

## Bath & North East Somerset Council

MEETING/ DECISION MAKER	<b>Policy Development &amp; Scrutiny Panel Committee</b>	
MEETING/ DECISION DATE:	<b>16<sup>th</sup> May 2014</b>	
TITLE:	<b>Healthwatch Bath and North East Somerset update</b>	
WARD:	All	
<b>AN OPEN PUBLIC ITEM</b>		
<b>List of attachments to this report:</b> 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**



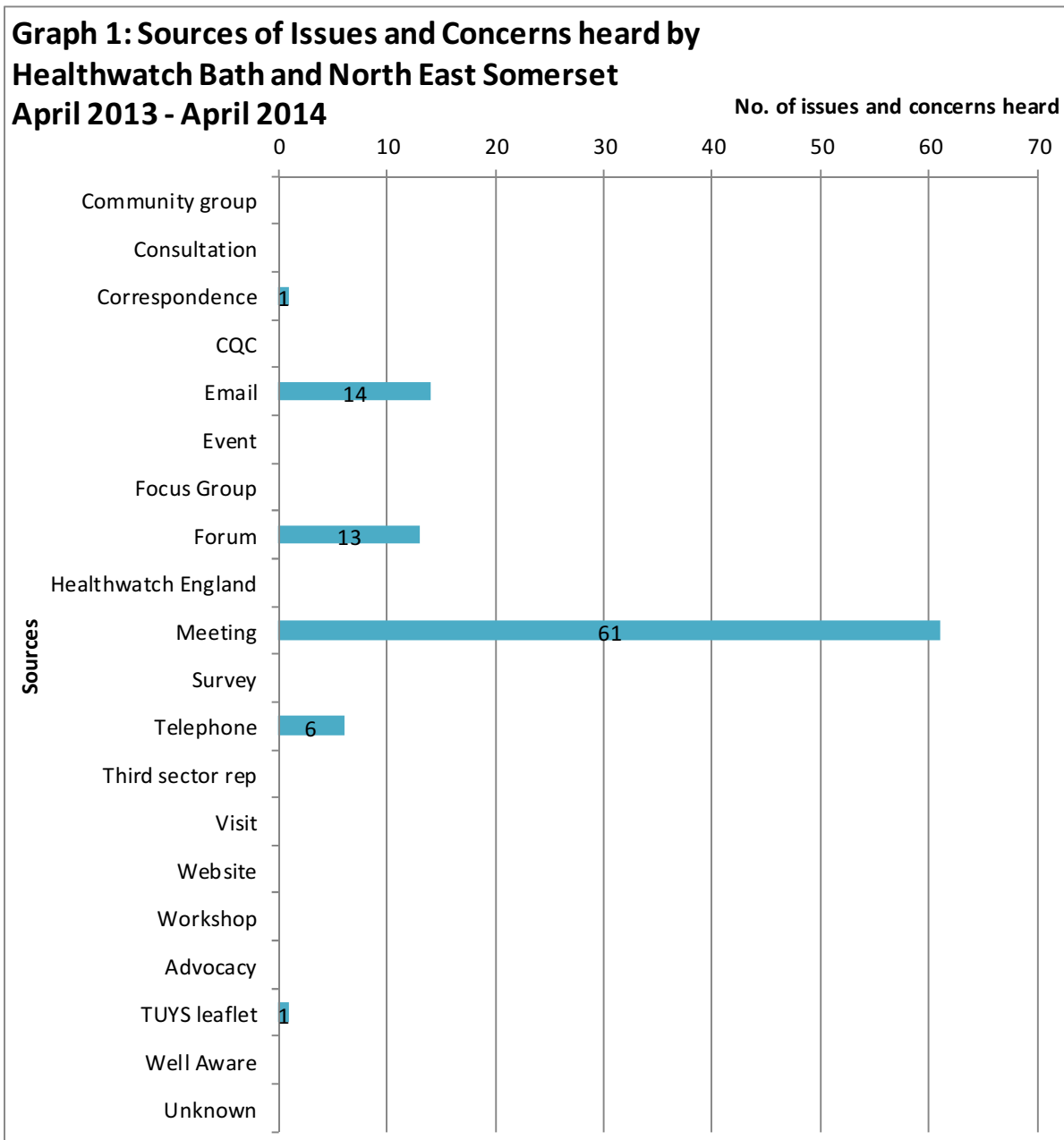
## **Healthwatch Bath and North East Somerset: Issues and Concerns**

