

## Healthwatch News

### Healthwatch Pharmacy Survey

We are asking local people to give their views on pharmacy services.

Many local pharmacies now provide a range of NHS services, for example blood taking, NHS flu jabs, support for stopping smoking etc. And of course pharmacies are very important for the dispensing of prescription medication and helping people to understand and take their medication.

Healthwatch wants to find out what people think of their pharmacy services and what people think the role of pharmacy could be in the future NHS.

- Are they an asset which is being used enough?
- What changes should be made?



Further developing the role of pharmacy to help address issues around supporting GP services has been high on the NHS agenda for a while.

We think it is important that local people can have their say.

Complete our survey at:

[www.surveymonkey.co.uk/r/coventrypharmacy](http://www.surveymonkey.co.uk/r/coventrypharmacy)

Or contact the Healthwatch Office for a paper copy on 024 7622 0381

### Reports published

#### Trinity Lodge Care Home

Healthwatch made 3 recommendations regarding: the need for more activities/ stimulation for residents; improving decor with colour themes for corridors to help residents identify where they are; improving accessibility of gardens. The home's management responded positively reporting that they were recruiting; would add colour to corridors and install handrails in the garden.

### Healthwatch feedback on new draft care home specifications

This report details Healthwatch Coventry suggestions for improving draft person focused care home specifications. Our recommendations include:

- There should be more emphasis on maintaining independence
- Ensure that those whose first language is not English, or with cultural or faith needs are catered for in each of the outcomes.
- Good practice regarding dementia friendly design should be a basic requirement for all homes irrespective of their designation
- Access to outside space should be covered in the core specification. The focus should be the outcome rather than a set amount of time outside.

### Steering Group meeting dates 2017

The Healthwatch Steering Group will be meeting on:

- |              |              |
|--------------|--------------|
| • 31 January | • 15 August  |
| • 28 March   | • 10 October |
| • 6 June     | • 5 December |

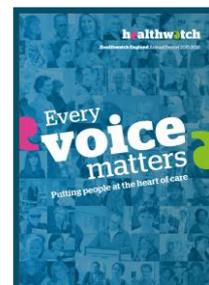
Meetings start at 11:00am and are at Queen's Road Baptist Church Centre Grosvenor Road, Coventry.

### Healthwatch England annual report

Healthwatch England has published its annual report to Parliament. This highlights the work of the Healthwatch network in 2015 - 2016.

Read more at:

[www.healthwatch.co.uk/news/every-voice-matters-our-annual-report-parliament-20152016](http://www.healthwatch.co.uk/news/every-voice-matters-our-annual-report-parliament-20152016)



### Family health and lifestyle service

Coventry City Council is reviewing its services for children and families. They want to understand how services can be user focused, be joined up and be accessible. They are holding two workshops to discuss this followed by a formal consultation in early 2017. Book your place:

7 December, 9.30am -  
[www.eventbrite.co.uk/e/family-health-and-lifestyle-services-workshop-tickets-29058029348](http://www.eventbrite.co.uk/e/family-health-and-lifestyle-services-workshop-tickets-29058029348)

13 December, 9.30  
[www.eventbrite.co.uk/e/family-health-and-lifestyle-services-workshop-tickets-29058151714](http://www.eventbrite.co.uk/e/family-health-and-lifestyle-services-workshop-tickets-29058151714)

Any questions relating to this should be sent to [FMUstrategicsupport@coventry.gov.uk](mailto:FMUstrategicsupport@coventry.gov.uk)

### Coventry Health and Wellbeing Strategy and JSNA published

The Health and Wellbeing Strategy provides Coventry residents and organisations with a picture of what the Health and Wellbeing Board, through its members and wider partners, will deliver over the next three years and how it will work together to achieve this. The focus will be on three priorities where the Health and Wellbeing Board believes it will make the biggest difference to the lives of Coventry people. These are:

1. Working together as a (Michael) Marmot City to reduce health and wellbeing inequalities
2. Improving the health and wellbeing of individuals with multiple needs such as mental health issues, homelessness
3. Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

Find out more at: [www.coventry.gov.uk/jhwbs/](http://www.coventry.gov.uk/jhwbs/)

The supporting information which was used to set these priorities has also been published through the Joint Strategic Needs Assessment (JSNA). This can be found as an online resource at [www.coventry.gov.uk/info/190/health\\_and\\_wellbeing/1878/joint\\_strategic\\_needs\\_assessment\\_jsna](http://www.coventry.gov.uk/info/190/health_and_wellbeing/1878/joint_strategic_needs_assessment_jsna)

### Coventry and Warwickshire Health and Wellbeing concordat

The Health and Wellbeing Boards of Warwickshire and Coventry - whose membership includes the areas' councils, clinical commissioning groups, NHS Trusts, voluntary and patient associations, emergency services and others - came together to sign the new 'Health and Wellbeing Alliance Concordat'.

