

# Summary of issues and recommendations raised by Healthwatch Coventry

Briefing paper

September 2022

## Introduction

This paper summarises findings and recommendations from a number of Healthwatch Coventry pieces of work. It provides links to relevant Healthwatch England work and also draws on the ongoing intelligence themes we are hearing

The paper is for the purpose of informing work to produce the strategy for the local Integrated Care System – the Integrated care Strategy

Healthwatch Coventry is the local champion for people in NHS and social care services and we believe that future strategy should be based on the needs and experiences of local people.

## What people want from care

In 2019 we worked with Healthwatch Warwickshire to ask local people what they want from their health care services. This work involved surveys, discussion groups and focus groups with interest groups.

We have reviewed the call to action from that time and identified that it remains current:

### **1. Shorter waiting times for GP appointments, appointments to see a specialist and access to necessary support**

We continue to receive feedback from people concerned about waiting times to access NHS services such as GP services, and hospital referrals and treatment and mental health services.

### **2. A more holistic approach to care, using community care and support groups, as well as exercise, diet and a better environment for people to live in**

There have been some moves towards more person centred approaches, taking on board the multiple issues some people face in their day to day lives and the impact on their health and wellbeing. However, there is more to do as too often people tell us of medical models that are disjointed and focus on just one element of their issues.

### **3. Better transport, people continue to tell us that they are unhappy with the availability of transport, this includes public transport to get to healthcare and transport to prevent social isolation**

There is focus in some services to bring them closer to people for example through diagnostic hubs, which are at a formative stage of development locally. Yet, access to transport and the cost of transport remain a barrier for many local people when accessing services. For Coventry residents a number of specialities are based at Rugby St Cross Hospital and transport links are not good.

#### **4. Respondents would like to receive timely, clear and consistent information from health professionals. Having the right information at the right time and being signposted, as well as better communication between services**

We continue to hear from people that information does not meet their needs either because there isn't the right information at the right time or the information provided isn't understandable or accessible to them

#### **5. Mental health support with a greater focus on mental ill health/crisis prevention**

Mental health transformation work is ongoing however there remains a demand and supply issue for local people. Access to early help support remains an issue.

**There is a lot of relevant information in this work. Read the findings in:**  
[www.healthwatchcoventry.co.uk/report/2019-08-31/what-coventry-people-said-they-wanted-better-care](http://www.healthwatchcoventry.co.uk/report/2019-08-31/what-coventry-people-said-they-wanted-better-care)

## Digital exclusion and inclusion

In March 2020 Healthwatch Coventry produced the report *Improving patient communication/involvement and the role of technology in local NHS services* and the related report *Views of sixth form students about the use of technology in the NHS*.

#### **Read these reports at:**

[www.healthwatchcoventry.co.uk/report/2020-03-31/improving-patient-communicationinvolvement-and-role-technology-local-nhs-services](http://www.healthwatchcoventry.co.uk/report/2020-03-31/improving-patient-communicationinvolvement-and-role-technology-local-nhs-services)

This work focused on the aims in the NHS plan of increasing non face to face ways for people to use health services including use of more digital methods. This proved timely as the COVID-19 pandemic sped up moves to implement these ideas.

Our work remains relevant today as we hear continually from people regarding their experiences and views of care.

Based on the feedback we receive and issues people experience digital inclusion/exclusion remains a work priority for Healthwatch Coventry to ensure that our recommendations are implemented.

## **Overall people said they would like to see:**

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- 1. Flexible methods of accessing services to take into account individual needs and circumstances**
  - 2. A focus on the outcome for patients when putting in place digital methods and not a focus on the technology**
  - 3. Full consideration of security**
  - 4. Equity/fairness - no preferential access for those who have digital access over those who do not**
  - 5. Good information about new methods and the option to learn how to use them**
  - 6. More regular communication from GP practices reaching those who do not go to the practice often as well as those who do**
  - 7. Clearer and more ways to give views and feedback to GP practices using *different methods (after using services and/or annually; paper and online)***
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## **Inequalities agenda - language barriers**

We ran a focused discussion group with FWT- a Centre for Women, for women who did not have English as a first language or who did not speak much English. We used translators in the languages of Farsi, Dari and Urdu in this session.

Focus group participants raised concerns about access to services due to language barriers and the impact this potentially has when using IT to communicate with or use NHS services.

Here previous experiences identified issues and gaps:

- Issues accessing a translator for vaccination appointment at GP practice. Was requested three times but was not provided
- One participant said she cannot go to an appointment without her husband, she relies on him to be there due to language barriers
- A need for information leaflets in other languages was identified by participants
- Some preferred face to face booking appointments with GP early in the morning rather than telephone due to their limited English.
- Those who did not speak English as a first language felt a lack of knowledge, understanding and language barriers would prevent them from using the electronic methods being considered.