Healthwatch Bath and North East Somerset has heard 95 issues and concerns from health and social care service users, carers, family members, and service providers since April 2013. 63 of these were heard in quarter 4 (Q4) of Year 1(Y1), from January – April 2014. This report considers the issues and concerns heard within both time periods, as relatively few data was captured in Qs 1-3, so the analysis of Q4 data reflects similar results to an accumulative analysis of all four quarters in Y1, and contributes to a picture of service users' experiences in Bath and North East Somerset.

## 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 Year 1, the most



commonly used method of capturing service users' feedback was through a presence at meetings. The Healthwatch Project Coordinator, a Healthwatch Representative or Healthwatch Champion notes down any issues and concerns expressed by meeting 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 third was within online forums aimed at specific community groups, for example on the Bath Mums website ([www.bathmums.co.uk](http://www.bathmums.co.uk)).

Other methods used include correspondence (letter writing), telephone, and ‘Tell Us Your Story’ leaflets, which are available in public places throughout Bath and North East Somerset and at relevant public events and meetings.

One notable exception to the way in which the public are accessing Healthwatch Bath and North East Somerset to feed back their issues and concerns about health and social care services, is online. Healthwatch Bath and North East Somerset have not received any feedback on services via the online form available at [www.healthwatchbathnes.co.uk](http://www.healthwatchbathnes.co.uk).

### Sentiment of comments

The sentiments of the service feedback heard by Healthwatch Bath and North East Somerset are shown in Table 1:

<b>Table 1: Sentiments of Issues and Concerns Q4</b>			
Positive	2	Mixed	2
Negative	48	Neutral	11

### Comment types

Graph 2 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 three most often-heard types of issue and concern in Y1 related to;

- Quality of treatment (22 in total: 1 positive, 18 negative and 1 neutral)
- Access to information (21 in total: 1 positive, 13 negative, 6 neutral and 1 unclear)
- Staff attitudes (18 in total: 7 negative, 11 unclear)

The positively-reported types of experience fed back related to suitability of provider organisation (1 positive issue heard), quality of treatment (1 positive issue heard) and access to information (1 positive issue heard).

