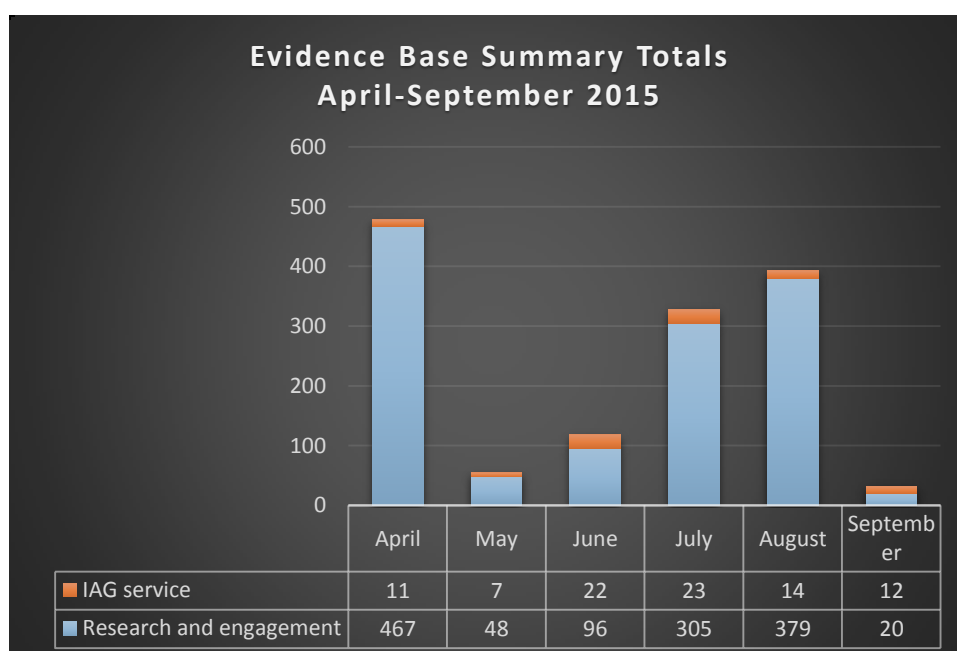


## Healthwatch Bolton Evidence Briefing April- Sept 2015

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### Evidence Base Summary Totals

- Individual comments collected from engagement activity = 1315
- Individual cases dealt with via Information service enquiries = 89.
- IAG cases offer cover multiple issues and therefore the number of recorded comments for analysis purpose was higher than the number of cases at 282
- Total number of individual patient comments recorded April - Sept 2015 = 1404.
- Total number of attributable comments for analysis purposes = 1597



## **Trends : Services and Sentiment**

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### **Engagement Work**

397 comments were recorded in this quarter from a survey on Health visiting services that was completed in April. <sup>1</sup>

329 comments on experiences of care homes were collected during three enter and view visits. <sup>2</sup>

306 comments on pharmacy and medicines were collected as part of our thematic research on this subject. The majority of comments here were relatively neutral (38 %), though a significant number (32%) were also positive and only a few (7%) negative.

Elsewhere, in general comments made by the public;

- 142 were about GP services. Of these 33% were positive and 35% negative.
- 47 comments concerned primary care other than GPs of these only 13% were positive and 53% were negative.
- 20 comments were about care services, of which 40% were positive and 55% negative.
- 15 comments were collected about community health care services 55% of these were positive and 40% negative.
- 15 comments were about mental health services of these only 13% were positive and 73% negative.

