

<b>Bath &amp; North East Somerset Council</b>		
<b>MEETING/ DECISION MAKER</b>	<b>Policy Development &amp; Scrutiny Panel Committee</b>	
<b>MEETING/ DECISION DATE:</b>	<b>13.3.2015</b>	
<b>TITLE:</b>	<b>Healthwatch Bath and North East Somerset update</b>	

## **1 THE ISSUE**

1.1 Update report from Healthwatch Bath and North East Somerset

## **2 THE REPORT**

### **Report to the Wellbeing Policy Development and Scrutiny Panel 13 March 2015**

#### **Healthwatch Bath and North East Somerset: Issues and Concerns Year 2 Quarter 3: October – December 2014**

Healthwatch Bath and North East Somerset has heard 41 issues and concerns from health and social care service users, carers, family members, and service providers since October 2014.

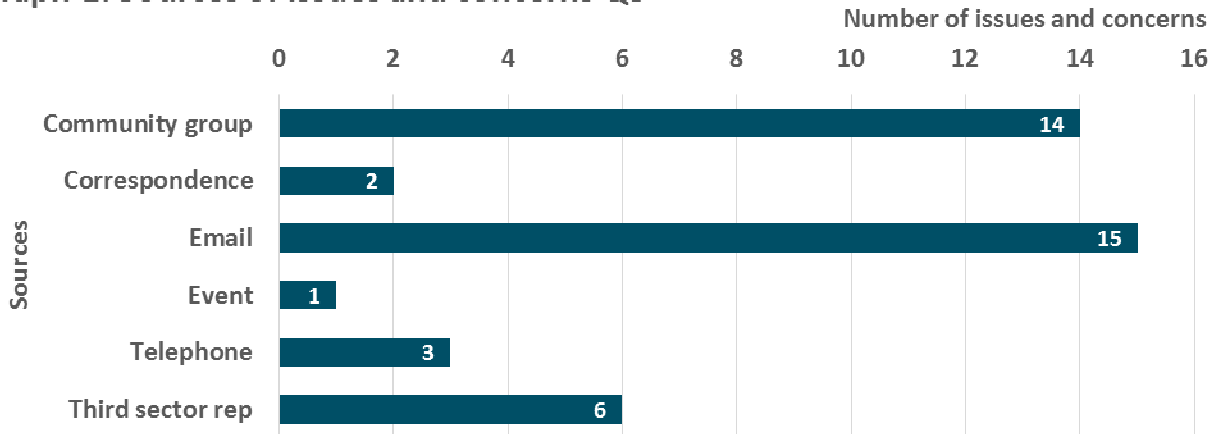
This report considers the types of comments and the services they relate to, and the themes emerging from the issues and concerns heard between October and December 2014 (Q3).

### **1. 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 Q3, the most commonly used method of capturing service users' feedback was responses to a survey, which was carried out as part of a special inquiry into hospital discharge.

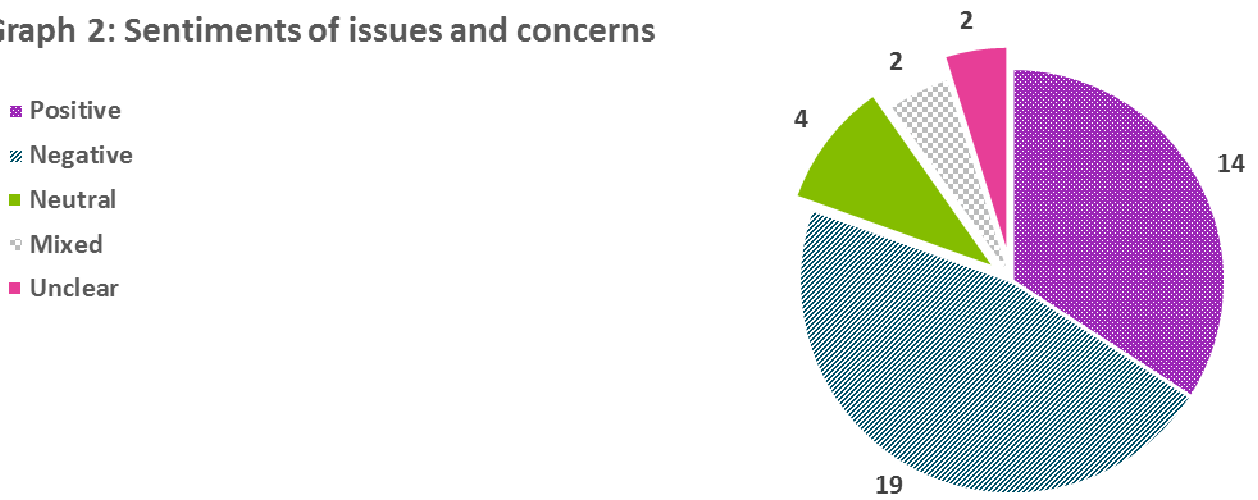
**Graph 1: Sources of issues and concerns Q3**