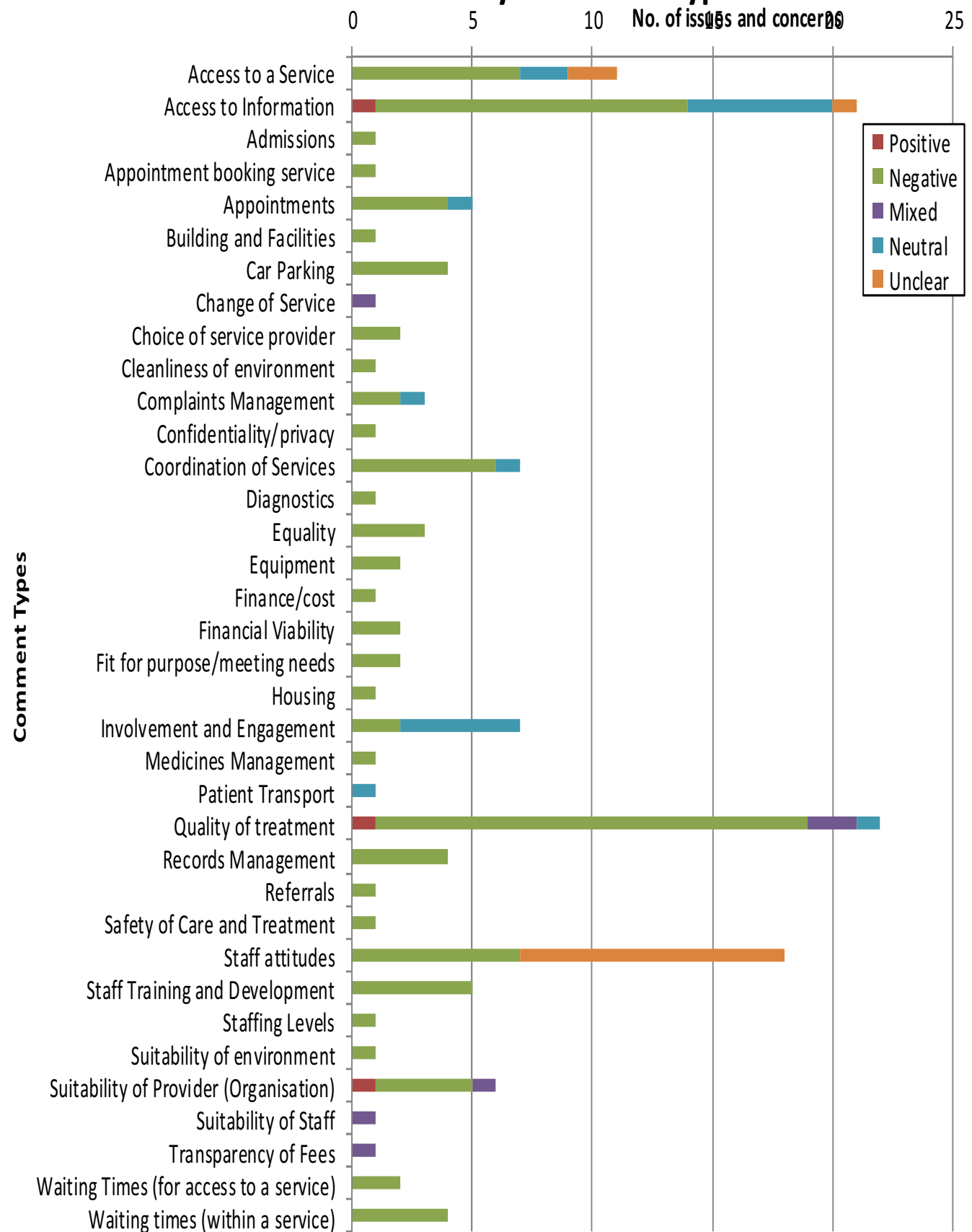
The most negatively-reported type of experience fed back related to quality of treatment (18 negative issues/concerns heard).

The types of issues and concerns heard by Healthwatch Bath and North East Somerset in Q4 only can be categorised as shown in Table 2.

<b>Table 2: Types of Issues and Concerns Q4</b>		Equality	2
Access to a Service	3	Equipment	2
Access to Information	14	Fit for purpose/meeting needs	2
Appointments	1	Involvement and engagement	6
Building and Facilities	1	Medicines Management	1
Car Parking	4	Quality of treatment	13
Change of Service	1	Records management	4
Choice of service provider	1	Staff attitudes	5
Cleanliness of environment	2	Staff training and development	6
Complaints Management	3	Suitability of provider (Organisation)	5
Confidentiality/privacy	1	Suitability of staff	1
Coordination of Services	4	Waiting times (within a service)	3

Diagnostics	1	Waiting Times (access to a service)	1
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## Graph 2: Issues and Concerns heard by HW Bath & North East Somerset by Comment Types



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

- Access to information

Commentator reported that their family has been discharged from CAMHS without any signposting to further or ongoing support.

- Quality of treatment

Commentator reports that she often has different carers, which means she has to repeatedly explain her medical conditions, and where things are in her home. They turn up at different times of the day so she is often waiting around and can't plan her day, which is causing her stress.

- Involvement and engagement

Commentator thinks that Bath CCG aren't engaging with the public as effectively as they should be - they aren't linking with Healthwatch, they hold meetings at short notice and in locations that are difficult to get to, and they are using out of date consultation techniques that generate unreliable data - commentator thinks that they need to understand wider approaches to community and public engagement.

- Staff training and development

Commentator reported that hospital staff don't have the right training in order to communicate properly with patients and as a result people aren't treated properly.

### Service types

Graph 3 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 Y1 are;

- Primary Care/GPs (26 in total: 23 negative and 3 neutral)
- Hospitals (8 in total: 7 negative, 1 neutral)
- Care at Home (8 in total: 5 negative, 2 mixed and 1 neutral)

The positively-reported types of service were physiotherapy (1 positive issue heard), support groups (1 positive issue heard) and youth clubs (1 positive issue heard).

The most negatively-reported type of service was Primary Care/GPs as detailed above (23 negative issues/concerns heard).

