

Healthwatch Bolton Evidence Briefing 2/January 2015

Evidence Base Summary Totals	1
Trends	
• Sentiment	2
• Services	2
• Issues	4
Analysis	
• GP services	6
• Acute Sector	8
• Community Health Sector	9
• Medication/Pharmacy	10
• Concluding Remarks and Recommendations	10

Evidence Base Summary Totals

The total number of comments recorded this quarter (October to December 2014) is 205 divided as follows:

- comments collected from *engagement activity* = 167
- *Information service enquiries* = 38

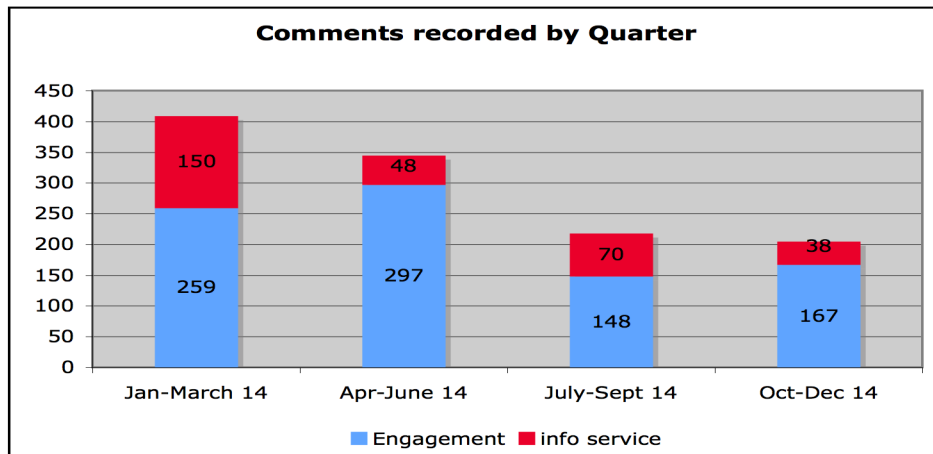
It should be noted that information service enquiries often involve multiple services and issues thus, as such comments collected via information and advice services tend to reflect more strongly the impact issues have on patients.

Across all our work people often comment on more than one issue or service, this is especially true in more complex interactions we have with people in the course of our information and advice work. Our intelligence system allows for multiple coding and thus the numbers of references to particular subjects as presented below are not expected to add up to the total number of comments.

Healthwatch Bolton carried out five targeted engagement activities this quarter as follows;

- October 2014 - Managed discussion on transport parking
- Ongoing 2014 - Experiences of GP survey
- November 2014 - Event at BFT Maternity Unit, Bolton Hospital
- November 2014 - Discussion with cancer patients at a Macmillan/Healthwatch Event.
- November 2014 - Experiences of pharmacies survey

Targeted activities are intended to prompt rounded opinion on particular subjects or services and obviously have an impact on the overall number of comments received on that subject/service. Thus the overall number of comments on a particular subject or service cannot be assumed to reflect particular public interest or concern in that area.

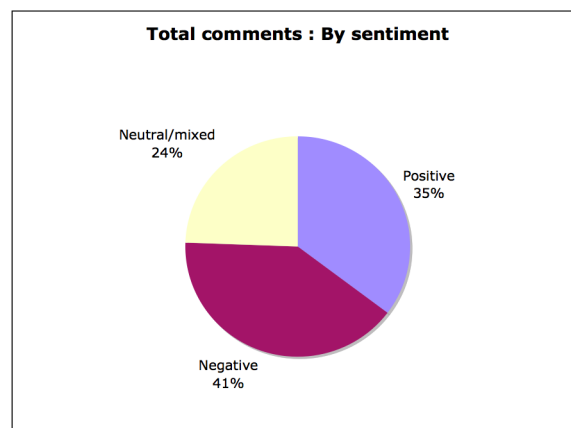


Source: Healthwatch Bolton Comments and IAG Databases

Trends

Sentiment

- The majority of comments 42% (174 comments) were analysed as being predominantly negative.
- 35% (152 comments) were analysed as being broadly positive.
- 24 % (105 comments) were analysed as expressing either mixed or neutral sentiments.