**2. Sentiments 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 issues and concerns**

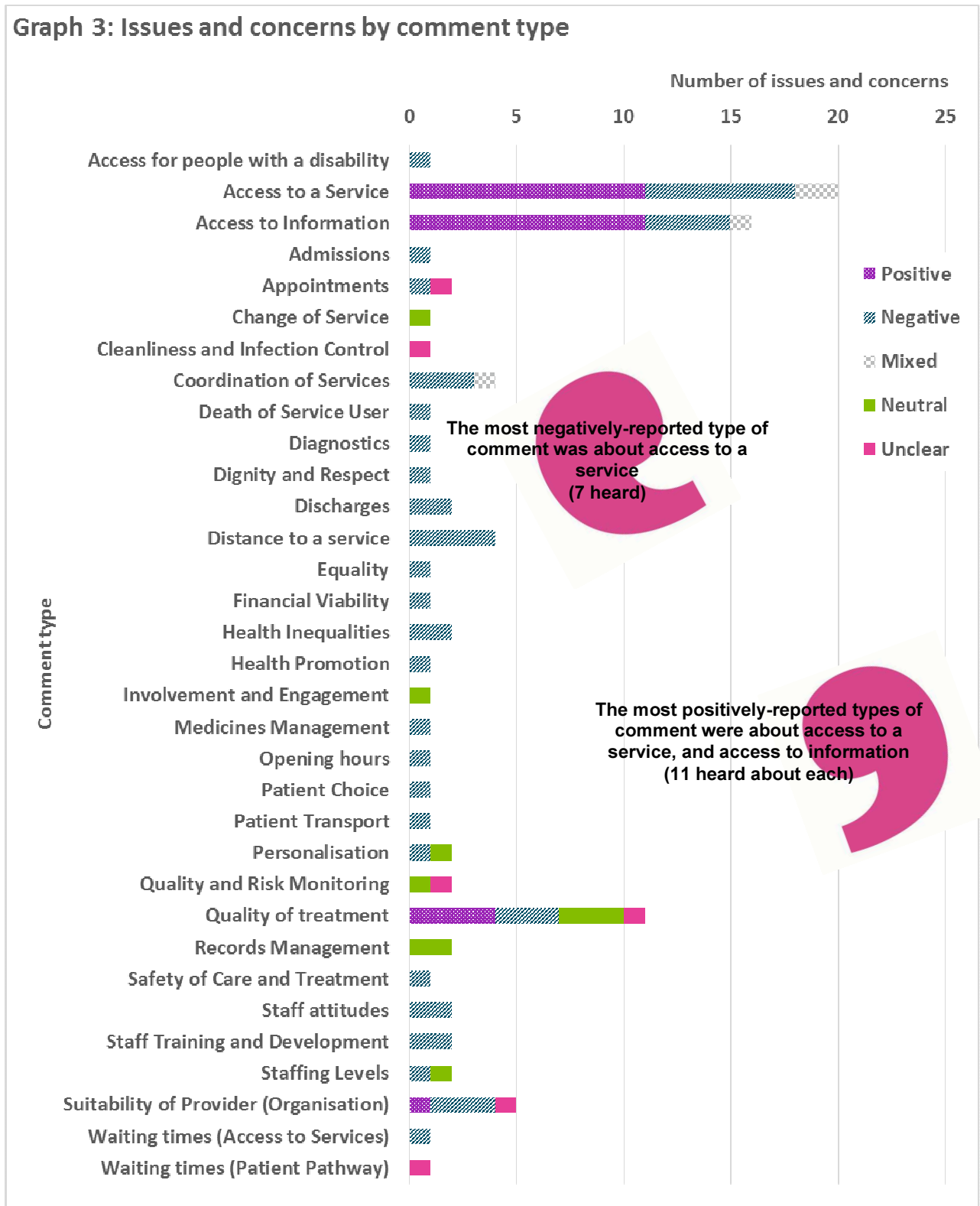


**3. Comment types**

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 Q3 related to access to a service (20 in total; 11 positive, 2 mixed and 7 negative).