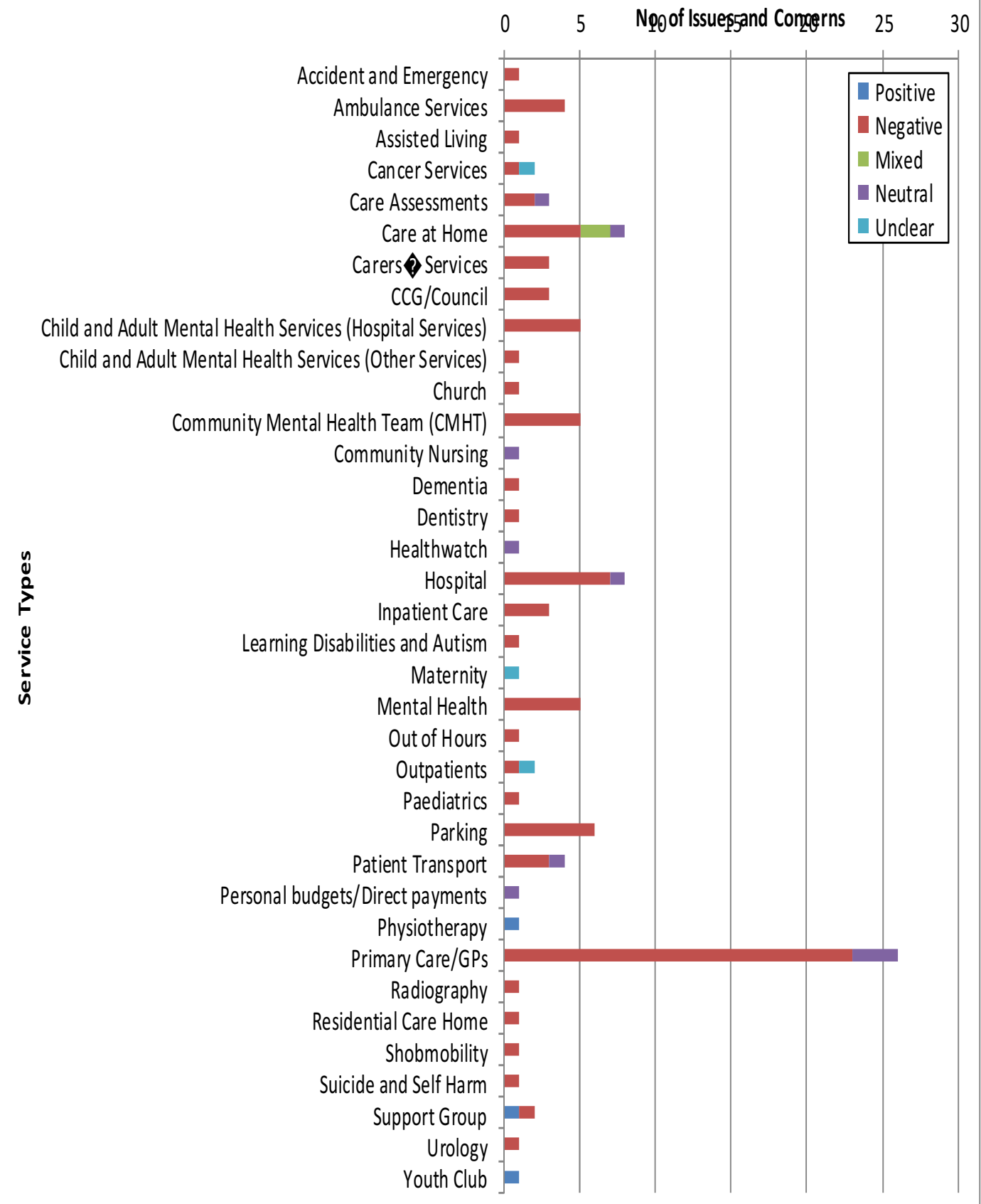
The services people in Bath and North East Somerset told Healthwatch about in Q4 only can be categorised as shown in Table 3.