At the heart of the agreement is a focus on enabling people living in Coventry and Warwickshire to pursue happy, healthy lives by focusing on what's best for the public rather than individual organisations, streamlining decision making and creating a health and wellbeing 'system' that is easy to understand. This commitment will form the basis for a new, joined up approach to service delivery.

Councillor Kamran Caan, Chair of the Coventry Health & Wellbeing Board said: *"People and communities are at the heart of everything we do and creating a partnership like this is going to help shape better futures for those that we want to support."*

### Travel assistance for young people

Coventry City Council is planning to consult on new travel arrangements to support children and young people with Special Educational Needs (SEN) to access school and college.

The Council has concluded that unlike other local authorities, it provides home to school transport for pupils who live significantly closer to the nearest appropriate school, even if they are able to travel independently.

The plans were approved at a Cabinet Member meeting on 10 November. A consultation will run from 21 November to 13 January.

The proposed changes mean travel assistance decisions would be made on the basis of an individual's needs, beginning with an assumption that the majority of children and young people with SEN can independently travel to school. The consultation will also consider changes to provision for post-16 students.

The consultation will be available at: <http://democraticservices.coventry.gov.uk/mg/ConsultationListDisplay.aspx>

## Your local services need your help to shape the future

This event will provide an opportunity for NHS planners to listen to your views and gather feedback on how support can be improved for people to be in control of their own health and wellbeing to live healthier, happier, independent lives in their own homes and communities

Friday 2 December 10:00AM - 12:00noon  
Welcome Centre, 47 Parkside, Coventry, CV1 2HG

To register for a place, please call: 024 7658 8848 or email: [communications@covwarkpt.nhs.uk](mailto:communications@covwarkpt.nhs.uk)

## National News

### Measures for general practice

NHS England has set out the latest measures to help general practice cope with increasing demand.

A nationwide, £19.5m [NHS GP Health service](#) will be introduced in January 2017, aimed at improving access to mental health support for general practitioners and trainee GPs while the [Induction and Refresher scheme](#) will be revamped to speed up the time it takes for GPs to return to practice in England.

Available in 13 areas across the country, the [NHS GP Health Service](#) will be accessible via a confidential national self-referral phone line, website and app, enabling GPs and GP trainees to seek information about the services available, access self-help tools, and clinical support.

The induction and refresher scheme aims to make it easier for doctors to return to practice and cut down the time involved. The process will be made more flexible.

For more information go to:  
[www.england.nhs.uk/2016/09/improving-general-practice/](http://www.england.nhs.uk/2016/09/improving-general-practice/)

### Pharmacy budget cuts announced

Health Minister David Mowat has announced that community pharmacy will see its budget cut by 4 percent in the remainder of 2016/17; with a further reduction in funds of 3.4 percent in 2017-18. The move comes following a big rise

in overall pharmacy spend: 40 percent in the last decade.

This forms part of the government's ambition to modernise community pharmacy and make the most of pharmacists' skills in all health care settings, including GP surgeries and care homes.

How pharmacies are funded will change with pharmacy establishment payments (£25,000) being phased out and a Quality Payment Scheme will see pharmacies receive funding based on their ability to provide a quality service to the public.

Some of the measures that will be used to demonstrate this quality include:

- showing that they are a 'healthy living-pharmacy' to prevent health problems
- publishing the results of patient experience surveys
- training their staff in how to support patients with conditions such as dementia

The Department of Health noted it will *"ensure that those people in isolated areas with higher health needs will have access to a pharmacy through a new pharmacy access scheme," and those that miss out on access scheme funding through the distance criteria, but are in an area of high deprivation, will be eligible to ask for a review"*.

NHS England are also introducing a Pharmacy Integration Fund to improve how pharmacists, their teams and community pharmacy operates within the NHS as a whole.