**Graph 3: Issues and concerns by comment type**

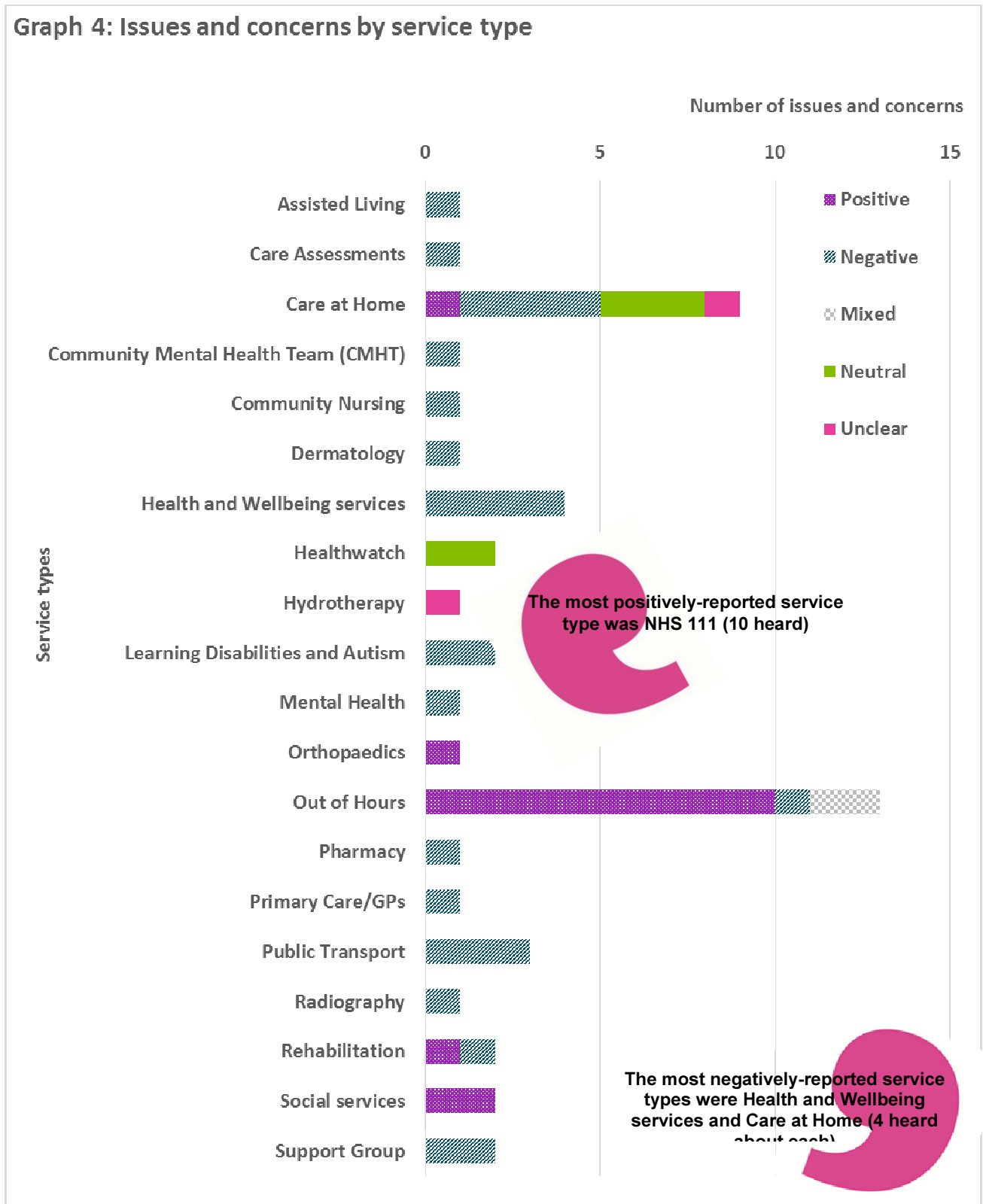


**4. Service types**

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 most commonly referred-to service in Q3 was out of hours (the NHS 111 service) (20 in total; 10 positive, 2 mixed and 1 negative).

