

Healthwatch Oxfordshire

Update for the Oxfordshire Health and Wellbeing Board, November 2014

1 Introduction

- 1.1 This report updates the Health and Wellbeing Board on Healthwatch Oxfordshire's organisational development and project activity in September and October.

2 Governance

- 2.1 Healthwatch is grateful to Jean Nunn Price and Dermot Roaf for stepping into the Chair and Vice Chair roles in June of this year with a mandate to serve until January 2015. The organisation is now actively seeking a new Chair and new Directors to bring its Board up to full complement. A full recruitment pack was published on October 20th, and can be found here http://www.healthwatchoxfordshire.co.uk/sites/default/files/healthwatch_oxfordshire_board_recruitment_pack.pdf. Applications are sought in writing by the end of November, for interview in December. It is hoped new Board members will take up post at an AGM in January. A new Vice Chair will then be elected from amongst the new Board in April or May. Board members are asked to assist in this recruitment process by circulating the recruitment pack widely across their own networks.

3 Listening effectively

- 3.1 HWO exists to hear the stories local people have to tell about health and social care services and to use those stories to drive change. In order to do this the organisation needs to be structured and clear about how it's very small staff team can most effectively listen to Oxfordshire's sizeable population. HWO held a very successful conference with the wider voluntary sector on October 1st, in part to explore how best the organisation might listen through others.
- 3.2 The Board has subsequently decided that HWO will increase and improve its listening capacity by:
- i. Holding 2 large voluntary sector events a year at which communities of geography and interest from across the county are well represented. These 2 events will agree subjects for a series of between 4 and 6 in depth topic based workshops a year, to be attended by a wide range of organisations and individuals interested in the given topic.
 - ii. Holding an annual Hearsay! event in partnership with OCC to hear the experiences of social care users.

- iii. Increasing its capacity to get out into shopping centres and other public spaces on a regular basis to talk to the public.
 - iv. Giving small grants (up to £500) to groups wishing to stage events in local communities, who are willing to have a Healthwatch team attend and have a stall at the event.
 - v. Raising its profile in the media to encourage more people to contact the organisation with their stories.
 - vi. Raising its profile with all elected politicians to encourage them to share the stories constituents bring to them about local health and social care services.
 - vii. Meeting 3 times a year with the Directors of OUHT, OHFT, OCC and OCCG who are responsible for making improvements to quality in the light of patient/service user feedback, and ensuring information is shared across the group and with HWO about what they are hearing from their users and how they are acting on that information.
 - viii. Finalising arrangements with OCC for taking over the functions and responsibilities of the Public Involvement Network, and working with OCCG to ensure we develop a close working relationship with the 6 OCCG Locality Forums.
 - ix. Actively recruiting volunteers from across the County who can be the organisation's eyes and ears, represent it at meetings and assist it with enter and view activity. Board members' support is sought in promoting the search for volunteers. Information about the roles, and how to apply can be found here :
<http://www.healthwatchoxfordshire.co.uk/content/volunteer-us>
- 3.3 HWO will use all these information sources to help determine its priorities for project and other work and to inform our contribution to the JSNA.
- 3.4 We will also regularly summarise the themes and trends we can draw from this wealth of information and will pass this on to commissioners and providers as appropriate, including by making regular reports to this Board.

4 Looking at issues in more depth

4.1 The mechanisms through which we will look at issues in more depth, once priorities have been established, will be:

i. To continue to give project support and grants of up to £5000 to constituted voluntary organisations wishing to explore access and quality issues experienced by the communities they exist to represent. We will then bring the reports they produce to the attention of commissioners and providers and will challenge them to respond. The reports will also be published. A recent example of this way of working is the Asian Women's Group report. Board members are asked to help promote the project fund, and details of how to apply can be found here:

www.healthwatchoxfordshire.co.uk/grants-and-funding .

ii. To undertake research, sometimes in partnership with others, into particular topics of concern - building on the success of the project undertaken with the Patients Association on access to GP services. The full report can be found here:

http://www.healthwatchoxfordshire.co.uk/sites/default/files/oxfordshire_healthwatch_gp_survey_final_october_2014.pdf

iii. To design and deliver enter and view based research projects which result in clear recommendations for service improvement. The first two such projects will explore patient and carer experiences of being discharged from Oxfordshire's acute and community hospitals, and the degree to which the local system is successful in offering Dignity in Care. Partners to this work will include Patient Voice and Age UK.