<b>Table 3: Issues and Concerns in Q4 by service type</b>		Hospitals	9
Accident & Emergency	1	Inpatient Care	2
Ambulance Services	4	Learning Disabilities and Autism	1
Assisted Living	1	Out of Hours	1
Care Assessments	3	Paediatrics	1
Care at Home	8	Patient Transport	1
Carers Services	3	Physiotherapy	1
CCG	1	Primary Care/GPs	12

Child and Adult Mental Health Services (Outpatient)	1	Residential Care Home	1
Church	1	Shobmobility	1
Community Nursing	1	Support Group	2
Dementia	1	Urology	1
Dentistry	1	X-Ray	1
Disabled parking	6	Unspecified	5



# Graph 3: Issues and Concerns heard by HW Bath & North East Somerset by Service Types



Examples of qualitative data relating to the most common services heard about in Q4 include;

- **Primary Care/GPs**

Commentator wants GP receptionists to look and talk to the patients, not at their computer!

- **Hospitals**

Commentator is waiting for an appointment with a specialist - they were told it would be a 17 week wait but they can't believe this is right.

- **Care at Home**

Group of carers reported that they felt that paid domiciliary carers don't have long enough to spend with their clients - 15 minutes isn't long enough, and this limitation results in a poor service.

### **Themes**

From this analysis, it has been possible to identify themes from the issues and concerns heard by Healthwatch Bath and North East Somerset. As of the end of Q4 and Y1, these themes are as follows;

- **Healthcare professionals' communication with children and young people in primary and secondary care:** Children and young people are accessing primary care services with their parents so they can help them understand what is being discussed. There is also an emerging theme of children and young people feeling that staff in secondary care settings address their parent(s), rather than them directly.
- **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.
- **Ambulance service:** this is an emerging theme, with commentators identifying potential training needs of ambulance staff who have been reported as not communicating or responding to situations as efficiently as service users would wish them to.
- **Information about care:** several commentators have reported a lack of easily accessible information on care options and carers' issues. They have identified a lack of signposting to this information, and reported difficulties in having to navigate the system to find out about, and gain clarity on, their options.

Healthwatch Bath and North East Somerset will take this information to their partners, 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, 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 Q4, 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

1/1/2014-31/3/2014 (Q4)

### **Ambulance Services**

- Group reported that ambulance staff did not communicate the details of their condition adequately to A&E staff. Their notes didn't appear to be checked on arrival at A&E and subsequently they were left to wait for ages
- Group reported that ambulance crews don't seem to know what they are doing
- Commentator reported that RUH staff don't have the right training in order to communicate properly with patients and as a result people aren't treated properly
- Commentator waited an hour and a half for the ambulance to arrive after a fall. When they got there they stood her up which caused her back to go. They said they didn't think she'd broken anything and asked if she wanted to go to hospital - she said no. The next day she felt worse - her daughter took her to South Bristol where an x-ray showed she slipped a disc. She has since invested in an alarm which she is very happy with.

### **Assisted Living**

- Commentator's son has LD. He had been in a supported living home for 15 years where he was very happy, living with a mix of people with diverse disabilities. He has been moved to another home without any consultation with his family - they were informed after he moved. The move was made in order to separate people with learning and physical disabilities - the commentator feels that this is segregation and that people should be more integrated.

### **Care Assessments**

- Walking distance for higher rate mobility under the Personal Independence Payment legislation reduced from 50m to 20m - many people may lose their access to funds

to purchase mobility aids, scooters etc., but still struggle to walk any distance

- Commentator doesn't understand the process of care assessments - it hasn't been explained to them
- Commentator thinks there should be a social worker present at every care assessment

