

# Survey of people who are housebound or who care for the housebound

Transforming Community Services (TCS)

On behalf of NEW Devon Clinical Commissioning  
Group (CCG)

November 2013, version 3

Healthwatch Devon

c/o Community Council of Devon

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## Executive Summary

As part of the national NHS programme Transforming Community Services, the NEW Devon Clinical Commissioning group asked Healthwatch Devon to undertake a survey aimed at housebound people and their carers to gather their feedback about a range of current services provided in the community. A postal and online questionnaire was distributed via the Healthwatch Devon networks for a 6 week period in October - November 2013.

21 responses to the survey were received representing a sample of both service user voices and that of carers and people with a broader interest. The respondents were living with a broad range of health conditions that rendered them housebound, but the most frequently cited were strokes and dementia.

Respondents were asked to identify which of over 17 listed community services they use - the two most commonly used services are Community Therapies (Occupational Therapy, Physiotherapy and Pulmonary Rehabilitation) and Podiatry. When they were then asked which of the services listed are most valuable to them, there was an increase in the relative value attributed to some. For Example: Stroke Rehabilitation, Urgent Care and Adult Continuing Care.

Other feedback received included:

Issues that cause people difficulty in accessing community services, included: specific services were mentioned as not being available in some localities, access via telephone can be difficult for people with hearing impairment, availability of appropriate appointment times and long lead-in times, several people cited that they did not know what was available nor how to find out what is available in their area.

Suggestions as to what could be improved about the services; the most frequent suggestion was for greater consistency of provision across localities and improving the availability and quality of interventions provided by professional carers. Responses also highlighted positive experiences from specific services; in particular the Complex Care team at Crediton Hospital and the Community Nursing service were mentioned as being excellent.

A third of respondents receive care from the Community Nursing service and around two thirds of people receive care from a range of domiciliary care agencies. When asked to rate the care service they receive on a scale from 1 to 5, where a score of 1 is poor and 5 is excellent - the overall average score reported was 3.8

Suggestions as to services that need to be made more available include: physiotherapy, x-rays, dementia and mental health support and stroke rehabilitation.

## **Background:**

The NEW Devon Clinical Commissioning Group (CCG) is currently running a consultation as part of a review and the future re-commissioning of community based services (part of a national NHS programme called Transforming Community Services).

Information is being gathered on health needs, patients experience, clinical evidence and policy guidance, which combined with many conversations and public meetings, will help shape the vision and direction for the future of Community Services in Devon.

As part of this a survey aimed at people who are housebound or who care for the housebound was undertaken.

The range of community services provided typically includes:

- Community Nursing (In hours, out of hours and Parkinson's)
- Community Therapies (OT, Physiotherapy and Pulmonary Rehab)
- Dental (Oral Health , Oral Surgery)
- Diagnosis (X-Ray, Non Obstetric Ultrasound, ECG)
- Elective (Dental day case, endoscopy day case, orthopedic day case)
- Inpatient (Stroke Rehab, Others (e.g. transfers, direct admissions), day treatments)
- Podiatry
- Urgent Care - Rapid Intervention Centre
- Adult Continuing Care

The NEW Devon CCG asked Healthwatch Devon to reach and invite responses from people who have experience of using these services and who may be keen to express their views.

## Research Methodology:

A questionnaire survey was co-designed between Healthwatch Devon and the commissioners NEW Devon CCG. This survey was adapted as appropriate to different media and made available both online, via E-bulletins and as a postal version to those people not online. Notice and sign-posting to the survey was also distributed via our social media platforms and via our delivery partners' networks, in all cases the target audience was clearly specified as "Housebound people and their carers in Exeter, East and Mid Devon".