4.2 We will be building our capacity to manage and deliver these complex partnership projects.

5 Holding to account

5.1 All HWO work will lead to a series of recommendations for change in the way services are commissioned or delivered, and we will work with the media to ensure that the change local people are asking for is as publicly shared as possible.

5.2 Twice a year we will publish a summary of the recommendations we have made, and the progress commissioners and providers have made in delivering the change sought. This report will come to HOSC and Health and Wellbeing Board on a regular basis, with the first such report coming to HOSC in February 2015 and this Board in March 2015. Again, we will seek maximum publicity for this report.

5.3 We will seek to work with HOSC and other relevant scrutiny and performance committees both in terms of helping to set the scrutiny agenda, and to inform the scrutiny process by sharing relevant intelligence with the committees and with this Board.

6 Project work undertaken in September and October 2014

6.1 Since the July Health and Wellbeing Board meeting HWO has:

- i. Published a report by the Asian Women's Group highlighting issues of access to mental health, GP and domiciliary care services.
- ii. Published a second report looking in depth at issues of student use of A&E and access to GP services.
- iii. Published a report in partnership with the Patients Association, highlighting concerns about local access to GP services.
- iv. Shared a more in depth report on GP services with CQC, members of this committee, the Local Medical Committee, the CCG and NHS England. This report adds intelligence on GP services from our grant funded projects and from the voluntary sector conference to intelligence gathered in our formal survey and creates a richer picture of the issues that need addressing in primary care. The Executive Summary of this report is appended for information.
- v. Attended our first two small grant funded events in Witney and Sonning Common.
- vi. Given project grants to Oxfordshire Neurological Alliance and Restore to undertake research projects. These should both lead to further published reports early in 2015.
- vii. Agreed the detailed design of our first enter and view project, which will be looking at discharge. This has been developed with our key partner on the project, Patient Voice, and with the full co-operation of the commissioners and providers who will be affected by the study. The project description has been circulated to members as an item for information.
- viii. Started to develop the design of our second enter and view project in partnership with Age UK, which will explore issues of Dignity in Care.
- ix. Held the first of a series of bi-annual conferences with the voluntary sector.
- x. Staged a debate on care.data in partnership with the University of Oxford Health Experiences Institute.
- xi. Promoted consultations on: the statutory Pharmaceutical Needs Assessment for the County, OCCG's research into community eye health services, Monitor's research into adult hearing services and OCC's day services for people with physical disabilities.
- xii. Continued to lobby OCC on the impact of withdrawal of the Social Welfare Fund.

Appendix 1 - Executive Summary of report on patient experience of GP services circulated to CQC and shared with the OCCG Primary Care Programme Board, whose members include: OCCG, LMC and NHS England.

Summary report for OCCG Primary Care Programme Board

1. Background

During the calendar year of 2014, Healthwatch Oxfordshire (HWO) has gathered a range of information and views from the public about primary care provision in Oxfordshire. This report attempts to summarise the key messages arising from that work, and is brought to the Primary Care Programme Board for sharing with all relevant partners.

2. Information sources

HWO sources include:

- Questionnaire based research with 828 patients across Oxfordshire conducted in the spring of 2014 in partnership with The Patients Association.
- Feedback from the 61 people who attended HWO first voluntary sector forum on October 1st. This event was focussed on gathering feedback from the different population groups represented by these voluntary organisations, in order to inform planned CQC inspections of primary care in Oxfordshire.
- Feedback on primary care provision made by contributors to reports produced by local organisations in receipt of grant funding from HWO.