### **Care at Home**

- Commentator wants to know if they can challenge Sirona Care on any aspects of their services, e.g. packages/complaints
- Commentator reports that she often has different carers, which means she has to repeatedly explain her medical conditions, and where things are in her home. They turn up at different times of the day so she is often waiting around and can't plan her day, which is causing her stress
- Commentator has a fall alarm but it didn't work as the service provider hadn't checked the device
- Commentator reports that he often had different carers, which means he had to repeatedly explain his medical conditions, and where things were in his home. Carers turned up at different times of the day so he was often waiting around. He was paying £20 an hour for this service, but has started paying his neighbour £15 an hour to help with domestic chores - neighbour is more reliable and familiar
- \* Commentator has been caring for her friend for 4 years. The first contact she had with Sirona was when they contacted her to discuss her friend's financial position and arrangements to put her into a care home - no alternatives were discussed or suggested. They then received a large bill from Sirona, without realising they had entered into an agreement with them, and without the means to pay it. Since then the care provided has been inappropriate, and delivered by unqualified and inexperienced staff. Commentator made a complaint but there wasn't a complaints procedure in place at the time. Sirona have continued to try and get her friend out of her own home and into one of their care homes.
- Commentator changed from Somerset Care because they were often late, to Way Ahead Care who have turned up 1.5 hours late more than once. This causes stress and anxiety to the commentator, which is unfair and disruptive. The actual carers are great but the contract, and working arrangements hinder their work
- Group felt that paid (domiciliary) carers don't have long enough to spend with their clients - 15 minutes isn't long enough - it is a poor service
- The group reported that the contracts in place with care agencies have a detrimental effect on the services they provide - there are too many constraints due to their targets, e.g. time allowed with each client, (unpaid) travel time

## **Carers Services**

- Carers are unclear about their own rights
- There is pressure on carers to find out information themselves rather than professionals providing them with it
- Group members reported that the system for claiming benefits as a carer is really unclear

## **CCG**

- Commentator thinks that Bath CCG aren't engaging with the public as effectively as they should be - they aren't linking with HW, they hold meetings at short notice and in locations that are difficult to get to, and they are using out of date consultation techniques that generate unreliable data - commentator thinks that they need to understand wider approaches to community and public engagement

## **Child and Adult Mental Health Services (Other Services)**

- Commentator has been diagnosed with depression - hasn't been prescribed medication as commentator is too young - they have been advised to keep a positive attitude instead. No other support was offered or suggested

## **Church**

- Commentator reports that the Church is a resource for lots of young people, but they don't tackle issues including sex education and contraception. The commentator volunteers at their local church, and talks about these topics but wonders how young people would access this information if they weren't there

## **Community Nursing**

- Commentator feels that there should be specialised Parkinsons nurses, who can help with medication, support carers and set up care plans to suit individuals' needs

## **Dentistry**

- Commentator had a dental operation at RUH. When they came round they were sick, and no one cleaned them up for 2 hours

## **Disabled parking**

- Many buildings in Bath are not accessible for wheelchair users, and/or don't have facilities to secure wheelchairs if the user wants to enter the building using sticks or crutches
- Central Bath is becoming a no-go zone for people with severe mobility issues, as parking has been moved or removed in many areas, and roads pedestrianised.

With an ageing population the Council should be planning to improve accessibility for people with complex health issues and increase provision for them to maintain their independence - not remove it

- Disabled groups affected by pedestrianisation of Bath City Centre include parents/carers of autistic children, people who need speedy access to medical equipment and people who have chronic pain and can't carry purchases etc. far
- Commentator reports that there isn't enough parking at Royal National Hospital for Rheumatic Diseases that is near enough the Hospital for people with mobility issues
- Commentator doesn't feel that they have same access to services e.g. Council Connect, as able-bodied council-tax payers
- \* BaNES Council hasn't consulted with disability groups and/or Min Hospital patients as part of their consultation on closing Sawclose Car Park - they have not considered the results of an equalities impact assessment on their proposal

## **Hospitals**

- Group felt that many NHS and allied health services staff don't have a clear understanding of the support available for service users, which can lead to confusion for patients and carers
- Commentator has 6-monthly check ups and attends with his parents as he would rather they were there to understand what is being said. Doctors are good at addressing him equally.
- Group reported that there is often a lack of clarity over care plans
- Commentator's husband had previous knowledge of a mobility aid that would help him get in and out of bed. He asked a nurse, who made enquiries and found out he was eligible to receive this aid. This is great but he only got it because he knew about it and asked for it - staff don't know about the support options that are available to their patients
- Commentator had a fracture, and was treated on a dementia ward. After discharge, she was contacted by the Dementia Support Service offering support - the ward staff had passed on her details which she was disgusted by as she doesn't have dementia
- Group reported that communication between staff members fails at 'handover' points e.g. admission, discharge
- Commentator reports that RUH nursing staff are untrained, mix up patient records and create a disaster
- Commentator is waiting for an appointment with a specialist - they were told it would be a 17 week wait but they can't believe this is right

## **Inpatient Care**

- Commentator reports that hygiene on the Children's Ward isn't great.
- Group reported that ward staff don't seem to understand the role of a carer

## **Learning Disabilities and Autism**

- GPs have a 'know it all' attitude which is not helpful.

