



Intelligence & Engagement Report

1st October - 31st December 2015



Summary of key findings

Key issues by Service Type

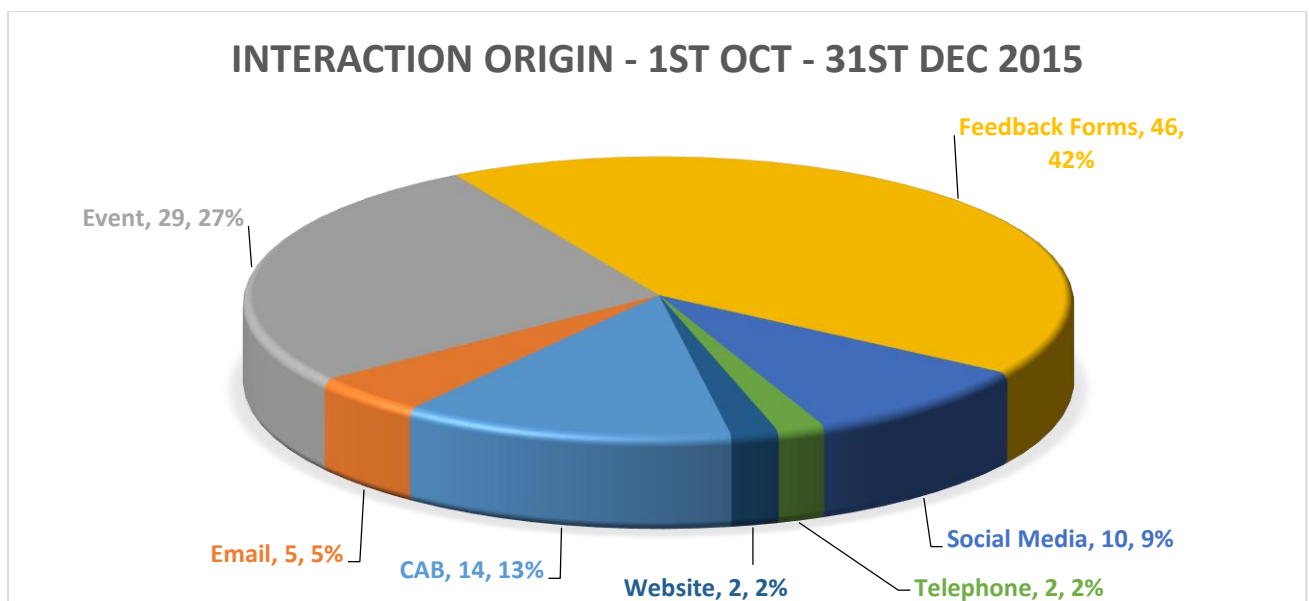
Table below summarises the key issues reported.

<p>Hospital Services</p>	<ul style="list-style-type: none"> • Daughters routine nose operation to improve breathing has left her nose seriously bent • Following a stomach operation, the patient was attached to a colostomy bag, which burst. It could not be replaced because the colostomy bag cupboard was locked and the person with the key was off-duty. • Concerns that her new born baby has ‘tongue tied’ condition and unable to breastfeed. The waiting list for the simple procedure to rectify it is quite long, and the inability to breast feed her child is causing the mother considerable distress
<p>GP Services</p>	<p>65 of all comments (50%) received in the 3 month period related to GP services. The comments were evenly split between negative and positive.</p> <ul style="list-style-type: none"> • Many people have difficulty getting a Doctors appointment, in several cases it was in excess of 4 weeks wait • Various complaints regarding consultations on the phone rather than in person. One comment ‘Phone consultations are not appropriate when you are in tears on the phone’ • Complaints about being screened and having to discuss medical condition with receptionists before you can talk to a Doctor, also about rudeness of receptionists • No continuity of Doctor. Individual dealt with 4 different Doctors. No face to face meeting with a doctor for nearly 6 weeks. Wrong interpretation of ultrasound. Over eight weeks the NHS was unable to diagnose condition. It took three days in the private system.