### Core HWD communications platforms used:

**Twitter** @ 10.12.13 - 664 followers. In November 2013 we had a retweet reach of 105,853.

**Facebook** @10.12.13 - 61 likes

**E-bulletin list** @10.12.13 - 1,298 individuals and organisations

**Postal only recipients** @ 10.12.13 - 498 individuals

**Website** [www.healthwatchdevon.co.uk](http://www.healthwatchdevon.co.uk) (latest quarter: July - Sept. 2013) - 3907 visits (2904 unique visitors)

**Healthwatch Voices** - quarterly newsletter, 8000 printed copies in circulation.

**The Speak-Out:** this is the involvement method by which HWD invites individuals and organisations to register their experience and opinions on health and social care services. They are logged on our database and reports can be extracted by theme or locality to provide evidence in support of service evaluations and consultations. They are collected via electronic means, postal, events and via the 8 CAB offices across Devon who are HWD delivery partners.

### User led Organisations & Networks operating as HWD delivery partners:

**Devon Association of Local Councils:** 340 parish and town councils (representing 3225 elected lay representatives, an average of 8 individuals per council)

**Devon Disability Network** supports people with physical and sensory disabilities (run by Living Options Devon) the network currently has 865 members as @ 10.10.13.

**Be Involved Devon** supports people with mental health issues (run by Exeter Council for Voluntary Services). A total of 596 individuals are currently registered on the BID network @12.10.13

**Devon Senior Voice** supports older people; the network includes 15 actives groups in localities across Devon and a total membership of 2265 as @ 01.10.13.

**Devon Link-Up in association with North Devon People First** support people with learning disabilities across Devon. DLU holds 21 monthly speaking up groups supported by a Network of 381 members.

**Carers Voice** (run by Westbank Devon Carers) supports a network of 223 carers as @ 12.10.13

**Hikmat CIC:** Supports people from BME communities, they currently have around 160 people on their mailing list which includes representatives of over 20 different ethnic communities.

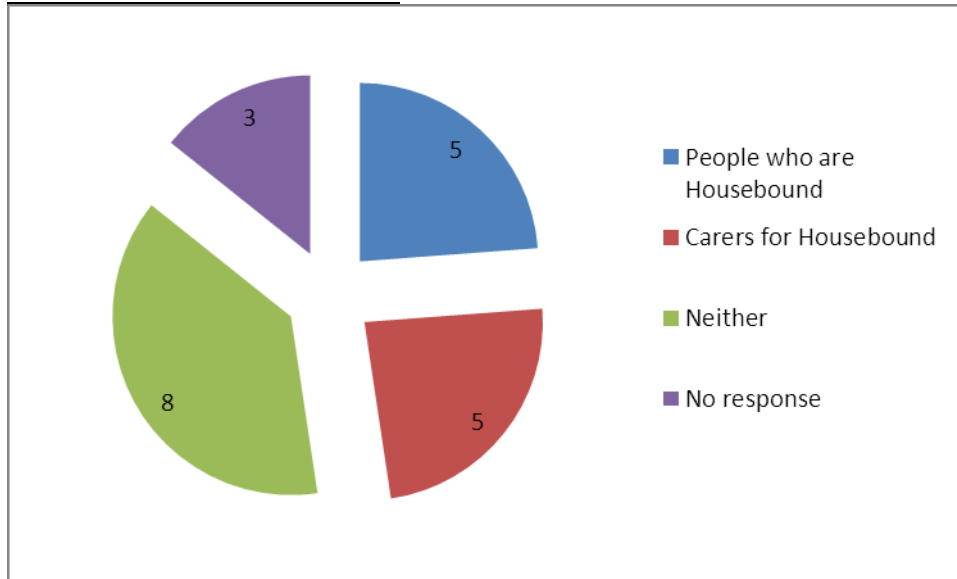
**Grapevine:** supports an online community of BME individuals from over 40 different ethnic groups.

The questionnaires were made available from 16<sup>th</sup> October 2013.  
The deadline for completion was 29<sup>th</sup> November 2013.

This report reflects the structure of the questions, summarizes the information provided, and reproduces all the views expressed by respondents.