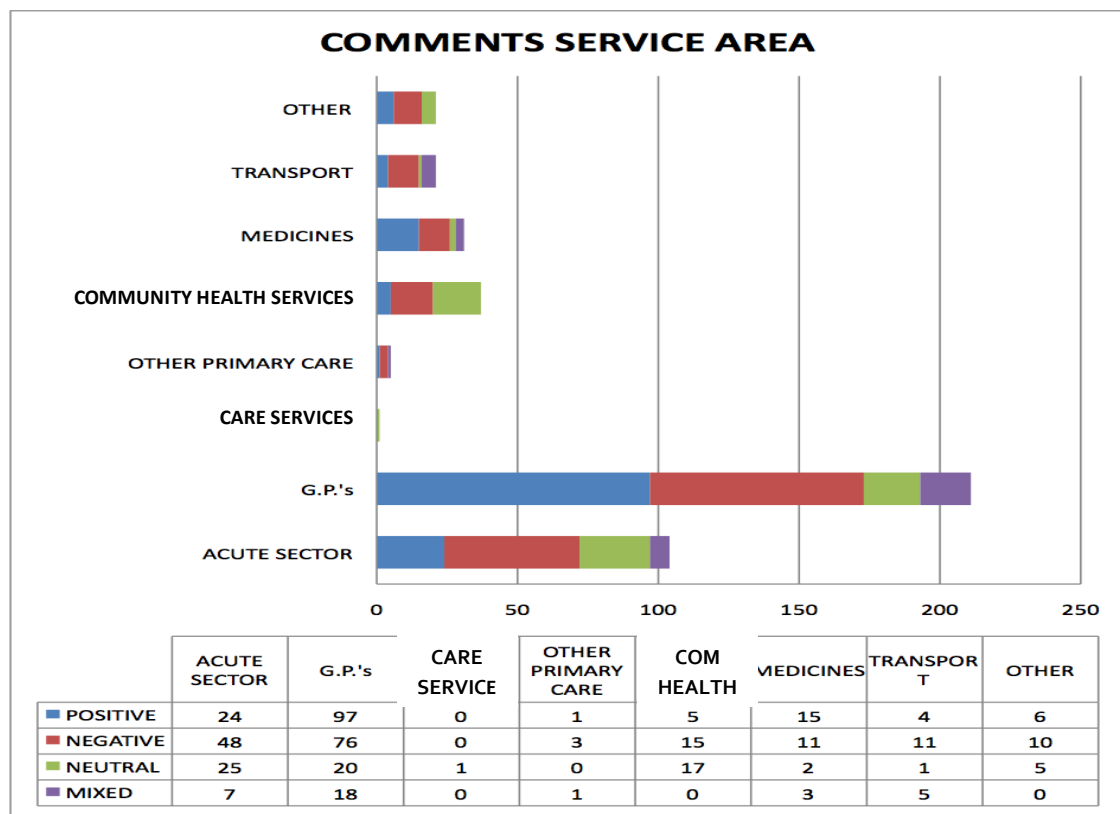


Services

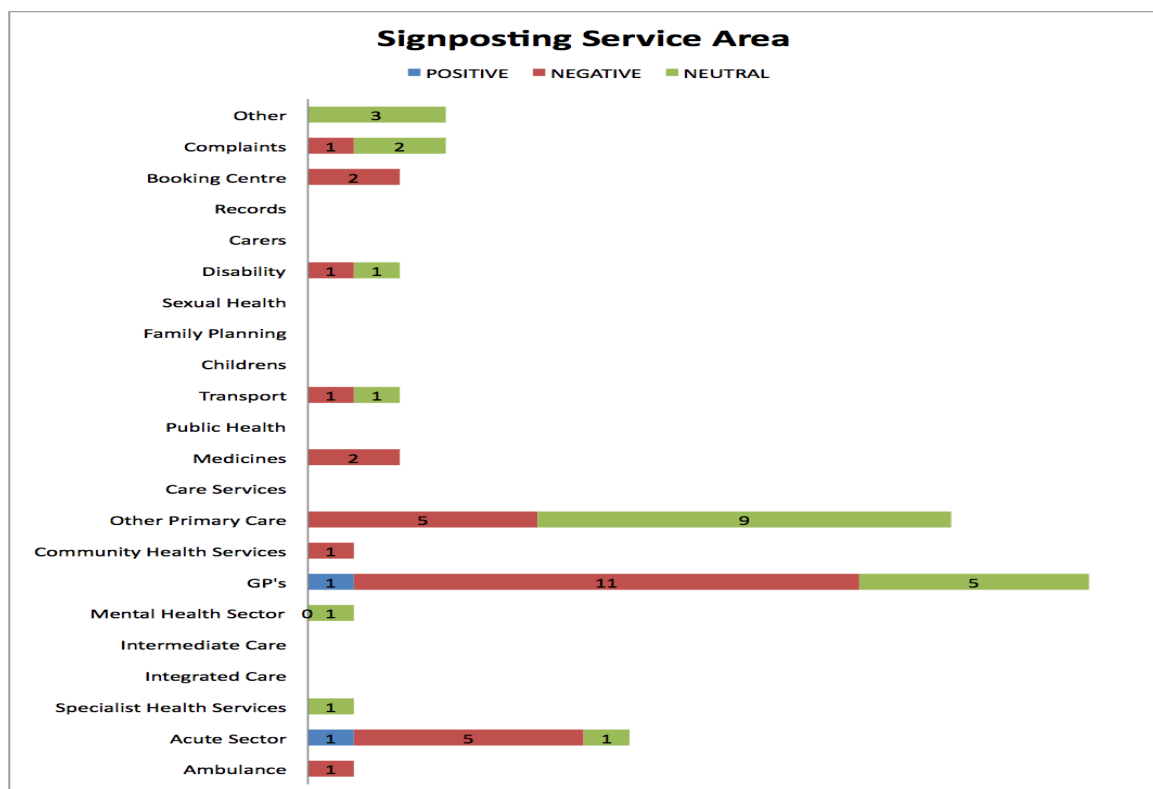
Issues raised this quarter focussed on the following service areas:

- **GPs** (228 references).
- **Acute sector** (113 references)
- **Community Health Sector** (37 references)
- **Medication/Pharmacy** (33 references)
- **Other** (Including disability services, benefit issues, records/data management, complaints information, call centres etc) (31 references)
- **Transport issues** (23 references)
- **Other primary care services** (including dentistry) (19 references)
- **Care Sector** (2 references)

Engagement Work Comments, by service and sentiment October - December 2014 Source: Healthwatch Bolton Comments Database



Information Service Enquiries by Service and Sentiment: October – December 2014¹ Source; HWB IAG Database



Issues

Healthwatch Bolton uses an adapted version of Healthwatch England's Patient Rights Framework to analyse comments. The majority of comments collected refer to;

- *Access to basic to services* (266 references)
- *Quality /Safety of service* (160 references)
- *Information* (80 references)

In relation to the Rights analysis negative comments marginally exceeded positive ones, overall as follows;

