



Annual Open Meeting 2019

What we do

- 1) We gather feedback/views on local NHS and social care services
- 2) Use what people tell us to work for better, more person centred services by influencing planning and delivery
- 3) Provide an information helpline for the public
- 4) Run ICAS providing advocacy support to people making NHS complaints



Community Outreach	Contact Points	Reports and recommendations
Surveys	Information Service	Recruiting and Supporting volunteers
Enter and View Visits	Steering Group	Representing interests of patients
ICAS	Elements of Healthwatch Coventry work	



Developments this year

- Moved offices
- Said goodbye to John Mason who had been chair for 5 years
- Recruited Stuart Linnell as new Healthwatch Chair
- Said goodbye to two staff members
- At the end of the year Here2Help ended and Voluntary Action Coventry picked up the lead for Healthwatch delivery



Our people

Our volunteers are really important for our work

Our volunteers gave a total of 1421 hours to Healthwatch activities this year

- Visit services
- Promote Healthwatch
- Gather experiences
- Steering Group

Opportunities to join our Steering Group each year



Highlights of our year

350 people received the information they needed about health and care services



Those in charge heard the experiences of people using Prescription Ordering Direct and acknowledged issues

Home support/care agencies have shared good practice and developed a learning culture

Users of out of hospital services now have new ways to give their feedback



Hospital looking at how patients existing medication is managed on wards after we raised this



The environment of a care home has been improved to benefit residents



2167 local people told us about their experiences of a number of different areas of health and social care

More user friendly information resulted from Healthwatch involvement in the drafting leaflets



Highlights from our Independent Complaints Advocacy Service (ICAS)

100 referral and 134 cases were worked on

All ICAS cases reaching local resolution were upheld or partly upheld

We mediated between two NHS Trusts to obtain information surrounding an investigation into how a patient was able to come to harm following a stay in hospital



Outcomes from complaints ICAS supported

- Apology from NHS Trust for a surgical procedure without consent
- Medication re-prescribed after it was stopped for an alternative version
- Incorrect charges (and a penalty notice) for dental treatment dropped by the NHS Business Services Authority and an apology from the dental practice concerned
- 13 apologies related to communication, practices and processes (including patient safety) and record keeping.



Healthwatch Information line

024 7625 2011

Most common themes of enquiries:

1. Concerns about medical care
2. Problems getting a diagnosis or unhappiness with a diagnosis
3. The nursing care that people received
4. The way that staff and services communicated with patients (from GP receptionists to hospital consultants)
5. Challenges that people have accessing services, or people asking how they would be able to get services because they did not know



Through our outreach work, what people said:

- Choice about using services and accurate information to support choice
- Maintenance in housing with care schemes to be done more quickly
- GP appointment systems that are more patient friendly and some GP reception staff to be easier to talk to
- Access to services in a timely way - eg outpatient appointment, tests and GP appointments



- Improvement to appointment systems
- Language needs to be considered in how services are provided
- Access to good quality interpretation services
- Better access to mental health services in a crisis
- Greater continuity of care in the NHS



Through focused work:

Short term support - reablement and discharge to assess

This is support of up to 6 weeks to help people to regain skills and strength or to allow time for ongoing care needs to be assessed away from hospital.

We visited and interviewed 47 people who received this support either at home or in short term placements in care homes or housing with care flats.



Voices we heard

Service users and family carers and staff from different agencies

“I received this help because I live alone, no close relatives and I had broken my arm. [It is] Much appreciated.”(person receiving home support)

“Took too long to order equipment as every time they tried to order they got the wrong thing”



Themes we found

- Most people felt that they were treated with dignity and respect
- Multi Disciplinary Team Meetings, evidence these are a good way to share information and make decisions
- Many people have positive outcomes eg go home, live independently.
- Staff say they have positive relationships with staff from different organisations



Themes we found

- Communication and information to individuals
- Issue at discharge from hospital
- Not enough focus on reablement
- Need for more person centred approach
- Staff training and support
- Timeliness of decision making about ongoing care when needed
- Not clear how outcomes are measured and reflected on
- Pathways too rigid - some people don't seem to fit and aimed at post hospital discharge



Actions underway

- Met with managers from Council, CCG and UHCW (reviews of aspects of the pathways)
- Action plan sent to Healthwatch to respond to our recommendations
- Ongoing work related to information given to people - task group being set up
- Follow up workshop in November



How we work for change

Finding out peoples experiences isn't enough
We need to

- Make a case in how we present findings
- Identify recommendations
- Take messages to the right places
- Follow work up
- Be persistent



Where we go

- Health and Wellbeing Board
- Coventry and Warwickshire Place Forum
- Health and Social Care Scrutiny Board
- Better Health, Better Care, Better Value Board
- Community pharmacy Steering Group
- Primary Care Commissioning Committee
- CQC stakeholder meetings
- Our of Hospital Design board



Example: Pharmacy services

Big public survey and report published 2017

- Recommendations influenced Pharmaceutical Needs Assessment document
- New information produced and linked to year of Wellbeing
- Workshop with decision makers held



Example: Prescription Ordering Direct

We asked for better information to be available and service issues to be addressed. This has led to:

- Better quality information through our input into a new leaflet
- Scrutiny Board of the City Council requested Coventry and Rugby CCG attend 2 meetings to discuss the service and patient concerns
- Acknowledgement that some things had not gone well



Example: Communication with patients - hospital wards

Has led to:

- An internal awareness campaign about the resources the Trust has to help with communication
- Developing a flag on records for patients with hearing loss so that patients are more easily identified
- Using the findings in work to develop the Trust's approach to the Accessible Information Standard
- Promotion of the role of the learning disability liaison nurses to address confusion about their role



Promoting how to talk to patients/ public

Good Engagement Charter

Adopted by Better Health, Better Care, Better Value partnership; Coventry and Warwickshire Partnership Trust and was promoted by Coventry and Rugby CCG.



What local people think about the NHS Long Term plan



General

- Improved access
- Feel listened to
- Issues with transport

People with specific conditions

- Good timely communication
- People with cancer reported a better experience than others
- Waiting times an issues
- Accessing support an issue



- There was some concern at all 3 of the focus groups that the introduction of technology would put them at a greater disadvantage
- Participants in these groups broadly didn't use technology. They felt that in order to get equity of access to services they would need a lot of help and would incur extra expense
- Priorities identified were, communication, continuity of care; enough community support 'to be able to help ourselves and each other', and a greater focus on mental ill health/crisis prevention



Our Strategic priorities to March 2020

- Social care for adults
- Improving information
- Change to the NHS
- Carers breaks