## **Out of Hours**

- Commentator rang 111 because she was anxious about blood in her urine - the operator took her details and appeared to have listened and understood what the problem was, but when the doctor rang her back, they'd been told she had vaginal bleeding

## **Patient transport**

- \* Commentator had a series of hydrotherapy sessions booked at the Mineral Hospital in Bath. She was ready to be collected by 10am so the receptionist rang Arriva. The commentator waited for 3 hours to be collected - she was unhappy, hungry and tired, so rang Arriva to complain and tried 5 times before she was told that there was nobody available to take her complaint

## **Physiotherapy**

- Commentator had a really good experience with physiotherapy for a locked spine - they explained what they were doing and managed the pain effectively

## **Primary Care/GPs**

- Commentator reports that she prefers going to the doctors with her mum as she understands what is being said and can advocate for her
- Commentator attends doctors appointments with her mum because she understands what they are saying, but feels that the doctors address her mum 'too much'
- Commentator reports that she prefers going to the doctors with her mum
- Commentator feels that a 10 minute appointment at the doctors isn't always long enough
- Diagnosis is slow
- Commentator's husband had Alzheimer's. He was repeatedly prescribed opiates for a bad back, which caused psychotic reactions, despite the commentator telling them that there was a high risk of this occurring. These episodes were not recorded in his notes until the commentator then insisted that an alert was recorded. From then on, changes in his condition were put down to the 'next

phase' of his dementia, however the commentator believes they were at least partly caused by the opiates. His notes were often not updated which could have caused very serious consequences if he had been living alone. Supplies of pain relief meds were also delayed due to poor communication. On the day he died, the commentator pleaded with the district nurses not to give him a suppository due to side effects, but this was used and she believes it robbed him of a peaceful death. She is very concerned about ongoing use of Diclofenac suppositories and wishes someone should have checked up on it before using it rather than brushing aside her concerns about its possible effects combined with his existing physical health condition. She is concerned about the lack of holistic care, communication between services/professionals, and understanding of dementia.

- Commentator doesn't see the point in going to the doctors as they don't always have the answers or know/explain options/side effects etc.
- People with ADHD aren't offered support and meds don't work.
- Commentator wants GP receptionists to look and talk to the patients, not at their computer!
- Commentator says she never goes to the doctors as 'what will they say anyway?'

### **Shobmobility**

- Shopmobility scooters and wheelchairs aren't suitable for commentator's needs

### **Support Group**

- The Carer's Support Centre has been really useful

### **Urology**

- Commentator attends hospital regularly. He has found that the staff address his dad instead of him

### **X-Ray**

- Commentator was left waiting for an x-ray for 5 hours with no apology or explanation



## **Report of Consultation Event with Carers Support Centre Members – 15<sup>th</sup> March 2014, St. Luke's Church Hall, Wellsway, Bath.**

**Jan Perry, Healthwatch Project Co-ordinator.**

Healthwatch Bath & North East Somerset was invited to attend an event organised by the Carers Support Centre, Bath on Saturday 15<sup>th</sup> March 2014.

Healthwatch Bath & North East Somerset ran a workshop, at the event, to promote Healthwatch and invite people to share their experiences, issues and concerns regarding health and social care services in Bath & North East Somerset.

39 people attended the workshop and consisted of 30 carers; the other 9 there in an official capacity from the Carers Support Centre service and/or paid support workers.

Healthwatch Bath & North East Somerset heard 44 issues and concerns that have been added to their database. Themes arising from this data will be fed back to Commissioners, and the Healthwatch Bath & North East Somerset Advisory Group, who will decide whether to investigate the specific themes further.

### **Sentiments**

Of the 44 issues and concerns heard, 1 was neutral, 42 were negative and 1 was positive.

### **Service types**

1 of the issues and concerns related to primary care services, 24 included aspects of secondary care services, and 19 included social care services.