Ensure that any plans to use technology for communication or to deliver a service take into account the following key principles:

**Healthwatch Coventry recommendations to the system when planning remote, digital and face to face methods remain:**

- A. **Flexibility** of method of accessing services to take into account individual needs and circumstances eg poverty, literacy; language, disability etc
- B. **Equity/fairness** - avoid the creation of two-tier services between those who can use digital access and those who cannot
- C. **Outcomes for patients** – achieving benefits for patients and not for clinical convenience or the sake of technology for itself
- D. **Good communication** with patients/public about changes to methods of accessing/using services
- E. **Support** – full consideration of what needs to be put in place to help people use new systems including staff training so they can support patients in use and opportunities to learn how to use them
- F. **Effective** – check that new methods are working from a patient/public point of view. If it is not clear what the potential impact will be on those

in the local community who need to use a specific service then work must be done to establish this by talking with patients/public.

## Other information

Healthwatch England picked up the agenda under a strand of work around digital exclusion:

- Locked out: Digitally excluded people's experiences of remote GP appointments [www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments](http://www.healthwatch.co.uk/report/2021-06-16/locked-out-digitally-excluded-peoples-experiences-remote-gp-appointments)
- The Doctor Will Zoom You Now: getting the most out of the virtual health and care experience [www.healthwatch.co.uk/report/2020-08-18/doctor-will-zoom-you-now-getting-most-out-virtual-health-and-care-experience](http://www.healthwatch.co.uk/report/2020-08-18/doctor-will-zoom-you-now-getting-most-out-virtual-health-and-care-experience)

## Access to services

Access to services is the number one topic people talk to Healthwatch Coventry about.

### GP services

People tell us about:

- The difficulty in making an appointment with the GP team
- The perceived lack of face-to-face appointment is a significant concern for many people
- Feelings that services are not meeting their needs.

People describe problems getting through to their GP practice and issues getting either urgent or routine appointments. Some people are giving up and stop trying to get an appointment.

There are frustrations for some around phone appointments. Whilst these services are well received by some people, others are clearly frustrated. Further work is needed to ensure access remains fair, and appointments are easy and appropriate for all people.

Many appointment systems don't really suit GPs or the public, leading to frustration on all sides. For example phoning at 8 am does not fit with the lives of many people

Relatively few people in Coventry have experienced online appointments through video call.

## **Hospital services**

Waiting times for most specialties at the hospital are longer with some specialties experiencing particularly long waits.

People have been sharing their concerns about this and the other impacts waiting for treatment is having on their lives, for example preventing them from being able to work, or in some instance leave the house.

Themes in what people say to us are:

- A lack of communication about the likely waiting time or where they are on the waiting list
- Lack of clear point of contact
- Difficulties knowing who to speak to about cancelled outpatient appointments
- Being sent in a circle for information; hospital to GP practice and back again and getting no further forward
- Confusing communication including short notice changes
- Cancellations not communicated to people turn up for appointment or procedures that are not taking place
- The impact on their lives of their reduced health whilst waiting for treatment

## **Understanding NHS services**

Understanding and navigating NHS services can be tricky. We have undertaken a number of pieces of work identifying challenges regarding communication and information showing that:

- the information available does not necessarily support people to find their way to the correct service
- communication when using services does not meet people's needs.

## Urgent and emergency care

We have raised a lack of clear information about the purpose of local services for local people.

- What the Urgent Treatment Centre (formerly Walk In Centre) at the City of Coventry Health Centre is to be used for is unclear to a lot of the Coventry population. There is lack of clear information about this service
- The minor injuries unit at UHCW – what this should be used for and how it relates to the urgent treatment centre
- Confusion about what is an urgent and what is an emergency medical needs
- Confusion about where x-ray facilities are offered
- Confusion when the word urgent is used in relation to GP appointments

## Services are provided by local community pharmacies

There is no web portal to help people find which pharmacy provides which service – if people use the NHS website to look for service information they need to look at each pharmacy individually. The information about which pharmacy provides what has just been collated in the draft Pharmaceutical Needs Assessment. Due to the nature of the different services that may be commissioned services vary from pharmacy to pharmacy.

The need for joined up information was identified by Healthwatch survey some years ago and is supported by the Pharmaceutical Needs Assessment and the Community Pharmacy Steering Group convened by Public Health across Coventry and Warwickshire.

The barrier is that no one organisation owns this – the ICB should therefore pick this up.