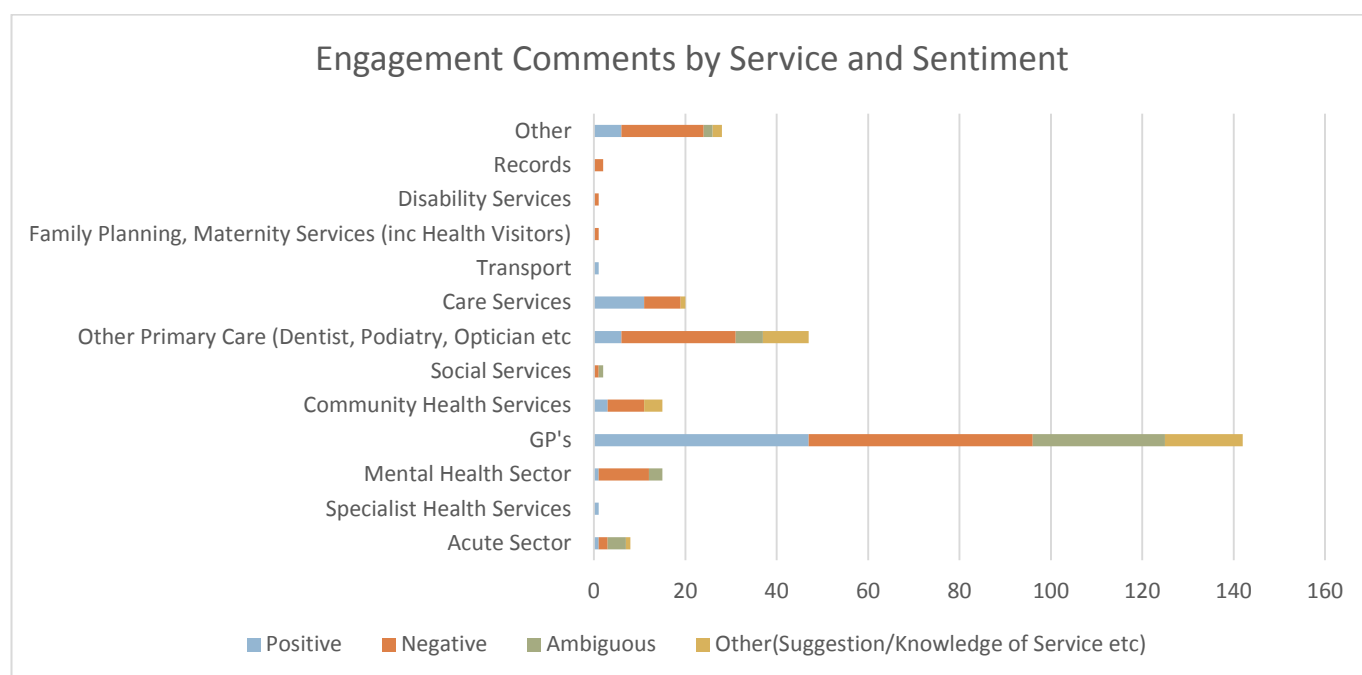
Smaller numbers of comments were also collected about Acute and Specialist hospital sector (9) and about transport (1), family planning (1), records (2), social services (2) and disability services (1) In most cases these spontaneous comments were negative.

General comments show a mixed picture in terms of sentiment with most services receiving broadly equivalent positive, negative and neutral comments. The exceptions here continue to be mental health services and primary care (other than GP's) both of which received significantly higher proportions of negative than positive comments. These sentiment scores broadly mirror those for the period 2014 -2015.

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<sup>1</sup> This data is coded in our former system and is coded as 'other' for sentiment purposes. These comments are not graded for rights purposes.

<sup>2</sup> Ibid.