	<ul style="list-style-type: none"> • Annual check up carried out over the phone by doctor • Lack of information when repeat prescription process changed • Guidance from consultants at the RBH are followed up but Doctors but the patient not informed by Doctors surgery. Patient waited nearly a month for medication recommended by RBH- not informed by surgery that it had been actioned by Doctors.
Mental Health Services	<ul style="list-style-type: none"> • Complaints about delays in CAMHS service • 2 residents have paid privately for autism diagnosis due to 18 month wait for this service with CAMHS • Admin issues at CAMHS. One residents said "I was told I would get another CAMHs appointment in 6 months time, I phoned up in January 3 times to check when the appointment would be booked for. 3 weeks later I got a call saying the appointment was today - explained my son was in school and I couldn't take him out of school - was told it would be recorded as refused appointment"

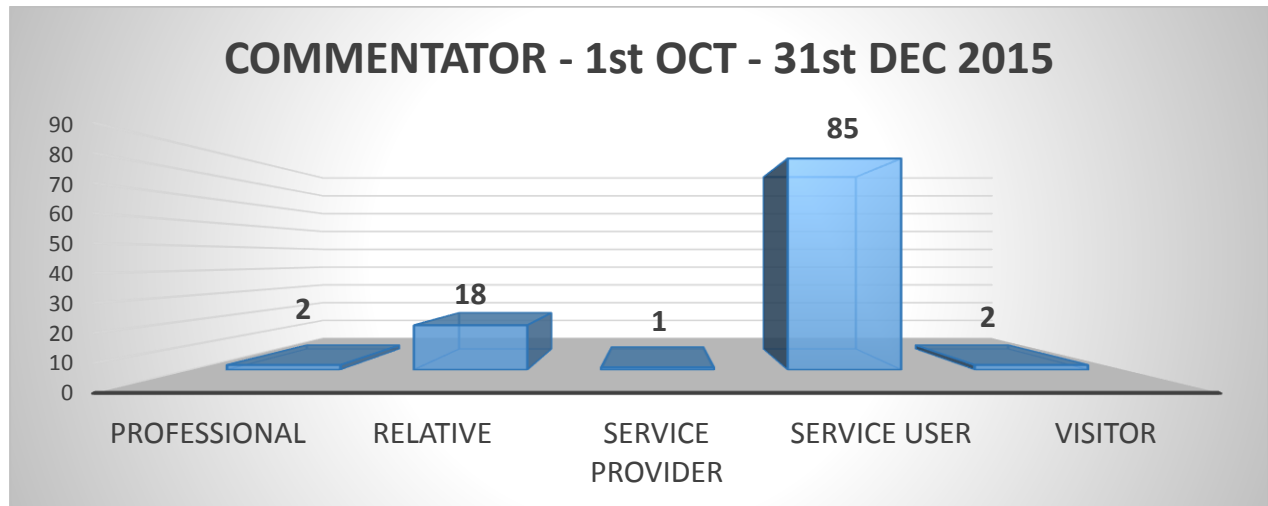
Where does our data come from?

We receive public's comments in various ways. For the 3 month period Oct - Dec 2015 we received 108 comments from residents. Speak Out leaflets (mainly handed out at flu clinics) accounted for 42%, events attended by Healthwatch accounted for 27%, Citizens Advice Bureau 13% and Social Media 9%. The remainder of comments came via telephone, email and web site.



Commentator Type

For Quarter 3 the majority of contacts, 85, were from the service user, whilst 18 comments came from the service users' relative. The remainder came from a professional, a service provider and visitors to a service user.