Graph 4: Issues and concerns by service type



## 5. Themes

From analysis of the issues and concerns heard in Q3 of Year 2 of Healthwatch Bath and North East Somerset, the following themes have been identified:

- **NHS 111 Service\***

Healthwatch Bath and North East Somerset have heard from residents that the NHS 111 service is prompt and efficient, and is highly valued as an alternative to out of hours GP services which often aren't available.

- **Signposting to Voluntary and Community Sector (VCS) organisations from primary and secondary care\***

Engagement with different community groups in BaNES has highlighted an overarching theme which encompasses signposting to the voluntary and community sector from different care settings. Concerns have been raised around the availability of VCS services within BaNES, and whether this meets the needs of different patient and service user groups being discharged into the community. Additionally a concern has been identified around the awareness of health and social care professionals of what services are available, and whether or not they are signposting to these.

This theme corroborates with one of the key findings from the Healthwatch Bath and North East Somerset report on hospital discharge in Quarter 2:

'Approximately 90% of respondents received little or no Voluntary and Community Sector (VCS) support post-discharge. Many felt that an effective referral into the VCS would have improved their experience.'

(Full report available on the Healthwatch Bath and North East Somerset website:

<http://tinyurl.com/lo7mdx3>).

(\* these themes are likely to have emerged as a result of direct, targeted engagement with specific service user groups).

## 6. Next steps

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 these themes 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 or Development Officer, and remedial action taken where necessary/possible/appropriate.

For 5 of the issues and concerns heard, we have been able to capture the specific 'next steps' taken by or advised to the commentator:

- **Table 1: Issues and concerns - next steps**

Next step	No. of cases
Shared with BaNES CCG Quality Group	13
Issue passed to Safeguarding Team	4
HW BaNES represented in re-commissioning process	2
Signposted to advocacy	1
Commentator signposted to/HW contacted PALS	1

Where issues and concerns heard in Quarter 3 specify a service, Healthwatch Bath and North East Somerset will contact the service provider and request a response on that issue or concern. Responses will be reported on in Quarter 4.

## 7. What we heard, who we told, what they did

Where issues in Quarter 2 specified a service, Healthwatch Bath and North East Somerset contacted the service provider and requested a response on that issue. Of the 45 issues and concerns reported in Q2, the relevant service was identifiable from 9 comments. We wrote to the service commissioner and the responses gathered are detailed in Table 2 (page 7).

#### **8. What we heard in Quarter 3**

The issues and concerns heard in Q3 are presented 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.

Table 2: What we heard, who we told, what they did

Issue/Concern	Organisation - Provider	Response
Commentator received feedback from the group: the Community Care Assessment form is completely inappropriate for autism.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: autism social workers need to work closer with the clients and not just signpost to other services.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: Housing – must be consideration that some need their own space and can't share even if under 35.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: Need understanding that some with ASC just need sheltered accommodation which is very quiet, clean and safe.	Bath and North East Somerset Council	No response to date.
Commentator received feedback from the group: Housing forms are discriminatory and don't have a box in which to prompt disclosure of autism.	Bath and North East Somerset Council	No response to date.
<p>Commentator was readmitted after potentially unsafe discharge following C-section with a painful haematoma. The care was fine in RUH but she had huge problems getting the right care afterwards. It was not clear who had responsibility for wound management.</p> <p>Commentator had 13 weeks of trouble before the wound closed. The midwives could not continue their care; district nurse came out but had wrong dressings.</p>	Sirona	<p>The care of the individual when they leave hospital should be managed by the GP, in liaison with the RUH. District nurses will visit a person who is housebound to support their wound care whilst they are not able to visit the practice. They will endeavour to provide the right dressing where this is clearly identified; however, where this is not the case, they may not always have all types of dressings particularly where this is an unusual presentation. Once someone is able to travel, the care will transfer to the practice nurse as the responsibility for the care of the individual will be through the practice.</p>