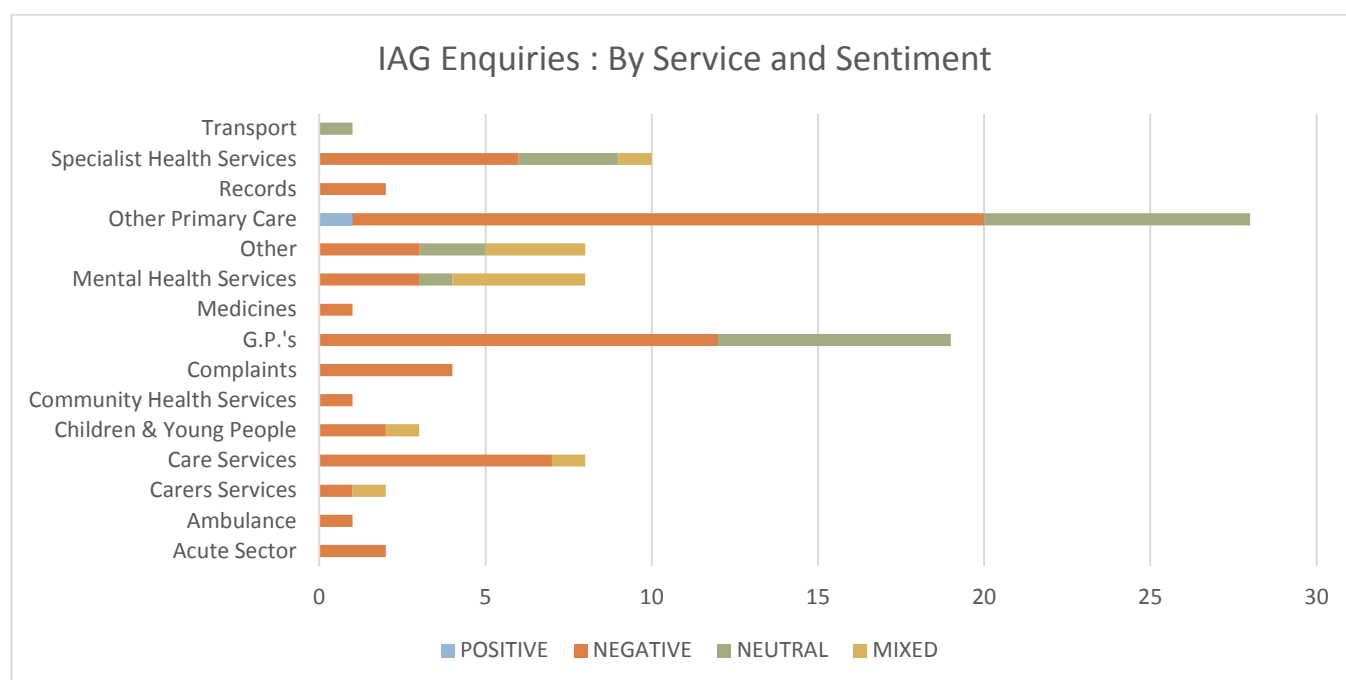


### **Information, Advice and Guidance (IAG) Work**

Enquiries to the Information and Advice service showed predominantly negative or neutral experiences via this mechanism. This reflects Healthwatch Bolton's experiences that people are using Healthwatch as an adjunct to the complaints system either because they do not want to complain, they do not know how to complain, or they simply want a resolution to a problem or issue they are experiencing. Experiences recorded as neutral tend to be information request eg (how to register with a GP, who provides wheelchair services etc)