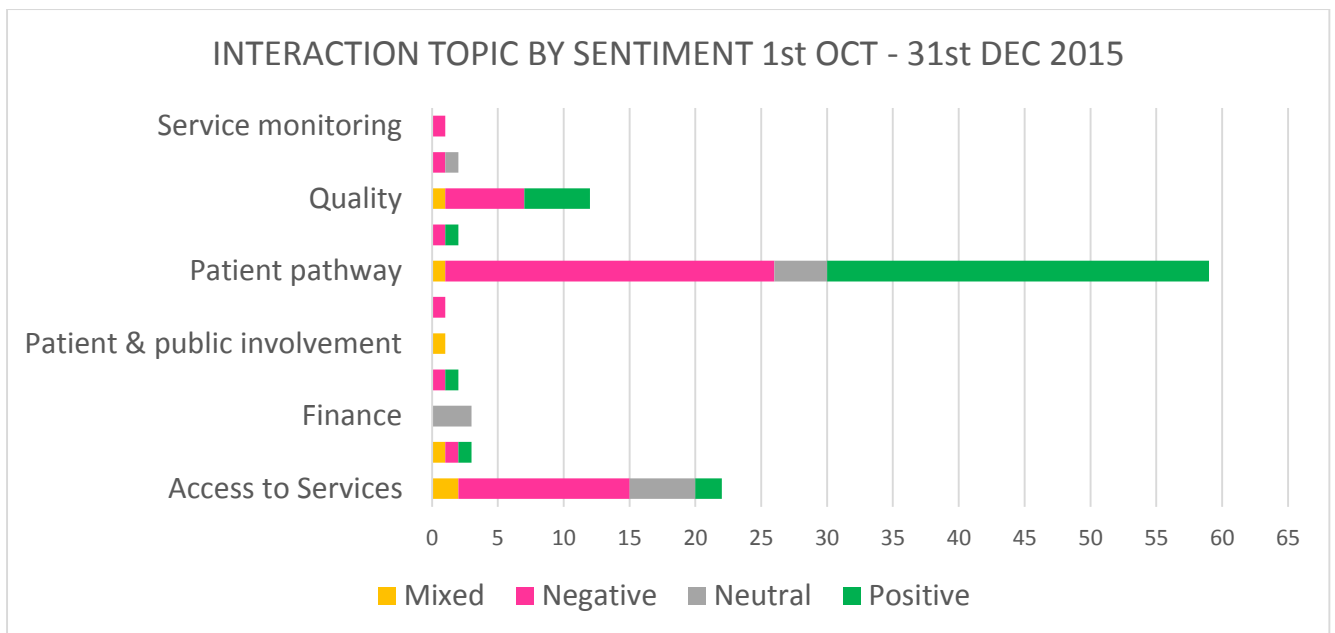


What issues were reported?

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**, 55% Comments related to **Access To Service** accounted for 20%. Comments relating to **Access To Service** accounted for 11%.

Taking into account all comments, 46% were negative in sentiment, 36% were positive, 12% were neutral and 6% mixed in sentiment



So What? What Difference have we made?

Healthwatch were asked by the town centre regeneration team if we would take part in planning meetings specifically for people who have access issues. It is really important that people with access issues, due to disability, are asked their views when there are major changes to town re-design and any other changes to services for local residents. Those residents with sensory needs and physical impairments they are entitled to equality of access to able bodied residents. They should have the same freedom to be able to navigate their way around town easily & safely. If they are unable to do that they can become anxious about going out, possibly become isolated and lose freedoms that other people have to go where they want, when they want and to be independent. The knock on effect of that, amongst other things, is the affect it has on the individuals' health and general wellbeing.

Healthwatch were represented by two 'Champions' who both have physical and sensory disabilities. The regeneration planning meetings were held over 2 days - one a non-market day the other on a market day. The reason for this was because people with access issues can face very different problems on a market day compared to non-market day.

As part of the meetings, those attending were shown films of recent town regeneration in other parts of the country, including those that had worked well and those that hadn't worked well as the responsible council had not engaged with local people who had access issues due to physical and/or sensory impairment.

Whilst our two champions were unable to watch the film clips shown due to their sight issues, they were full of praise for the town and borough council regeneration project team who anticipated it would be a problem for some attendees and printed large A3 papers of all current and proposed maps of the town centre and still images from the films highlighting good design and bad design.

On both days the attendees went out and about in the town centre then fed back to the regeneration team what was an issue for them in terms of moving around the town centre, access, crossing roads, signage etc. Additionally they spent a good deal of time looking at the proposed regeneration plans and gave their feedback on any proposals that they thought would affect their ability to move safely and freely around the new town. All attendees' feedback was written down and will be fully considered by the regeneration project team and incorporated where at all possible in the final town design.

Engagement

A key task for Healthwatch is to engage with residents and user groups. The purpose of this is three fold

Firstly, it raises awareness of our role.

Secondly it enables us to collect residents' stories, at engagement events, if they have something they want to share at that time.

Thirdly, if residents raise a query about other services that might be useful to them we are able to sign post them to appropriate services.

The table below shows where Healthwatch has been engaging between Oct-Dec 2015.

	POP UP IN COMMUNITY	EVENTS	USER GROUPS & OTHER
OCTOBER			
1 st October			Westmead Day Centre Suffolk Lodge
3 rd October	Woodley Surgery Flu Clinic		
4 th October		Twyford Fun Run	
5 th October			Wokingham Without Parish Council
10 th October	Woodley Surgery Flu Clinic WMC Flu Clinic	Wokingham Volunteers Fair CAN Network	
14 th October			CAMHS Participation Group
17 th October	Woodley Surgery Flu Clinic		Action For Autism
24 th October	WMC Flu Clinic		
28 th October	WMC Flu Clinic		CAMHS Transition Review Group
NOVEMBER			
2 nd November			Wokingham Voluntary Sector Network Group
7 th November	WMC Flu Clinic	Town Regeneration Stall	
10 th November			St Crispin Student Council
12 th November			COAT Crowthorne
16 th November			Enter and View Murdoch House Care Home
26 th November	Morrisons Woosehill		

29 th November	Wokingham Winter Carnival		
DECEMBER			
1 st December			Deaf Positives Action Group
2 nd December			Frimley Trust Public Involvement Group
9 th December			Wokingham In Need (WIN)

We appointed a part time, temporary volunteer coordinator this quarter to support a growing volunteer base. We currently have 44 volunteers.