## Hidden in Plain Sight

Age UK has published a report looking at the unmet mental health needs of older people, titled *Hidden in Plain Sight*. This report finds:



- The current percentage of referrals for people aged 65 and over to the Improving Access to Psychological Therapies (IAPT) programme is just 6.1%.
- A survey of Clinical Commissioning Groups indicates that only three have set specific targets around increasing the proportion of older people accessing IAPT.
- On average, older people are waiting longer for mental health treatment, in particular old age psychiatry, where waiting times have increased over the past five years from an average of 22 days in 2011-12 to 26 days in 2015-16.
- Almost 40% of mental health trusts do not have a specific policy / strategy for supporting patients with more than one long-term condition.

### Report recommendations:

- Implementation of Mental Health Taskforce recommendations should include a work stream dedicated to meeting older people's mental health needs.
- Local health and care commissioners should fully understand the prevalence of common mental health conditions among the over 65s in their areas.
- Each clinical commissioning group and local authority should consider appointing 'older people's mental health champions'.
- All services should be appropriately funded and equipped to deliver fully integrated care that addresses mental and physical health.

## Lack of community services to support carers

Carers UK have published a report identifying difficulties accessing primary and community support services, with 1 in 5 saying they had no option but to take their loved one



to A&E because it was impossible to see a district nurse or a GP out of hours.

Their report, *Pressure Points*, found that of the 4 in 10 carers who have taken their loved one to A&E in the past 12 months many believe their admission could have been prevented by more support for the person they care for; more local support for them as a carer; or access to a district nurse.

Over half of carers (58%) said that the person they care for had been discharged from hospital too early; with 12% saying their loved one had to be readmitted as a result.

### Carers UK is calling for:

- A new duty on the NHS to identify carers and promote their health and wellbeing, as well as policies which ensure carers are involved in decision making around hospital admissions and discharges, and the adoption of a Carer Passport scheme
- Increased funding for social care, with the Government putting in place a sustainable funding settlement for social care and ring fencing funding for carer breaks
- Greater access to social care and health care in the community, including looking to new technologies to facilitate virtual health consultations and access to electronic patient records
- Greater support from primary care services to better help carers look after their own health, including annual health checks for carers and free flu jabs

To download your copy of Carers UK's Pressure points: carers and the NHS report go to [www.carersuk.org/for-professionals/policy/policy-library/pressure-points-carers-and-the-nhs](http://www.carersuk.org/for-professionals/policy/policy-library/pressure-points-carers-and-the-nhs)

The charity has published a *Coming out of hospital factsheet* which outlines carers' rights during the hospital discharge process, the steps that should be followed before the person is discharged from hospital and advice on what to do if things go wrong.

To find out more go to: [www.carersuk.org/help-and-advice/practical-support/coming-out-of-hospital](http://www.carersuk.org/help-and-advice/practical-support/coming-out-of-hospital)

## Adult social care funding: 2016 state of the nation report

The Local Government Association (LGA) has published this review of social care funding.

Since 2010 councils have had to deal with a 40 per cent real terms reduction to their core government grant. Councils have received a 'flat cash' settlement for the remaining years of the decade, which means that any cost pressures arising during this period will have to be offset by further savings. Such pressures will include, but are certainly not limited to:

- general inflation
- increases in demand for everyday services as the population grows
- increases in core costs, such as national insurance, the National Living Wage and pension contributions.

Taking account of the path of future funding and the full range of pressures facing councils in relation to future years compared to now, the LGA estimates that local government faces an overall funding gap of £5.8 billion by 2019/20.

Meanwhile a report from the Kings Fund and Nuffield Trust concludes that older people are bearing the brunt of cuts to social care. The report *Social Care for Older People - home truths* found that the care and support older people received depended on where they lived and how rich they were, rather than their level of need.



Find out more at:

[www.kingsfund.org.uk/publications/social-care-older-people](http://www.kingsfund.org.uk/publications/social-care-older-people)

## Action on early deaths of people with severe mental illness

A joint report published today by the Royal College of Psychiatrists and the Academy of Medical Royal Colleges sets out essential actions to improve the physical health of adults with severe mental illness across the NHS.

Nearly half (46%) of people with severe mental illness have a long-term physical health condition and are at risk of losing on average

10-20 years of their lifespan due to physical ill-health.