<p>Commentator described concerns about admissions to RUH Bath, particularly people with dementia. Concerns around safety, falls prevention and staff awareness/ understanding of the condition, particularly if admitted via A&amp;E. Discharge liaison nurses are excellent.</p>	<p>Royal United Hospital, Bath</p>	<p>A considerable amount of work is in place to improve the experience of RUH patients with dementia, which is being led by Dr Chris Dyer, Consultant Geriatrician. A Healthwatch report following a recent Enter and View visit to Combe Ward to review the experience of patients with dementia was very positive.</p> <p>Preventing patients from falling while they are in hospital has been a Quality Accounts priority for the Trust in 2014/15. The Falls Steering Group oversees a work plan to make sure that staff in all areas of the hospital are actively involved with preventing falls and making safety improvements across the hospital, with a particular focus on including patients who are at risk of falling and making sure that people with dementia are kept safe.</p> <p>Numbers of falls are reported by ward in the Trust Board public papers for the public to see on board papers on the RUH hospital website.</p>
<p>Commentator was readmitted after potentially unsafe discharge following C-section with a painful haematoma. The care was fine in RUH but she had huge problems getting the right care afterwards. It was not clear who had responsibility for wound management. Commentator had 13 weeks of trouble before the wound closed. The midwives could not continue their care; district nurse came out but had wrong dressings.</p>	<p>Royal United Hospital, Bath</p>	<p>This feedback is positive about the RUH episode of care and has been shared with the relevant staff. We understand that the problems that were experienced in the community, following discharge from the RUH, have been raised with Sirona.</p>
<p>Commentator went to day assessment unit for help with wound following C-section, and was given a prescription for dressings to be dispensed by RUH pharmacy. That pharmacy then told them that RUH had not dispensed dressings for several years. Commentator then had to</p>	<p>Royal United Hospital, Bath</p>	<p>This feedback seems to relate to the maternity service while it was managed by the previous Trust before the RUH took over management on 1 June 2014. Now that the RUH manages all the relevant services for Maternity, the pathway for mothers has been streamlined and this situation would</p>



<p>get a GP to convert the prescription to a GP one, so that a normal pharmacy could dispense it. Even then, the dressings were far too small for the size of the wound! In some pain, and with her new born in tow, commentator ended up with practice nurse who finally sorted them out, dealt with the 4 infections, prescribed antibiotics, and managed to set out a programme for wound cleansing and redressing twice weekly, she also gave correct sterile dressings. This was a stressful experience and the commentator is sure this delayed their recovery.</p>		<p>not occur. This is because the RUH clinical experts for the clinical treatment that is required in the situation described in the feedback, are able to become involved and the treatment and support provided would now be better than this patient's experience.</p>
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## Appendix 1

### Assisted Living

- Commentator raised concerns about the standard of care being provided at a supported living facility for adults with learning disabilities in Bath. Frequent turnover of management and support staff.

### Care Assessments

- Commentator raised concerns about the standard of care that had been provided to a relative at a sheltered accommodation setting for adults with physical/ learning disabilities in Bath. The commentator feels that the relative's care plan was not implemented and they were allowed to become isolated and withdrawn. The commentator feels this, and a lack of support from social services and the GP, led to a deterioration in their relative's physical and mental health.

### Care at Home

- Commentator tells of their friend who was means-tested for access to equipment at home. They were deemed not eligible and asked to purchase an expensive bed for rehabilitation. The bed now occupies the living room, and as it is not borrowed they can't return it. Commentator feels that the OT/Social care staff should have ensured that the service user had a good understanding of the implications of this action prior to them spending the money.
- Commentator tells of their friend who was assessed for a hoist to help them get in and out of the bath. On exiting the friend's home, the social worker saw children's toys, belonging to the person's grandchildren. The social worker then informed the person they could not have the hoist in case the children were injured by the mechanism, e.g. by catching their fingers in it.
- Commentator expressed the need for home carers to communicate effectively, especially as they often don't visit the same people every day. It is important that care plans are used to record any concerns, day to day condition and issues. This is not always done. Also useful for relatives and family to know what is happening if this is kept up to date.
- Commentator raised the fact that it is important that home carers talk through what they have written in the care plan before they ask the service user to sign it. Service users also need to know that they are allowed to read their care plan.
- Commentator discussed an issue she had encountered with her home care provider. She felt that she had experienced some prejudice in her care with her cultural and religious beliefs/lifestyle not being taken into consideration with the care she received. It is important to try and provide a bespoke, tailored service for clients, especially where care is being provided in their home.
- Commentator discussed an issue she had encountered with her home care provider. She was eligible to receive 2 days' worth of funded care per week from Care South. For 1.5 years the provider came in and helped with jobs around the home, then one day they said they were no longer able to help with this and would

only provide support with personal care. The resident asked to go in a care home as she was unhappy with the support she was getting, but was told she wasn't eligible due to her mobility. The provider agreed to continue providing support at home as before, but after a couple of weeks it returned to personal care only. The resident met with the Council, CCG and the care provider and it resulted in the care provider being told they were to continue providing the service as agreed. This resolution took a lot of determination and persistence - commentator is concerned that other BME residents may not have the language skills, ability, support and knowledge to fight for the support they require.