### **Comment types**

Many carers had observed poor or lack of communication between staff in the exchange of information and patient records, and experienced poor communication between staff and the patient/carer. A majority of issues and concerns related to health & social care staff's lack of knowledge relating to available support for the patient & carer and not understanding the role of the carer in relation their involvement in the care plan of patients. There was a substantial amount of concerns about the commissioning of community/domiciliary care agencies; the constraints put on employed carers to fulfil their role and the detrimental impact this has on the health and wellbeing of the patient and their family.

Note: Healthwatch Bath & North East Somerset recognises that the issues and concerns raised by members of the Carers Support Centre, Bath are not uncommon and that they reflect a consensus of views, for carers, nationally.

Breakdown of issues/concerns:

- Was taken to A&E by ambulance. The ambulance staff did not communicate the information of my condition adequately to the A&E staff. Nobody seemed to look at my notes at A&E and subsequently I was left waiting around for ages. Issues: poor communication between staff when

patients are handed over AND poor communication between staff and patients (6 people said this)

- Ambulance crews don't seem to know what they are doing (2 people said this)
- Nurses on ward don't seem to understand the role of a carer 4 people said this)
- Carers are unclear on the rights of carers
- Communication between staff falls down between hand-overs / transfers: submission to hospital and also when being discharged from hospital. Lack of clarity over care plans (4 people said this)
- So much pressure on carers to find out information themselves instead of being given information by professionals
- Many NHS staff / professionals don't know what support is available so we (the carers and patients) are left confused (3 people said this)
- Carers Support Centre have been really useful. The help in Bath is much better than Dorset.
- Time that paid carers (domiciliary) have to spend with their patients/clients is not long enough. 15 minutes is not enough time and poses many problems for the client and for the workers, and is very poor service (4 people said this)
- Care agency terrible with time keeping. Way Ahead Care. On more than one occasion they have arrived 1 ½ hours late. It is unfair, disruptive and causes great stress and anxiety to the client. Already changed care agencies once for the same reason (Somerset Care). The actual carers are great – it's not their fault, just the contract and working arrangements that hinder their work.
- I, along with others, don't know if or how we can challenge Sirona Care on any aspect of healthcare they provide, ie. Packages, complaints.
- I think there should be a social worker for every care assessment.
- I really don't understand the process of assessments – nobody has explained this to me.
- The contracts set up by commissioners have a detrimental effect on the service that care agencies implement – there are too many constraints in order to meet their targets, ie. Time allowed with each client, time travelling to different homes. Administrators don't appreciate geographical limits – carers don't get paid for travel time. (4 people said this)
- My husband (due to his knowledge in a previous job) asked the nurse for

information about a bed lever which would help him, at home, get in and out of bed. The nurse made enquiries and found out that he was entitled to this aide and told him how to get it. This aide has been so useful and helped my husband manage his pain. However, unless he'd asked for it, we would never have got it! Nurses and other professionals don't know enough about what help and support is available to their patients to make their lives easier.

- My son, who has learning difficulties, was in supported living home for 15 years and was moved to another home without even consulting me or my family. We were told after he'd been moved. He was very happy where he was before. They'd moved him to allow physically disabled people to live together and segregate the people with learning difficulties. I think it was more beneficial to have a diverse mix living together – integrate not segregate.
- The system for claiming benefits for being a carer is so unclear (3 people said this)
- RUH staff don't treat people correctly. Nurses don't have enough training to communication information to patients.
- I had a fracture and was put onto a dementia ward at the RUH. It was awful. 3 months after I'd got home I had a letter from the Dementia Support Service asking if I wanted any support. The nurses had passed my details on to them. I was disgusted. There's nothing wrong with my mind.
- I am waiting for an appointment to see a specialist. I was told I would have to wait 17 weeks before I would get an appointment – is this right?
- RUH hospital impossible. Untrained nurses who mix up patients records and create a disaster.
- We need more help with medication for Parkinsons. More help needed for carers, systems set up to look at individual needs. I.e. A specialist nurse for Parkinsons who can listened to your needs.

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.

<b>Contact person</b>	<b>Pat Foster – General Manager</b> <b>The Care Forum</b> <b>Tel: 0117 9589344</b> <b>Email: patfoster@thecareforum.org.uk</b>
<b>Background papers</b>	<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>
<b>Please contact the report author if you need to access this report in an alternative format</b>	