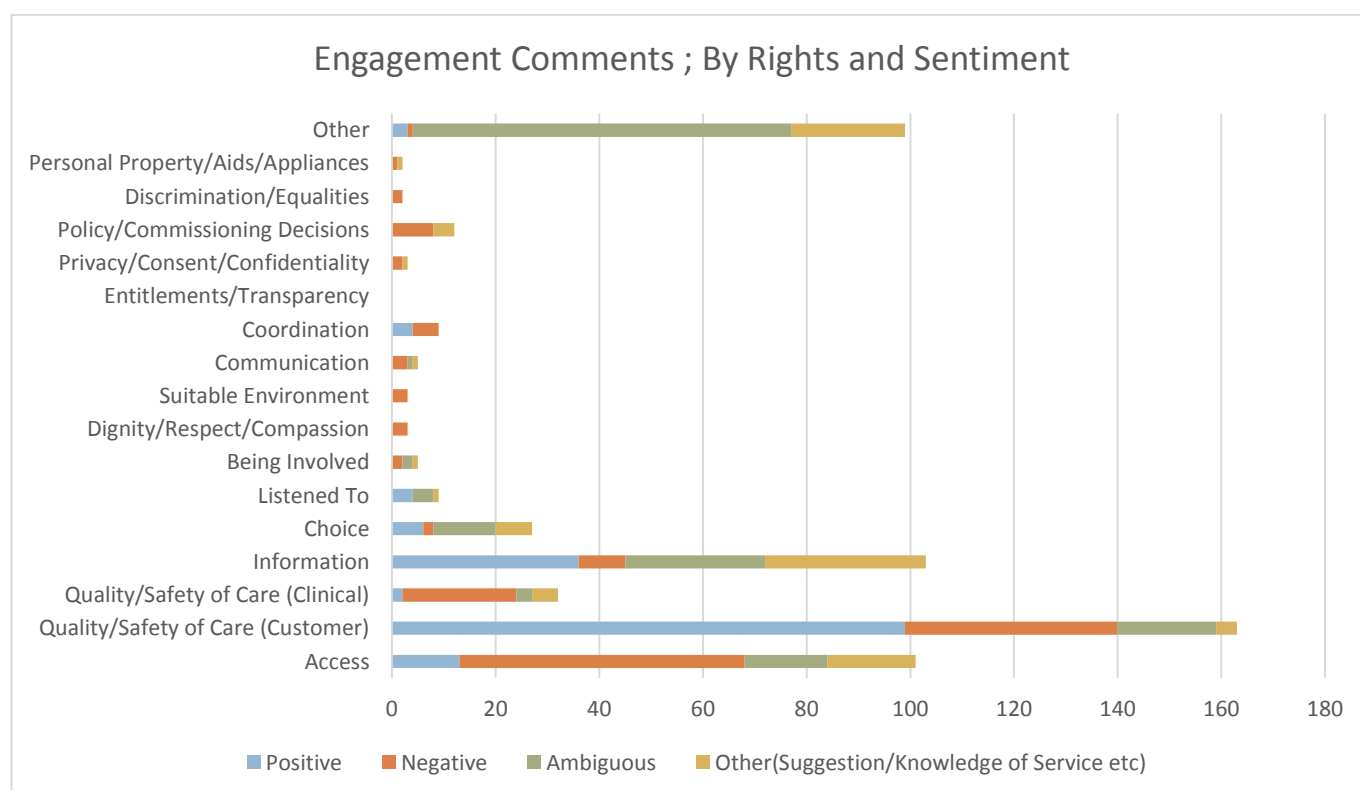
In line with previous reports the IAG service recorded only 1 positive comment. The full breakdown is as follows, positive 1%, negative 65%, neutral 22%, mixed 11%.

The majority of enquiries during this period were about; Primary care other than GPs (28 enquiries), GPs (19 enquiries), the acute sector/specialist health services (12 enquiries), mental health (8 enquiries) and care services (8 enquiries). Again these results closely align with results from the previous period.



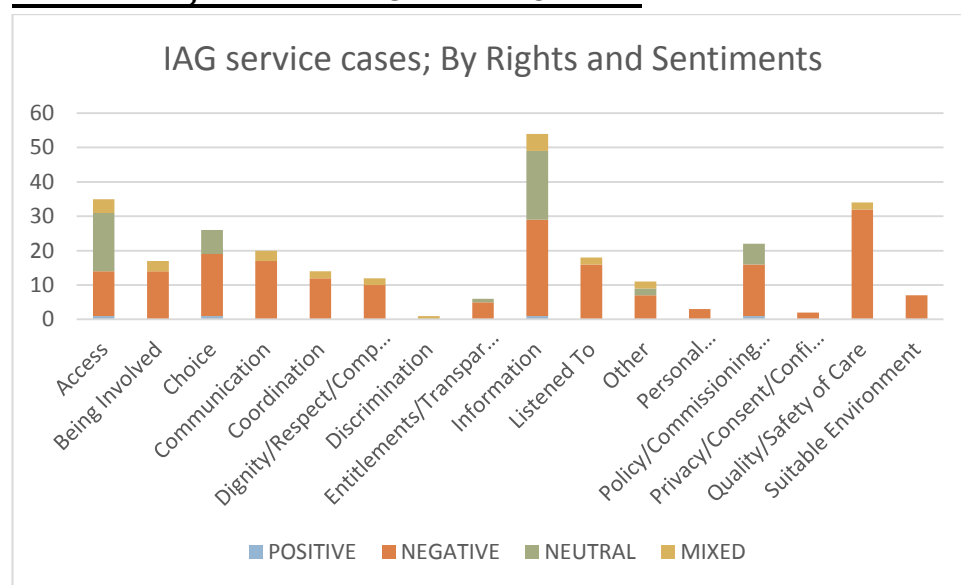
## **Trends : Rights April-September 2015**