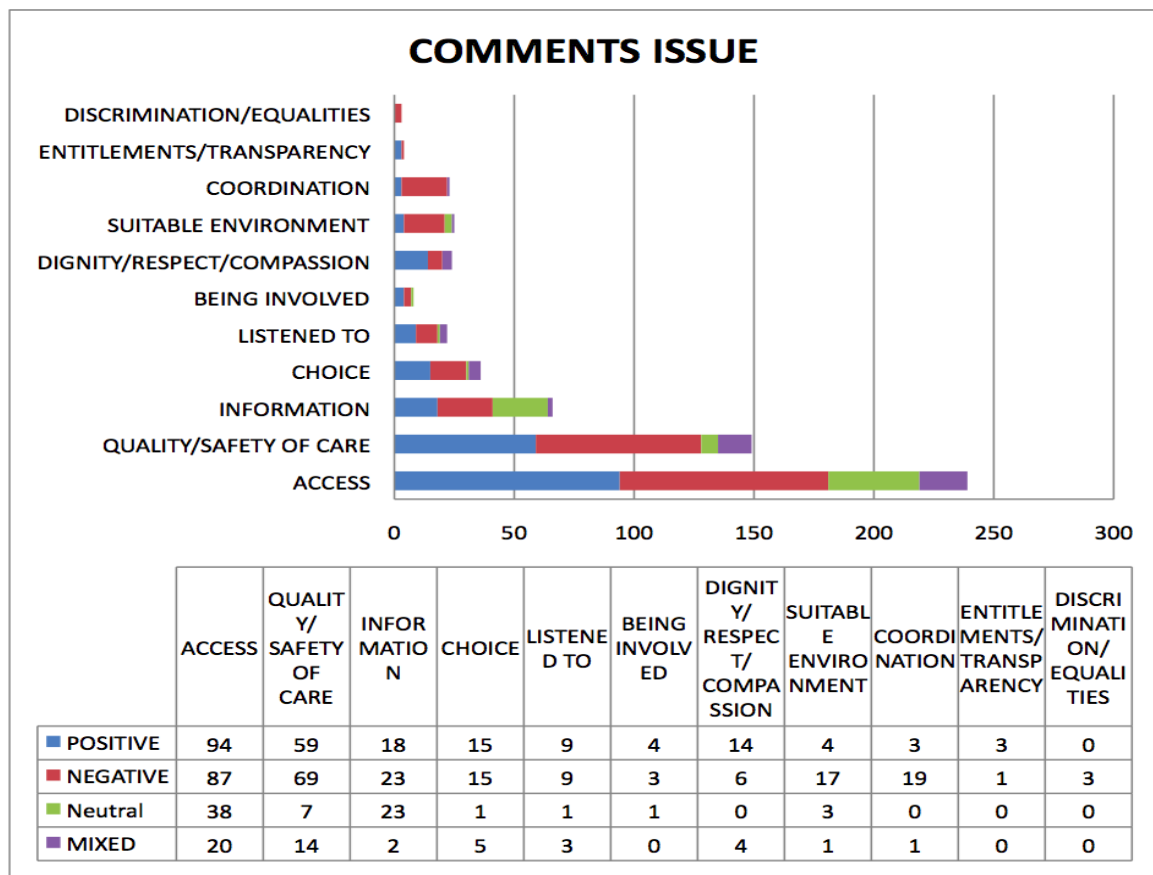
- *Access to basic to services* (102 negative, 97 positive)
- *Quality/Safety of service* (79 negative, 60 positive)
- *Information* (26 positive, 18 negative)

The exceptions where;

