
- In B&NES packages of care from RUH include aftercare and transport, however if you go to Weston or Bristol for your care - which a lot of people in this area do - you get nothing.

Physiotherapy

- Commentator visited a physiotherapist in Bristol with a recurring back and hip problem. It didn't help and was probably something they couldn't do much about, but they made the commentator feel like he was wasting their time and pretty much implied that he shouldn't come back.

Podiatry

- Service user reported that when visiting their podiatrist they don't feel like they are being heard and that staff are rude.

Primary Care/GPs

- Commentator was under a Frenchay Hospital consultant for MS and has received a great service. Trying to find an effective painkiller has been very difficult, but for the last year she has found a method which has worked (1gm suppository of paracetamol). Harptree Surgery have said this approach is too expensive and won't let her have anymore. They suggested an alternative, which she has tried and found ineffective. The GP surgery have also tried to change her statin medication to a cheaper alternative, but again she has found this ineffective and has fought her case to remain on the same one.
- Service user was bitten by a dog and had a wounded hand. The GP surgery wouldn't allow him to wait in the waiting room in case he bled on the carpet and requested that he drive to the walk-in centre in Bath. The service user couldn't drive due to his injury and ended up waiting for 2 hours to be seen.

- Commentator raised a concern about their GP's handling of a serious complaint. A meeting was arranged to discuss the matter, but the GP didn't seem to know the circumstances, he wasn't aware that any concerns that had been raised (despite the commentator having written a letter) and didn't really listen. A second, more formal meeting was arranged including a rep from SEAP, the GP, a senior nurse and the Practice Manager. Again the commentator felt that the Practice representatives didn't listen, weren't prepared (they seemed unaware of the commentator's letter written, or the circumstances surrounding her husband's case), they didn't answer the commentator's concerns, repeated themselves, and argued with her. The commentator wrote a similar letter to RUH, who immediately apologised and have taken steps to improve. They wanted to listen and learn from the commentator's experiences and she felt very reassured that every effort would be made to make sure her experience wouldn't happen to other people. They showed her how they would use her experience to influence future care.

Pat Foster
 General Manager - Healthwatch
 The Care Forum

6 RATIONALE

7 OTHER OPTIONS CONSIDERED

8 CONSULTATION

9 RISK MANAGEMENT

9.1 A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision making risk management guidance.

Contact person	Pat Foster – General Manager The Care Forum Tel: 0117 9589344 Email: patfoster@thecareforum.org.uk
Background papers	<i>List here any background papers not included with this report because they are already in the public domain, and where/how they are available for inspection.</i>
Please contact the report author if you need to access this report in an alternative format	