Better information would support aims of encouraging people to use services other than GP practices and empower people



## GP services

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*We are calling for GP practices to provide clearer information about access to their services; for website content to be more user friendly for the public, and for simple navigation around websites.*

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### Websites

Healthwatch Coventry reviewed GP practice websites and found a great deal of variation in the quality of the information provided and the ease of navigating the sites. There has been progress with some PCNs and GP practices however there is more to be done and a lack of consistency of approach.

### Other digital approaches

There are number of different digital systems in use by different GP practices including apps or online communication tools. This makes it hard to have a joined up communication programme to empower people with knowledge.

### Phone systems

Healthwatch Coventry reviewed GP phone systems and makes the following recommendations.

- 1) GP practices review existing telephone messages to shorten and simplify information wherever possible
- 2) GP practices put in place a process to regularly review answer messages to ensure information is up to date/current eg Coronavirus related changes
- 3) GP practices make use of the guidance provided by NHS England on communicating with patients
- 4) Coventry and Warwickshire Clinical Commissioning Group develops information, tools and technology solutions to support GP practices and works with practices to ensure phone access is improved
- 5) Primary Care Networks and GP practices involve patients by creating routes to input into or trial messages and phone systems – especially when changes are being made to these.

**Extent of the issue:**

Some progress specific to GP phone systems has been made but more needs to be done. There is a broader issue in NHS services too:

- Changed approaches that have a greater reliance on phones need to be supported with appropriate systems and staffing.
- The issue about out dated or phone systems that are not customer focused or fit for purpose is broader then GP practices.

**Other related issues flagged to Healthwatch Coventry are:**

- problems getting information from consultant teams at the hospital – eg being directed to consultant secretaries on phone numbers that go unanswered
- problems finding out about the care of relatives who are in patients on wards in the hospital
- communication not working in relation to hospital discharge, not enough liaison with family carers.

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*Difficulties contacting the service required – telephone numbers were incorrect or weren't answered*

*Unclear information was given by professionals*

*Routine appointments were cancelled without explanation*

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## Mental health services

The following themes appear from the intelligence we capture:

- Knock on impact of physical ill health and longer waits for treatment on mental wellbeing and health
- Lack of consideration of the linkages between physical and mental health and vice versa.
- Access to timely help

- Autism diagnosis and support on diagnosis and afterwards.

## NHS Dentistry

Dentistry will sit under the ICB in the near future. Lack of access to dentistry has a knock on impact on peoples' health and wellbeing and means that people will present at other NHS services as well as take extreme measures such as pulling out their own teeth.

The Healthwatch network across England has been doing work to understand and highlight issues regarding access to NHS dentistry. Led to the following Healthwatch England publications:

- Access issues  
[www.healthwatch.co.uk/blog/2021-12-12/recovery-nhs-dental-care-too-slow-help-thousands-left-pain](http://www.healthwatch.co.uk/blog/2021-12-12/recovery-nhs-dental-care-too-slow-help-thousands-left-pain)
- Dental charges widen health inequalities  
[www.healthwatch.co.uk/news/2022-05-09/lack-nhs-dental-appointments-widens-health-inequalities](http://www.healthwatch.co.uk/news/2022-05-09/lack-nhs-dental-appointments-widens-health-inequalities)

## The local picture

We found that many of these problems around dentistry are affecting people in Coventry, however this has not been as widespread as in some areas of the country. Some areas of the country have no or extremely limited access to NHS dentistry for the population. There is access here, but it is becoming:

- Harder for adults to register as NHS dental patients
- Harder for people to get routine appointments
- Harder to get children registered for NHS dentistry leading to fewer receiving dental care

Also because areas of Warwickshire have very limited NHS dentistry NHS111 has been directing people to Coventry for urgent treatment. This will impact on access for the local population.

Other impacts on people's finances are also making it harder for people to be able to pay NHS dentistry charges if they are not in receipt of the specific Evidence gathered in:

[www.healthwatchcoventry.co.uk/report/2021-03-19/lived-experiences-using-nhs-services-coventry](http://www.healthwatchcoventry.co.uk/report/2021-03-19/lived-experiences-using-nhs-services-coventry)

And via Healthwatch Coventry ongoing intelligence gathering and information helpline topic of contacts.

## Care homes and residents' health

We have carried out a series of visits to care homes in Coventry with a focus on residents health needs because health and care are interlinked.

An important finding was the residents hearing was not being looked after sufficiently.

### **Our recommendation is the care homes need to be supported to**

Ensure that all residents' hearing is regularly reviewed whether or not they wear hearing aids. Some people are unaware of hearing deterioration. Make use of the guidance from Action for Hearing Loss.

<https://mid.org.uk/information-and-support/support-for-health-and-social-care-professionals/guidance-for-supporting-older-people-with-hearing-loss-in-care-settings/>



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