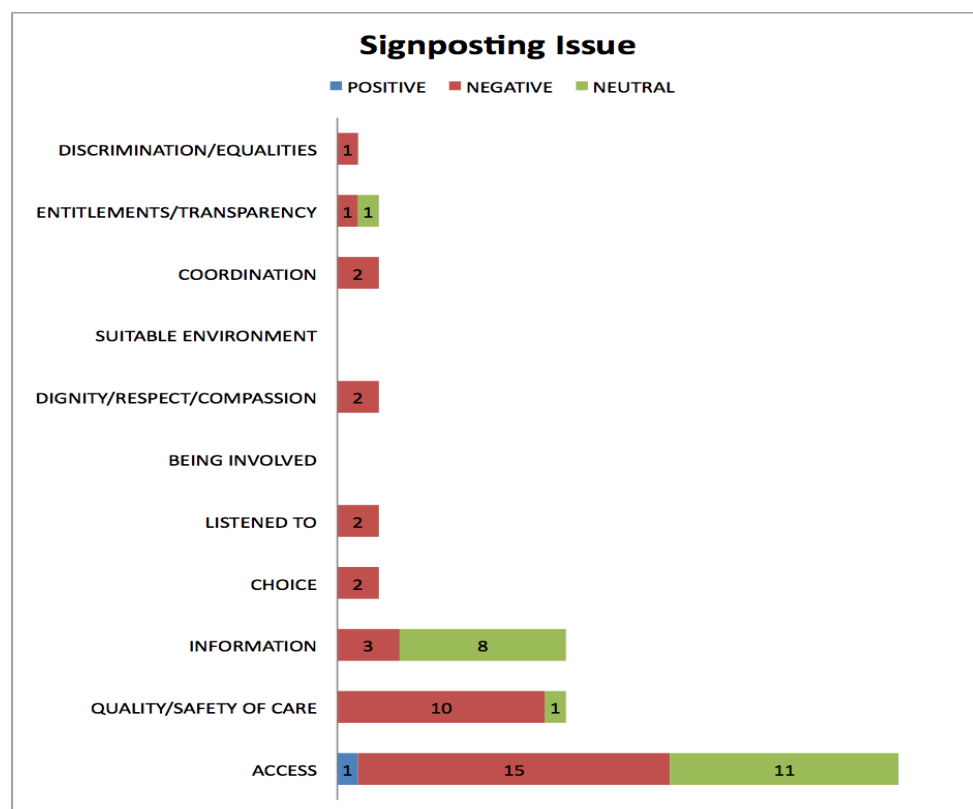
- *Dignity/Compassion/Respect* - where there where almost twice as many positive as negative comments (14 positive, 8 negative)
- *Coordination* (21 negative against 3 positive)
- *Appropriate Environment* (17 negative against 4 positive)
- *Discrimination/Equalities* where (4 negative and no positive)

The numbers may be much smaller in these cases, but the negative impact of poor practice (and conversely the positive impact of good practice) is at least equal to, and may well be much greater than, in areas that have received many more comments.

Engagement Work Comments, by Rights and Sentiment October - December 2014 Source: Healthwatch Bolton Comments Database



Information Service Enquiries by Service and Sentiment: October – December 2014² Source: HWB IAG Database



ANALYSIS

GP Services

210 of the reference to GP services were gathered from engagement activities including responses to an ongoing survey regarding experiences of using GPs. 17 were gathered from helpline enquiries. Of these references 102 were **positive**, 87 were **negative** and 43 were categorised as either **mixed** or **neutral**.

Safety and Quality

Broadly speaking positive comments concentrated on safety and quality with clinical staff are generally seen as being caring and responsive.

“My doctor is caring & he ensures his staff are the same as him. They all work as a team to give the best for his patients.”

“We see the Nurse Practitioner who is marvellous - she’s seen me through my illness. I haven’t seen a GP in ages.”

“Caring - Yes it’s the same GP I see or nurses.”

Coordination and Consistency

There are issues relating to both coordination and consistency, as illustrated by these examples:

“Never see the same GP so difficult to form a relationship. Often feel like one of many so although staff may care its hard to feel like they care for you as an individual.”

“Consultant advised meds from hospital. Not always given. Changed by GP. GP doesn’t always follow consultant advice.”

“Generally caring but some aspects appear to be going through the motions eg State that they will assess the health of everyone over 65. No follow up to this despite the offer to go 6 months ago.”

“My husband’s scan results were faxed by the (?) radiographer (?) the same day. They sat in the doctor’s tray for over a week. My husband was asked to locate the test results himself. Eventually the doctor rang him having found his results in his tray. My husband needed treatment that depended on the scan.”

“Went back to my GP after prostate cancer surgery - the GP wasn’t aware I’d had it. Apparently the information was in the practice but wasn’t on the screen.”

“Went to GP - he didn’t know anything about the experience or (prostrate cancer) operation.”

Access and Gatekeeping

Access to GPs is problematic and patchy. Whilst opening hours are sometimes identified as a problem many comments focus on the “gatekeeping” systems which are seen as ineffective, problematic, frustrating, obstructive and sometimes perverse.

