

<b>TITLE</b>	<b>Healthwatch Update</b>
<b>FOR CONSIDERATION BY</b>	Health Overview and Scrutiny Committee on 19 January 2015
<b>WARD</b>	None Specific

## Q3 Update for HOSC - 19<sup>th</sup> Jan 2015

### Issues followed up from Nov 2014 meeting

- Issue around confidentiality at GP front desk /pharmacy

Most practices take stringent precautions to preserve confidentiality, e.g. ensuring that patients cannot see VDU screens which may have patient data on; having a queue system at Reception so that patients are segregated and can talk discretely out of other patient ear shot; have side counters where you can take the patient away from the main desk for a quick chat. Generally if a patient has particular confidentiality issues we will take the patient into a private room - particularly useful for youngsters who are nervous about talking or who may be afraid or embarrassed to be seen by a friend or neighbour. We keep our telephones segregated from reception to try and shield conversations. We work on the basis that callers / visitors (unless known to us) need to identify themselves fully - in other words if Mrs Brown calls she will be invited to provide her address whereas some years ago a receptionist might ask if she is the Mrs Brown that lives at such and such address. When working with other community healthcare professionals we use passwords so that we can identify them should they phone in needing patient info to support immediate treatment. We go to great lengths to try and preserve patient confidentiality and our staff receive regular training and have to sign confidentiality agreements that remain in perpetuity. Added to this we are also registered with the Data Commissioner and have robust IT systems in place to safeguard patient and other critical data. The NHS requires that we undertake an annual information governance audit to demonstrate compliance with proscribed data standards. Above is the tip of a very large iceberg, happy to discuss in more detail!

- Workforce issue – seeing a nurse vs seeing a GP

Patients can insist upon seeing a GP for things that really need to be undertaken by a nurse e.g BP measurements which is an absolute waste of time for a GP. A nurse can do this and depending upon the result, may consult with a GP about any need to see or alter medication regime.

Generally nurses run chronic disease management clinics in most practices. In terms of triaging patients, this too is increasingly common as most calls relate to simple conditions and once patients realise nurses are able to deal with these or refer them on to GPs, they are quite happy to use this process.

At WMC we are in the fortunate position of having 3 Nurse Practitioners who sit between normal practice nurses and GPs and who are qualified to case manage, refer and prescribe. This gives patients an added level of service. WMC also has a nurse that undertakes community work to look after housebound patients who need chronic disease management at home and who can undertake things like flu vaccinations - this too is highly unusual.

- FGM

I spoke to Berkshire Women's Aid who have no recorded cases of Female Genital Mutilation for Wokingham Borough, however the worker was fairly confident that there were some cases happening in Wokingham, just that they were not reported

- Followed up concern re: elderly patients being asked to sign a "Do not resuscitate" form

This is part of a government mandate called "Advanced Care Planning" one of the targets GPs have is to have a % of older patients put through this process. Practice took on board how the patients were unsettled by such questioning.

## Summary of key issues by service type

Wokingham Council	<ul style="list-style-type: none"> <li>• Several deaf people having trouble filling out DLA forms as council not able to translate forms for deaf people</li> </ul>
Hospital Services	<ul style="list-style-type: none"> <li>• Failure in discharge process to notify community care of the need to remove sutures of patient after hospital discharge</li> </ul>
GPs	<ul style="list-style-type: none"> <li>• Poor access to GP services to manage long term health issues and need for medication</li> <li>• GP lack of opening hours and no nurses</li> <li>• Complaint that GP receptionists dealt with patients in un-caring, rude manner</li> <li>• Complaints that doctors dealt with patient in un-caring, disinterested manner, spending weeks trying to see doctor which led to misdiagnosis by nurses</li> <li>• Messages not being passed from receptionists to doctor and have to be chased up by patient</li> <li>• Items missing from prescription</li> <li>• Inability to get GP appointment as process requires a doctor to call patient but patients phone not receiving incoming calls due to line fault</li> <li>• GP told patient with depression to contact CAB to get details about Talking Therapies, patient concerned that GPs can't provide that information</li> </ul>
Care Services	<ul style="list-style-type: none"> <li>• Lack of home care services</li> <li>• Delays in provision of care</li> </ul>
Mental Health Service	<ul style="list-style-type: none"> <li>• Poor communication between Psychiatrist and Crisis team led to patient deteriorating depression</li> </ul>
Pharmacy	<ul style="list-style-type: none"> <li>• Unavailability of seating for elderly</li> <li>• Pharmacist disposing of medication after agreeing to hold until patient had opportunity to travel and collect them</li> </ul>
Finance	<ul style="list-style-type: none"> <li>• Local residents unsure about entitlements and liability in regard to care costs and whether they would need to sell their house— several cases</li> </ul>