### **Engagement Work**



The majority of general comments collected refer to “The right to receive a quality service” (195 comments), “The right to information” (103 Comments) and the “The right to access basic, essential services (101 comments). Comments concerning choice, coordination and commissioning/policy decisions also achieved a fair number of comments.

### Information, Advice and Guidance Service



Within the information and advice service, “information” features most highly - though many of these cases are simple requests for information (usually coded as neutral) about such things as how to register a complaint, how to find a dentist, who can provide a particular aid etc, a good number of the cases also have pejorative undertones (“how do I complain?” for example).

Though the graph shows that enquiries are distributed widely across the rights categories, cases concerning ‘access’, ‘quality’, ‘choice’ and ‘commissioning decisions’ feature more highly.

Intervention	1 An information request.	2 Signposting.	3 Advice and Guidance	4 Advice and Guidance/Advocacy	5 Advocacy
<b>Outcomes</b>	Little inconvenience, discomfort or frustration. <b>No obvious</b> injury or adverse clinical outcome. Local resolution probable.	Client experiencing inconvenience, frustration and/or discomfort.  <b>Short-term</b> impact on client physical or mental health and/or confidence	Failures in the system causing or contributing to detrimental effect on clinical outcome or client wellbeing.  <b>Long-term</b> impact on client physical or mental health and/or	Failures in the system causing or contributing to <b>significant</b> detrimental effect on clinical outcome or client wellbeing.  Permanent or acute impact on client physical or mental	Failures in the system have caused or contributed to permanent harm and /or when negligence (clinical or managerial) is implicated.  Catastrophic impact on client physical or

## Trends : Complexity

	Formal complaint remote.	in services. Local resolution likely. Formal complaint unlikely.	confidence in services. Escalation possible. Formal complaint possible.	health. Major disillusionment with services. Escalation probable. Formal complaint likely.	mental health. Potential for public outcry. Multiple Escalations probable. Formal complaint probable.
<b>Significance</b>	<b>(12) 3</b>	<b>(3) 3</b>	<b>(1) 0</b>	<b>(1) 0</b>	<b>(3) 0</b>
1 A “unique” or near unique experience					
2 Most likely affects a relatively small number of people	<b>(1)</b>	<b>(0) 3</b>	<b>(1) 7</b>	<b>(0) 4</b>	<b>(2) 0</b>
3 Possibly affects a large number of people	<b>(4) 1</b>	<b>(7) 5</b>	<b>(5) 9</b>	<b>(1) 3</b>	<b>(4) 2</b>
4 Probably affects a large number of people	<b>(0)</b>	<b>(4) 3</b>	<b>(0) 2</b>	<b>(0) 3</b>	<b>(0) 0</b>
5 Definitely affects a large number of people	<b>(4) 4</b>	<b>(11) 3</b>	<b>(0) 22</b>	<b>(0) 0</b>	<b>(1) 0</b>

Since January 2015 Healthwatch Bolton has used a scoring matrix (similar to those used by hospital trusts and NHS England) to help codify enquiries to the information and advice service. This coding exercise reflects the complexity of the cases dealt with within the information advice and guidance service and gives some impression of the level of seriousness of many of the issues raised with Healthwatch Bolton.