## Responses to questions asked:

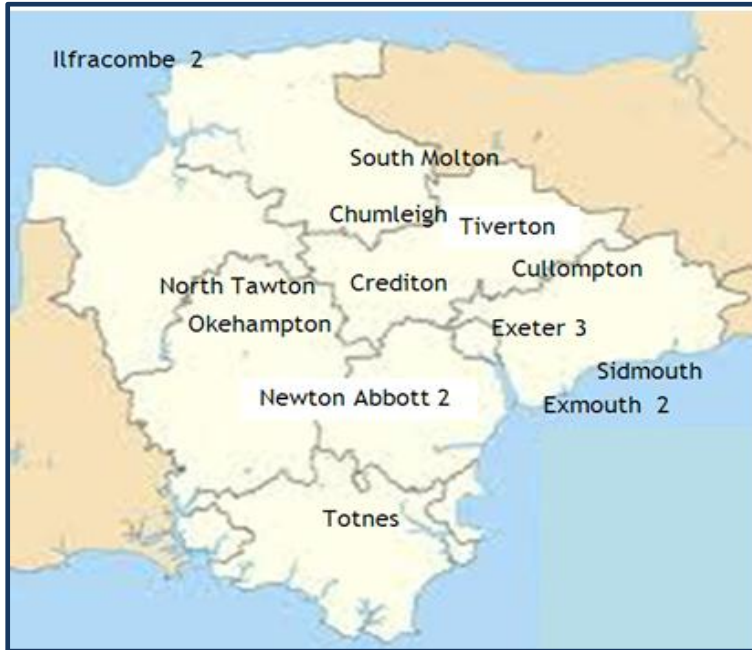
**Table 1: Are you housebound, a carer for somebody who is housebound, or have some other interest?**



21 people responded to the survey, of these:

- 5 were from people who identified themselves as housebound.
- A further 5 responses were from people who care for someone that is housebound.
- 8 respondents indicated they were neither housebound themselves nor do they look after someone who is housebound.
- 3 people did not answer the question.

**Figure 1; Please tell us which of these localities you (or the person you care for) live in: Exeter, East Devon, Mid Devon, Other (please specify) and which specific town or village**



Although the survey was targeted at Exeter, East and Mid Devon, responses were received from around the county as illustrated on the map above.

**Table 2: What is the illness or condition that causes you (or the person you care for) to be housebound?**

Disabled after a stroke
My late wife had 16 things wrong which she eventually died of in Oct 12 aged 89. Cause of death - dementia, CV disease.
Lymphoma and 2 strokes
Stroke and dementia
Osteoarthritis
Freidreichs Ataxia
Brain surgery
AF congestive heart failure
Brain haemorrhage - 15 years ago
My balance - vertigo since spinal operation - get tired quickly
ME / CFS
Multiple sclerosis - end stage

Just over half of the responders addressed this question with the range of health issues listed above.