The report makes eight recommendations to key bodies and inspectorates, including:

- Each mental health service, acute hospital, GP practice or GP federation should develop a physical health strategy for patients which is reviewed annually; they should also appoint a lead clinician at board level to be responsible for its implementation.
- Training for healthcare staff should be reviewed to ensure healthcare professionals are equipped to fulfil the physical health needs of people such as being able to recognise physical illness and take appropriate action.
- Infrastructure should be improved; e.g. systems for recognising acute illness; improved Information Technology to help with meeting current health-needs; better access to investigation results to help to improve standards of both physical and mental healthcare

Find out more at:

[www.rcpsych.ac.uk/mediacentre/adultswithsmi.aspx](http://www.rcpsych.ac.uk/mediacentre/adultswithsmi.aspx)

## Cancer diagnosis performance rating data

Ratings showing the performance of different local areas for cancer diagnosis, survival and waiting times have also been launched today.

The data will be available on MyNHS.uk, allowing people to search using their postcode to find their local Clinical Commissioning Group's (CCG) rating for early diagnosis, one-year survival, patient experience and performance against the target waiting time of 62 days from GP referral to treatment.

For Coventry and Rugby CCG the results are:

- 48.9% of people had cancers diagnosed at an early stage
- 86.2% of people are being treated within 62 days
- 68.7% one year survival rate
- A score of 8.6 out of 10 was given for overall patient experience

## A quick guide for people who arrange their own home care

NICE has published a quick guide: *What can you expect from a good home care service?*

You should be given a plan that describes the care the agency will be providing that is focused on what is important to you and includes any specific health problems or disabilities you may have.

To make sure that the plan is meeting your needs you should have a review within the first six weeks of your first care visit. After that, the plan should be reviewed at least once a year.

Download the guide from:

[www.nice.org.uk/about/nice-communities/social-care/quick-guides/better-home-care-for-older-people](http://www.nice.org.uk/about/nice-communities/social-care/quick-guides/better-home-care-for-older-people)

NICE has also published *a quick guide to Improving oral health for adults in care homes*. This can be downloaded from: [www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes](http://www.nice.org.uk/about/nice-communities/social-care/quick-guides/improving-oral-health-for-adults-in-care-homes)

## Patients should be more involved in decisions about their care

Research has shown that when clinicians and health care professionals work together with their patient, more appropriate decisions are made about their care.

The *'Shared Decision Making Collaborative'*, is a group of organisations made up of NICE, NHS England, the General Medical Council, professional bodies, patient organisations and universities. They will work together to ensure shared decisions about care become a reality in everyday clinical practice.

The aim is that care is delivered with the patient, not at the patient.

As part of this, NICE will look at its guidance to identify points in a clinical pathway where a decision about care needs to be made. Evidence to support that decision will be made available to both the patient and health care professional.



Tools to help patients make a decision, such as options grids, will also be used.

Prof Leng said: *"It's important that a culture of shared decision making is embedded into clinical practice. NICE ... will make sure that patient-centred care becomes an everyday reality in our health service."*

The General Medical Council has said it will incorporate shared decision making into its professional capabilities framework - a framework which sets out the knowledge, skills and behaviours that doctors need.

## CQC State of Care report

In its annual assessment of the quality of health and adult social care in England, the Care Quality Commission (CQC) has found that despite challenging circumstances:



- 71% of the adult social care (ASC) services that CQC had inspected were rated 'good' and 1% were 'outstanding'
- 83% of the GP practices inspected were 'good' and 4% were 'outstanding'
- 51% of the core services provided by NHS acute hospital trusts were 'good' and 5% were 'outstanding'

However, some people still received very poor care; 2% of adult social care services, 3% of GP practices and 5% of hospital core services were rated 'inadequate'. Find out more at:

[www.cqc.org.uk/content/state-of-care](http://www.cqc.org.uk/content/state-of-care)

## Listening to people with dementia and their carers

The Department of Health is gathering experiences of people with dementia and their carers to inform the formal review of the Dementia Challenge Implementation Plan.

The first part of this work is an online survey for people who have been diagnosed with dementia in the past 2 years (since November 2014), and people who provide unpaid care for them. Visit the survey at:

[www.consultations.dh.gov.uk/dementia/care-support-and-awareness/](http://www.consultations.dh.gov.uk/dementia/care-support-and-awareness/) it is open until 31 January 2017.