In this report we compare 74 cases from 2014-15 (number in brackets) with the 83 cases from the first 6 months of 2015-16.

- In 2014-15 16 cases (22%) were deemed to “definitely affect a large number of cases” and 12 (16%) were deemed to have a “significant or catastrophic impact on client physical or mental health”.
- In 2015-16 the number “definitely affecting a large number of people” has increased to 29 (35 %) but the number deemed to have “ a significant or catastrophic effect” remains at 12 cases (13%)

## **Analysis**

### **Mixed Economy in Primary Care**

Most of the comments in this section refer to the primary care setting. Overall the picture suggests that fragmented services commissioned individual business units such as GPs, dentists, pharmacists can produce both benefits and dis-benefits. Generally speaking, are more positive where choice and ease of access conditions are met. Mixed economies where private and NHS work are carried out side by side are highly problematic, particularly where

the cost disparities are outlandish. Thus pharmacy services do well, GPs less well and dentists worst of all.

For this report we have split the comments regarding quality of service into two sub categories, one concerning clinical issues and the second concerning aspects of customer care. Customer care elements receive many more comments than the clinical elements and, whilst the scores are mixed, the balance is in favour of positive. It is probable that our thematic focus on pharmacy in this quarter has had some impact on the overall figures here as it is fair to say that most of the people we spoke to as part of this project were happy with the customer service received at their pharmacy.

One comment given by a pharmacist gives a very clear example of just one of the internal challenges associated with the fragmented primary care economy.

**“From our point of view it’s Electronic Transfer Prescribing, ETP, that’s the problem – its doubled our workload. And its communication. Patients come in to collect their medicines and they don’t get what they are expecting. We have to sort it out and listen to their queries. When you do try and sort it out its doctor’s practices that just cause more issues. Some want the request faxing, some emailing, some want faxes only on a certain day – they can all be different and some receptionists are not helpful although when you can speak to a doctor it’s usually fine. I’m thinking of a patient who came into collect her drugs on a Monday. When she found something wasn’t ready for her we rang the GP practice and were told it wasn’t due till the Friday so couldn’t be prescribed. Common sense is needed. If someone is in hospital and there is a change to their medicines then they expect to see that change here and to collect their new regime of medication. That doesn’t happen easily and it depends on the medical correspondence route which takes weeks. Its communication again. What would make all this better is some proper systems, some improved communication and common sense....”**



## Patient Comments

"I order them (my medications) when I come to collect the previous prescription. I've joined a texting system which lets me know when they are ready and the pharmacist gives me a card to remind me."

"Everything works fine. I don't do the electronic thing - I collect all my prescriptions myself."

"The chemist are OK. They have all the medicines. They talk to me- give advice."

"I would like to see more opening/extended opening hours. That's for the hospital and commercial pharmacies; midnight to early morning. I travelled 22 miles the other night to get something for my baby. It was a week day at 9.30 pm."

"I'm aged 75 and I stopped going to the doctors because you have to wait for weeks for an appointment. I go to the pharmacy now if I have a problem and ask their advice. I am a diabetic but I'm managed by the diabetic service and myself. I don't know about the emergency services as I haven't been that bad."

"It's either the same day appointment or the next day. Sometimes it's a week. It depends on what it is to have to wait."

"I like the new text message service at the GP's so that when you make an appointment, you receive a text message confirming the appointment. I'm more likely to lose my appointment card than my phone."

"Mine's awful (GP Practice). It takes all morning to get through. You have to mither. The worst part is that the receptionists think they are god. I was crying on the phone but I still had to wait 3 days."

"I just wait for an appointment. There's no choice."

"I called my dentist to make an appointment. They couldn't find my records and just hung up. I called again and was told the records couldn't be found and that as I had not been for a while I had probably been de-registered. The receptionist who had no idea of the reason for my gap between appointments proceeded to harangue me in an incredibly judgemental fashion. Is this allowed? What are the specific circumstances in which a dentist can do this?"