- Concerns were raised by the group about who monitors the quality of care received in people's homes - how is this measured?
- Group asked what Healthwatch is doing to ensure high quality is maintained in community services delivered in peoples own homes.

### **Community Nursing**

- Anecdotal evidence was provided around patient discharge. It was felt that community support for discharged patients following serious operations has dramatically reduced over the last 2-3 years to a level which is worryingly low.

### **Dermatology**

- Commentator reported the experience of a relative at RUH Bath's Dermatology department. Apparently the department is currently only accepting referrals for patients with suspected cancer, not for other conditions.

### **Health and Wellbeing services**

- Commentator expresses her frustration at B&NES Council's free electric blanket testing sessions being confined to times during the week when most people are at work. She has called B&NES Council in previous years to discuss this, but there seems to be no change or improvement. She feels it would be very helpful if provision could be made to include everyone in what is a very valuable service, for example an early evening session.
- Commentator explained that she is waiting for gym/exercise classes from Sirona. Commentator doesn't have personal transport, she was told that if she wants a date/ time where a relative can take her she will have to wait until December 2015.
- New osteo-arthritis class set-up during October in Paulton. Commentator cannot attend due to transport.
- Concerns were raised about the independence agenda for older adults. It was felt that keeping people at home for longer is good when there are adequate services available in the local area to support their wellbeing. If this is not the case, you run the risk of having lots of isolated lonely older people trapped in their homes. Do health and social care professionals know what is available in the area, and do they signpost people to it?

### **Healthwatch**

- Group stressed the importance of Healthwatch being involved with the re-commissioning of community care services in B&NES prior to 2016.

### **Hydrotherapy**

- Commentator raised concerns about hydrotherapy services being transferred from the Royal Min to RUH Bath, given that there have been serious problems with RUH's hydrotherapy provision, including long waiting lists and closures due to outbreaks of infection.

### **Learning Disabilities and Autism**

- Commentator raised concerns about the level of community support being provided to clients by a service provider in Bath. Clients are not receiving the allocated support as per their support plans, and the hours that are being funded.

### **Mental Health**

- Group discussed their concerns around inpatient care being very difficult to access. Also acknowledged that support in the community for those with mental health needs and their carers is not adequate to the level of need.

### **Orthopaedics**

- Commentator had a hip operation at RUH Bath in October 2014 - received an excellent service.

### **Out of Hours**

- Commentator reported the following experience: I recently used the 111 service for my 6 year old son, as he had an ear infection. We have no out of hours surgery that we can go to and the walk in centre at the local hospital closes at 8pm. My son woke in extreme pain in his ear. On calling 111 the response from the handlers was great, all of my information was taken quickly and I was given a timescale as to when I would get a call back. The team called me back promptly, my only issue is having a 6 year old son with an ear infection I was told to put a warm flannel on his ear which should take the pressure off his ear and to then go to the doctors the following morning, as there was no doctor that could come out to me at home.
- Commentator said: Great service. I used earlier in year for advice following spill of hot coffee - which was hard to know how serious it was. Reassured that needed to go to A&E who in turn referred to local burns unit. Helpful as I wouldn't have wanted to take up valuable services unnecessarily. Everyone kind and very helpful.
- Commentator said: I used the 111 service one Sunday morning about 7 am. The call was answered quickly and efficiently, I had an appointment with the GP service at the Royal United Hospital at 8am, was seen, diagnosed and prescribed before 9am. Took longer to get the prescription but I had started treatment for shingles before midday.
- Commentator told his recent experience: It was a Sunday and I was trying to find an emergency dentist, so I called 111, only to be told that 111 doesn't cover this

area. I found the number and called the local 'walk-in' emergency dentist, but got a recorded message telling me they were now closed (for good) and to call 111 to get the nearest dentist. I finally spoke to someone at 111 and they gave me a different number – for the same dentist. So, I phoned 111 again, but it was no use - I was stuck in an endless loop of agony and had to wait for the next day. I haven't used it again.