“You have to ring at a certain time (to get an appointment) - you end up being in a queue - silly system - you have to keep ringing to get through. The GP is wonderful.”

“It’s almost impossible to get an appointment when unwell. I was told by the receptionist that I should have rung earlier or 5 days before being ill! The receptionist attitude is awful - people have to wait a long time for prescriptions etc. It’s really not good. Not offered a telephone conversation at all. Where are you supposed to go?”

“Long waiting times on phone plus unhelpful receptionists”

“Very impersonal service from receptionists. No sense of helpfulness or flexibility.”

“Just for interests sake, a contributor to DNAs are the call centres which arrange appointments for GPs. They sometimes cancel appointments without either the GP or the patient knowing. I have a friend who experienced this and two of his appointments were cancelled by a call centre doctor.”

“Sometimes for minor things you can see the “Senior Practitioner/Clinician/Nurse”. I can see the use of them very much and I often ask for them. My sister saw the Nurse Practitioner who diagnosed and treated her. What was wrong with her didn’t clear up and she asked to see a GP. The receptionist said she was to see the Nurse Practitioner again. The outcome was that the Practitioner couldn’t diagnose what was wrong and my sister now doesn’t know what to do.”

“The GP will not re-refer me because it will make his statistics look bad.”

“Have to jump through hoops to be seen on same day; Convincing Receptionist, waiting for triage call, convincing GP on triage call, getting appointment time immediately.”

Of 18 people who were asked “Have you used A and E because you couldn’t see a GP?” seven said they had.

“Had chest infection. No appointment for 2 weeks.”

“Ear infection on a Friday - Friday had no appointments available.”

“Weekend - needed urgent attention - GP could have dealt with it.”

“(GP) closed - out of hours would not come.”

“Difficult to access out of hours. People attend A & E out of hrs as “Convenient”. Put GP back in A & E ”

Acute Sector

Access and Gatekeeping

As with GP services a number of comments highlighted failures in “gatekeeping” systems. In one case the cross-boundary referral “procedure” involved a patient who had already been treated in A and E elsewhere being told to re-attend at A and E in Bolton in order to get on the relevant treatment pathway locally.

“Gentleman given a consultant appointment - asked to ring Bolton booking centre which he did. Got an appointment about a month later. They cancelled and asked him to ring a different booking centre (in Milton Keynes!) which he did - booked another appointment. Just before that one they cancelled again. Doesn't know what to do now.”

“My wife broke her ankle (whilst on holiday) & attended Kings Lynn A&E. The orthopaedic registrar recommended an operation. He was unable to book a forwarding appointment at Royal Bolton fracture clinic (the hospital of our choice). He was told that we would have to go through A&E at Royal Bolton. Our experience was good but this is a waste of time & money when X-Rays had already been forwarded with notes.”

Discharge Planning, Coordination and Follow-up

Several people commented on discharge arrangements, in some cases individuals felt “abandoned” in others cases anxious and in others annoyed. In a number of these cases the local (Bolton) Hospital was left to handle follow up / remedial actions from procedures that had happened elsewhere. In one case the patient ended up in A and E as a result of poor follow-up post-discharge.

“I visit a who was sent home from hospital at 10.30 at night - it happened about 3 weeks ago. She has no one at home and she'd no milk or bread in. She'd been in hospital for a week. The next day the hospital rang to apologise. She told us that she'd felt abandoned. On the ambulance that took her home there were three other ladies. One of them was going onto Adlington so she won't have got home till at least 11 o'clock.”

“ (lady discharged following an accident resulting in a serious head injury) At Salford Royal, there was no follow-up appointment and no aftercare arrangements. I don't remember leaving hospital because I was still concussed - this makes me believe that I should not have been discharged from hospital. I am concerned about the aches and pains I am experiencing. ... When I contacted Salford Royal to request the discharge letter I was told I would need to pay £40 for my medical records and that this is the only way I can find out what happened.”