"I contacted the Practice to tell them my son could not attend his dental appointment because we were out of Bolton. The receptionist said that she had to deregister my son because we he could not attend the appointment. I am so angry. My son now has a swollen face and needs to see a dentist".

"Client stated that she paid £160 for three teeth, "I have now been told that I need root canal treatment and this will cost £500". Client stated "The dentist told me I need to spend money for teeth".

"Callers daughter was told that she needs two fillings and that she was quoted £200,"My daughter is a student and cannot afford to pay £200 for fillings"".

"I can't get it (podiatry). I get a yearly screening. They send you a leaflet- what's the point, nothing is ever done. They send you the results and that's it. We have problems accessing care for feet. We've been told that we can't have it – I've not been told why I can't access it. I struggle to cut my nails. I'm diabetic."

## Care and Carers

A sense of anxiety and bewilderment about expectations of services comes out in the comments. This is particularly true in relation to social and residential care and mental

**"After what happened to my Mother 10 years ago in a residential care home I am worried about what will happen to my husband and I if either of us needs care. I know about 'Power of Attorney' but if we lose one another and one of us is left on our own - you need someone in my experience able to speak up for you."**

**"Sometimes I think they have forgotten about me. No interaction between residents - so very lonely. Very good service overall (resident in care home)"**

**"On the whole my sister-in-law receives good care. The only concern I have is that for 30 residents there is only 3 carers on duty at night. I didn't visit first thing in the morning, its usually just before lunchtime or teatime so I don't know how things go on first thing in the morning."**

**"My ex-husband ended up in care. When I said to him that things looked ok he said that it was when everybody went home that the problems started. I brought a few things up with management and they said they would speak to staff about it but they don't speak to them when you are there so you don't know."**

**"My Mum was recently in the Dementia wing at (named care home) – their care was excellent. We were surprised to find that she didn't qualify for funding and had to pay for all of her care although she had developed physical illnesses as well which meant she became immobile and incontinent. Her house had to be sold to pay for her care."**

**"My husband has Alzheimer's. He used to have a Community Psychiatric Nurse (CPN), however, I have been told that "the last CPN visit is next week because they are overworked and have to prioritise caseloads". this is a very stressful and emotional time. As carer I have been left with no support. It pulls you down. I've had two falls myself."**

**"Client stated that her 13 years old son has tourettes abd ADHD; he was diagnosed with these conditions when he was six years old. Client stated that it was difficult to get a referral and a diagnosis for her son. Client has mixed views about CAMHS. She stated that some CAMHS staff members were supportive - others were not" Client stated that CAMHS support is very limited. You're in-and-out of an appointment within 30 minutes and not given another appointment for a couple of months. There is no emotional support - "biggest problem people face is not the disability but it's the carers who are fighting for the needs of the disabled person. In my experience a lot of carers need counselling and it's not easy accessing counselling ... the mental health needs of parents are paramount in ensuring that the needs of the disabled person are met."**

health services. This point also comes through strongly as an issues for carers.

Sometimes these anxieties are appeased by positive and supportive attitudes among individual professionals but they are also sometimes inflamed by lack of timely appropriate

**"The carers come twice a week for 20 minutes. It's long enough to discuss things. At first they kept changing the times and let me down which left me feeling very anxious. I've got a new carer who gives me a time and rings before she comes to ask if it's ok to visit."**

**"The service (at Mhist) is fantastic. The support offered is comforting self assuring, confidence building and it helps me rationalise any intrusive thoughts. Without this service I would be lost. Thank you."**

**"I suffer from depression, panic attacks and on top of that I add alcohol. They are terrible feelings when I know they are going to start. One night I waited till I knew the Pharmacy would be open after the take away closed and I went in. The pharmacist asked if I was ok. Just him being there helped. Another time I had forgotten to order my tablets and I went into see him. He told me not to "beat myself up" about it as the drug would be in my system still and a repeat could be organised in the morning. The alternative I can see to the pharmacist was A&E and I didn't want to go there. I needed someone to talk to who wasn't my partner or family. In 10 words he helped me."**

information, advice and support.