## Where does our data come from?

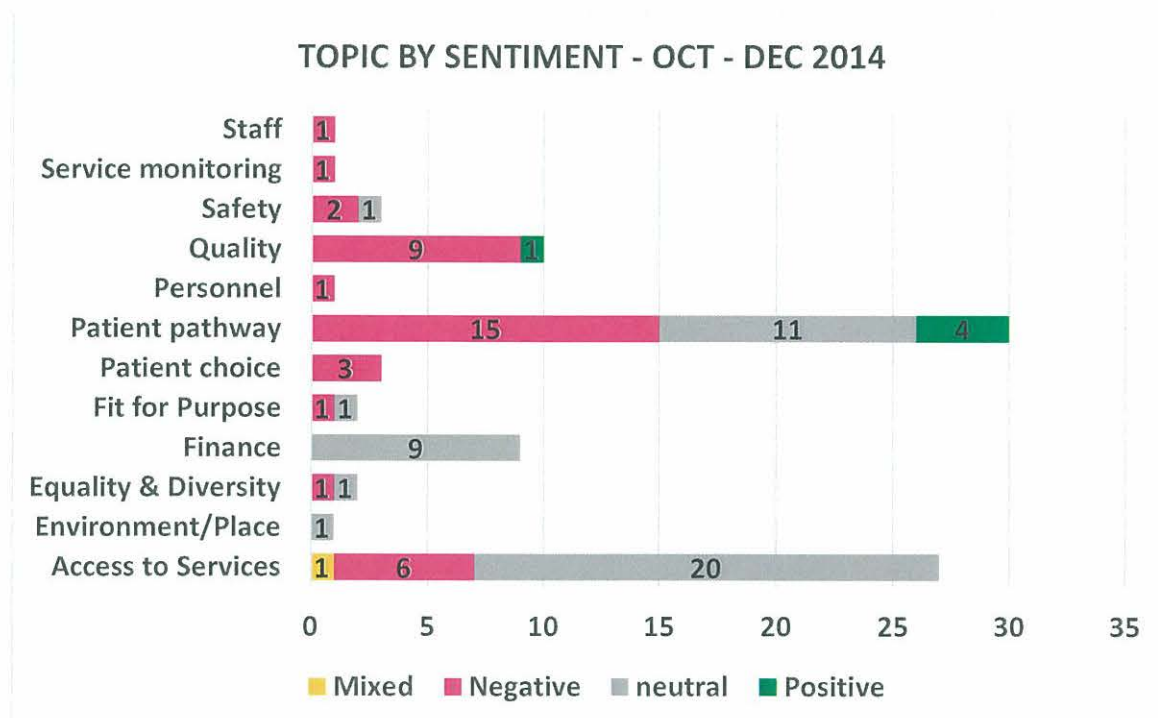
We receive public's comments in various ways. For the 3 month period October-December 2014 39% of our comments came via surveys carried out by Healthwatch. 31% came via the Citizens Advice Bureau. 12% came via our website which is an increase on previous periods and very pleasing to see. The remainder of comments came via Telephone, Email, Events, visits and feedback forms.

## What issues were reported?

Topics are broad categories of issues, giving a general idea of the subject of comments received. We also record the 'sentiment' of comments, as for example, a comment could be positive or negative.

The most comments related to **Patient Pathway**, 33 % and **Access To Service**, 30 %, **Quality**, 11 % and **Finance**, 10%. This subject continues to appear every month and generally relates to people's concerns about funding care, their entitlements and whether they will need to sell their homes.

However it should be noted that of the 33 % of comments relating to **Patient Pathway** only 50% were negative, the remainder were primarily neutral in sentiment. Of the 30 % of comments relating to **Access To Service** 75% has a neutral sentiment. With regard to comments regarding **Quality**, 90% had a negative sentiment.



## Which services were mentioned?

**GPs/CCG** and **Hospital Services** once again dominate the service providers reported in this period. However the majority of comments relating to hospitals had a neutral sentiment. They receive a mixture of negative and positive sentiments. What stands out particularly is the 5 reported issues for the **Royal Berks Hospital**, all of which have a negative sentiment. Each reported issue was different.

We also had a number of issues related to Schools. However these relate to a small part of 1,000 responses we have from a survey we carried out at St Crispin School regarding emotional wellbeing. We will wait until all surveys have been entered onto our systems and analysed before making any further comment.

### **You Said. We Did...**

You Said: Healthwatch was being told by a local resident with hearing and vision impairments about the issues she faced accessing her local GP service.

We Did: Healthwatch contacted the resident's GP surgery (with patient permission) and met with the practise manager to raise the issues highlighted by the resident. We will be collaborating with the surgery and the resident to try and resolve the issues.

### **Reports published and their impact.....**

The sensory needs mystery shop "*Are you hearing us?*" made front page news locally and was well received at the Health & Wellbeing Board. It highlighted how **all** services need to look at accessibility. An action from the meeting was for the CCG to check with SCAS and Royal Berks Hospital about what happens in practice if a deaf patient needs urgent treatment (as opposed to what it says in the policy)

The 13 GP practice managers have invited Healthwatch to their monthly team meeting this month☺

Healthwatch are proud to have been key in bringing together the voluntary transport groups into a Wokingham Transport Forum. **Healthwatch acknowledge the value of separate organisations but would encourage joint working in order to achieve greater efficiencies and a better customer experience.**

The Transport Report "*Just how far...*" identifies the following:

- 170,000 patient visits from the borough to Royal Berkshire Hospital annually
- 130,000 visitors make their own way
- 24,000 A & E emergency admissions
- 16,000 visits are assisted non A & E
  - **3500 (22%)** of these are made by volunteers from the Wokingham Transport Forum
  - 350 volunteer drivers and **80** support staff deliver these journeys
  - A further **16,100** journeys, which are social and medical are delivered by Wokingham Transport Forum volunteers to other locations
  - We estimate an additional 500+ journeys may also be made by other providers

### **Imminent plans...**

Our focus over the next 3 months will be on producing an interim report on some initial data from the 1000+ young people surveys we have collated re emotional health and wellbeing