“3 weeks ago my Dad had a cataract operation and they put the wrong lens in so he had to have it done again....we're not happy - it should not have happened.”

“Hope Hospital - My husband had a back operation & they sent him home within 24 hours. He got an infection & we had to come & queue up at A&E (in Bolton). He was then given a bed but they did not tell the ward until the following day. We went Sat - he got onto his ward Sunday pm.”

Acute Sector : Cancer services

As a result of some joint work with Macmillan, Healthwatch Bolton obtained some feedback on cancer services. The comments below may be useful for those involved in the current commissioning review process.

“Cancer patients have been telling us for some time that communications between GP/specialist cancer services and community services are not good.”

“There is poor psychological support for cancer patients in Greater Manchester.”

“Cancer diagnosis should be delivered by a counsellor or similar as in HIV.”

“Lymphoedema services across Greater Manchester are atrocious.”

“People who are high risk (risk is 1 in 2 of a hereditary prostate cancer) should be screened with the blood test at the age of 40 - and all men from 50 onwards a part of the well man screening set up.”

“We have been regularly taking a friend to Christie’s outpatients. Someone needs to look at how many patients are going through that clinic as people are finding there are no places to wait and some I’ve seen having to sit on other people’s laps! Waiting times for bloods and medication regularly means that it’s a full day of a job and we can be coming home at 7 and 8 o’clock at night. It’s too much for my friend and getting too much for us.”

Community Health Sector

Access and Gatekeeping

The main issues raised regarding community services were associated with access and gatekeeping. As seen elsewhere, unhelpful booking systems are cited as causing problems for both staff and patients,

“The lady we visit is a patient at Market Street surgery and when she rings the practice she often speaks to someone in Breightmet. I tried to ring to cancel her nurse coming out and they wouldn’t put me through; they told me to leave a message. It puts older people off ringing if the phone system is complicated and they like to speak to someone they know.”

‘Honestly podiatry is a nightmare getting through to them. Automated system. Patients ask us (district nursing).’

‘Loads of problems with the booking system as applies to district nursing. A care home called for someone to administer pain relief and we didn’t get the message until we got back to the office then we got it all in emails. It’s kind of taken away that personalisation of care.’

Medication/Pharmacy

The majority of people appear to be happy with pharmacy services, seeing them as being largely convenient and customer friendly.

"I use Boots they have a text reminder service. Really useful at times."

"Very good, (items) always there (at pharmacy) on time. No problems."

"Normally its pretty good - my wife might need medicines that day - I can usually get the tablets that she needs that day."

"Pharmacy is good (three pharmacies close to surgery)."

However, some issues of prescriptions policy do appear to cause both inconvenience and unnecessary GP visits.

'Some tablets used to be on a 3 month prescription have been cut down to a one month supply which isn't good....I have to keep going back constantly.'

Concluding Remarks

Overall Healthwatch Bolton's evidence base continues to present a mixed picture. Local experience largely bears out the received wisdom that, on the one hand people are grateful that health and care services exist but, on the other, they are far from satisfied with the (customer) **service** that the system offers.

First contact experiences and referral systems need at a minimum to work and ideally to be smart and flexible enough to recognise individuals priorities and circumstances. Many of the comments given to Healthwatch Bolton suggest that, at present, this is not the case.

Staff are generally valued and the quality of services generally seen to be good. However poor coordination and follow up can cause unnecessary anxiety (and quite probably unnecessary contacts with services).

There is sometimes a sense that the system is working against itself, and is in fact causing unnecessary/"inappropriate" interactions with services. At the same time the system sometimes appears to be lecturing the public about the importance of avoiding those same "inappropriate" visits. This is not a helpful dynamic.

Recommendations

There is a need to address the effects of certain "gatekeeping" trends (eg use of "booking centres", GP triage systems) and of poor post-discharge follow-up (from all acute services) on patient behaviour and outcomes.

The Health and Wellbeing Board should take a lead on reviewing customer service values in health and social care in Bolton. A review should seek to identify and promote good practice.