The appendices to the full report comprise:

- The report from HWO and the Patients Association on access to GPs in Oxfordshire.
- Comments on GP services as reported by voluntary sector organisations on behalf of their members at our conference on October 1st.
- Some of the comments and recommendations about primary care that were made by participants in projects we have grant funded.

Across these three sources we have heard from around 1500 local people during 2014.

3. Key messages

3.1 HWO would like to draw the Programme Board's attention to a small number of key messages:

- a) Lots of people have lots of good things to say about their GP, and are reporting great care.

“there is an entire culture of helpfulness at my practice...staff are excellent...my own GP is superb”

- b) 71% of those who took part in our survey are satisfied with the time it takes to get an appointment.

“happy to find an appointment time that suited me”

- c) The public are sympathetic to the pressure GPs and their staff are currently under, and have a good level of understanding about the stress the profession is experiencing.

- d) Local people understand that the public have some responsibility for managing their own health, and that there is a need to educate the public much more effectively about how to make more responsible use of NHS resources and services.

3.2 However, there are a group of issues that concern the public around booking appointments, and these include:

- a) 29% of people who took part in our survey are unhappy with their wait for an appointment - some because the wait is too long and others because they couldn't book far enough ahead, suggesting a need to work harder to meet the preferences of each individual. Dissatisfaction increases significantly when waits go over a week.

“a 3-4 week wait to see the GP you are registered with is completely unacceptable” .

- b) Whilst some receptionists are clearly giving excellent, courteous service others are perceived as being over zealous in their roles as gatekeepers to the practice and are therefore reported as being unfriendly, hostile or lacking awareness about the particular communication needs of some patients.

“it seems I am putting someone out by asking to see a Doctor”

- c) People can experience long waits for telephones to be answered (only 40% of our respondents reported getting through straight away, and 18% had a wait of more than 5 minutes or gave up waiting).
- d) A surprising number of people (27% of those answering the question) did not know if their surgery offered evening and weekend appointments, and 77% of those who thought these kinds of appointments were not currently available would like to be able to access their surgery at evenings and weekends.
- e) People would welcome practices expanding the range of ways people can make appointments so that people can choose between using email, phone, text or the internet.
- f) 22% of respondents report attending A&E instead of seeing a GP, but it is clear from the comments that not all of those attendances will have been inappropriate. More research is probably required in this area.

3.3 Other issues reported to HWO that commissioners and providers may also wish to reflect on include:

- a) GP's appear not always to succeed in maintaining the highest standards of provision of dignity in care. Examples of less good care shared with HWO include: the Dr looking at the computer and not at the patient during a consultation; the GP speaking to a carer rather than to the patient (particularly when communication with the patient is challenging); the GP ignoring a carers views; a Dr missing critical information because s/he is distracted or typing while the patient is talking.
- b) Groups of patients with particular needs report not always having those needs met - for example: access to British Sign Language interpreters is patchy; visual information is not always available to say "Dr will see you now" for people with hearing difficulties and/or verbal information is not always available for blind/partially sighted patients; GPs don't always understand the Muslim populations' particular cultural needs (eg for halal medication) ; easy read information on how to take medicines is not always available for people with learning difficulties or people for whom English is a second language (eg deaf community) ; the families of young people with complex mental health needs don't always have their own care needs recognised; touch screens in some surgeries are inaccessible from wheel chairs; letters are often not written in plain English.
- c) Sharing of information between primary and secondary care, and between primary care and mental health services could be improved - for example patients' suggest that more GPs attend CPA assessments, and that GPs work more closely with consultants, especially when someone is under the care of lots of consultants and the GP is the only person who has the whole picture.
- d) Patients' requests that GPs more pro-actively follow up vulnerable patients who fail to make appointments and that practices give priority to patients with complex needs, when it comes to enabling people to see their regular Doctor.

4. Next Steps

Whilst it recognises the constraints and pressures under which GPs are working in Oxfordshire, HWO would welcome proposals from OCCG, NHS England and the Local Medical Committee about how they will work together to address the concerns raised by the public.