### **Equalities Issues**

We continue to hear reports of poor practice in relation to equalities issues suggesting that generic services for every day healthcare needs is often ill adapted for those with disabilities

**"Only one Learning Disability nurse that goes on mental health wards - needs to be more."**

**"The surgery in general has very little literature/information in support of mental health issue"**

**"Lady attends (named GP practice). Doctors/staff have no "bedside manner". Lady is profoundly deaf but has speech. Staff "forget" she is deaf and mumble - not speaking clearly. She doesn't want to wear label saying she is deaf but expects the practice to know her as a patient and a person. They have not had deaf awareness training and one GP said she didn't know what that was. There is no loop system." ..... "Update on comment 514 - Went to (named GP Practice) today 24/9/15 to see this nurse. Mentioned about loop system - guess what? - it's in the cupboard un-used!"**

or mental health problems.

### **Complex Cases: Referrals and Safeguarding**

During this period we report a number of worrying examples that seem to show that holes are forming in the net of support particularly for complex cases.

**“Client reported to Housing Association (several times) that he had not seen his 60 year old neighbour for some time and that his care didn’t appear to have been moved. Three months later his neighbour was found dead in his home. None had followed up and the man had been there for three months.”**

**“We were referred as a family to the STARS team when our daughter was in crisis. After 3 months of frustrated calls & a couple of meetings we had no support at all. Seems a waste of a service and money.”**

**“My sister has mental health issues - it's a health inequalities issue - She hasn't access to an NHS dentist. Often misses health appointments not enough liaison between her family & health professionals & social workers & police. The legislation to say that professionals should liaise has broken down. Not enough support all round leaving people more vulnerable & more likely to go into crisis.”**

In this context there is a worrying trend that lack of services is sometimes being covered up by ‘sending patients’ on a run around looking for something that doesn’t exist. Here is an example from dentistry but we have others concerning social services and mental health.

**“Going to see her local dentist the lady was told there was a 6-12 month waiting list for NHS patients. She was given a leaflet with the 0300 311 2233 number which took her through to the dentist finding service run by NHS England. The phone was answered by a very helpful young man who explained that the only dentist taking NHS patients in the area was in Radcliffe. When the lady complained the young man explained that the difficulty was because of the lack of dental students accessing training. She then tried the Emergency OOHs 463222 number which she found to be constantly engaged. When she got through she responded to the option to ‘Press 5’. Nothing happened!! Ringing the 462882 daytime Emergency number she explained to the person who answered the call that she had a problem of pain in a crown. The person answering told her to access a DIY kit from a pharmacist. Pamela said that this wasn’t a case of a loose crown but pain. She then rang (named dental practice) and was offered an appointment that day . “I felt I was given the run around with all the telephone numbers and I can’t believe I was advised to get a DIY kit! “**

## **Recommendations**

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### **Mixed Economy in Primary Care**

The challenges arising from the mixed economy in primary care should be well understood. Current initiatives to standardise services across GP's for example, should help in this regard but similar approaches with other players in the sector should also be considered. It should be noted that inconsistent administrative practice has as much impact on patients as inconsistent service provision and this issue should be part of the agenda in all efforts to improve standards.

### **Care and Caring**

We urge those responsible for implementing the Care Act to establish a work stream to examine and fulfil the information needs of carers and, in particular, to ensure appropriate and timely information on what people should expect and plan for in relation to social care services.

### **Equalities**

All Commissioners should make an active effort to monitor equalities provision and this should be an explicit section within all contracting documents.

### **Complex Cases: Referrals and Safeguarding**

Healthwatch Bolton along with other referring agencies in the Borough are to meet in November 2015. This issue will be on the agenda and we will elaborate a list of particular areas of concern in this respect which we will share with the principal responsible officers within the relevant organisations.