- "Commentator explained her recent experiences: I had to use the 111 service on two occasions recently for my husband. On one occasion following all the questions we were directed to RUH A&E and all the details of the conversation were there when we arrived, so helped the triage process at the hospital work quickly. On the second occasion a paramedic was sent to our house. He arrived within the time we had been told and was able to deal with the critical situation quickly and successfully. We have had a very positive experience.
- The commentator told her recent experience: 'my daughter has recently had a baby and has had to use the service on 2 occasions. Firstly when she had stomach pains 6 weeks after having a C-section. The operator was excellent arranging for her to see a doctor on a Sunday afternoon. She got straight through. She also had concerns about her excessively crying baby in the middle of the night and the operator again was able to give advice and guidance. This was excellent and helped to pacify a new mum. Normally a trip to A&E would have been needed, my daughter doesn't drive so this would have been an ambulance.

As a family we feel this service has been so valuable to us.

- Commentator called NHS 111 last week for advice regarding her son. The call was around 7am. She received prompt service and sound advice with the suggestion that she attend the out of hours service at the RUH within the hour if he did not improve. Fortunately, he did improve and they did not need to go to the RUH. The commentator was very happy with the call as so often it is reassurance and advice that is needed when anxious.
- The commentator used the NHS 111 service about 1- 2 years ago. She was very relieved to have a more positive experience last week.
- Commentator told their recent experience: I needed to see an out of hours doctor as being a Saturday my local GP centre was closed. I was able to speak to a call handler very quickly who explained he would need to refer to a colleague and telephone me back within the hour. In fact he called back within 10 minutes and had booked an appointment at my nearest local hospital to see the GP within an hour of my call. All in all I received excellent service in this instance.
- Commentator explained that both his daughter and granddaughter used the service, they found they were very quick and helpful.
- Commentator explains that her organisation used to have a lot of problems getting through and were kept on the phone for ages, but since they have been given another number, which is specifically for health care professionals and care homes, they have had no problems and found the service to be very good.

- Commentator has used 111 and found the response very good. They had a call back within 1 hour after explaining their problem, and was able to get medical treatment.
- Commentator has used this service recently for her daughter. She can only give praise to the call operators, who were most efficient. The service was fairly quick and we were seen at our local hospital (RUH Bath) after being given an appointment time, all this happened within a few hours.
- Commentator has used the 111 service quite a few times for her one year old. She has found it to be an excellent resource. They answered very quickly, were helpful and most importantly reassuring.

### **Pharmacy**

- 1 month ago, commentator's nephew had an operation at Bristol Children's Hospital for a gastro illness. After the operation, commentator's nephew remained ill and was prescribed medication by a doctor at Bristol Children's Hospital. The prescription, however, never arrived at the RUH or with the boy's GP in B&NES. After 1 month of chasing the different services involved, the family have still not been able to get the prescription and as such the boy is without the medication he needs. Commentator has contacted Bristol Children's Hospital and has had some response from them, but they have not resolved the issue.

### **Public Transport**

- Commentator expressed their frustration at the venue for Sirona Care & Health's AGM and public engagement session in September (Bath Racecourse) and the inaccessibility of the venue. Access via public transport is limited and there is no pavement from the nearest bus stop to the long drive leading to the racecourse. Sirona claim to have offered free transport to people wishing to attend but the commentator feels this was not publicised. He feels that by organising public engagement events at venues like this, during working hours, Sirona are excluding a lot of people from being able to attend - including some hard-to-reach groups who don't have the benefit of their own car or the financial means to use a taxi to get there.

### **Radiography**

- Commentator explained that she is waiting for a hip operation. She has had the x-ray but the results were not received by her GP from Paulton Hospital.

### **Rehabilitation**

- Commentator expressed a positive experience of the reablement service provided by Sirona Care & Health, following a 1 month stay in RUH Bath after a fall.

### **Social services**

- Commentator reported that she now has to travel to Keynsham in order to have a physical assessment for her Blue Badge. The commentator queried the feasibility of people having to access Keynsham for tests.

**Support Groups**

- Butterflies (a support group for families with children with autism) is excellent.
- Attending Bath Ethnic Minority Senior Citizens Association (BEMSCA) is like therapy - it keeps you sane!

For copies in another format, or to find out more, please contact us using the details below.

<b>Contact person</b>	<p><b>Morgan Daly – General Manager</b></p> <p><b>The Care Forum</b></p> <p><b>Tel: 0117 9589345</b></p> <p><b>Email: <a href="mailto:morgandaly@thecareforum.org.uk">morgandaly@thecareforum.org.uk</a></b></p>
<b>Background papers</b>	<p><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></p>
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