**Table 3: Which of the following community services do you use?**

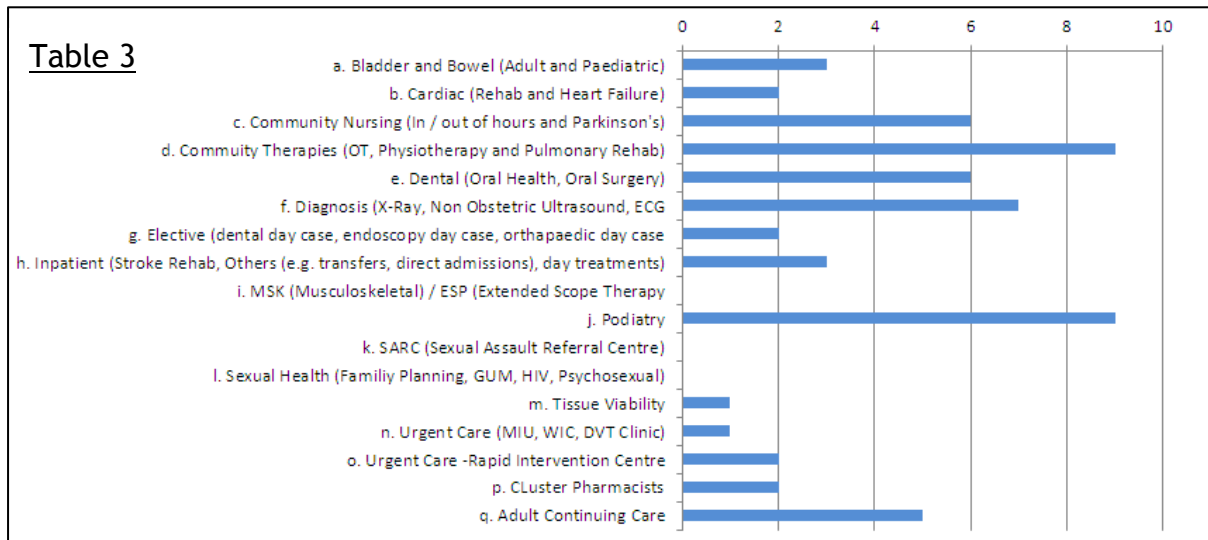
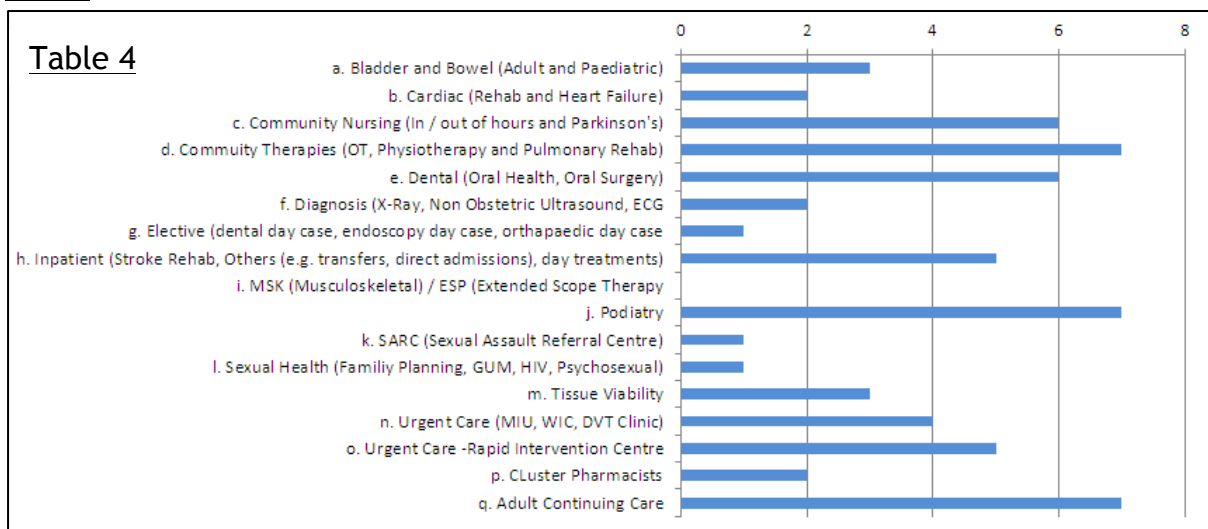


Table 3 shows that the two most commonly used services are:

- Community Therapies (Occupational Therapy, Physiotherapy and Pulmonary Rehabilitation)
- Podiatry

**Table 4: Which of the services are most important to you (you may choose up to 5)?**



Whilst most of the responses mirrored people's current service usage (as shown in Table 3) there was an increase in the relative value attributed to the following:

- Inpatient Stroke Rehab, Other (e.g. transfers, direct admissions), day treatments
- Tissue viability
- Urgent Care (MIU, WIC, DVT Clinic)
- Urgent care - Rapid Intervention Centre
- Adult Continuing Care





## Tell us about any issues that cause you difficulty in accessing services?

### 1) Services are not available in my area:

Responses highlighted the following specific services as not being available locally to them:

Case Study from a rural resident 45 minutes drive from an A & E Dept.:

- Podiatry
- Urgent Care (MIU, WIC, DVT Clinic)
- Urgent Care -Rapid Intervention Centre
- Adult Continuing Care

Case Study from an Ilfracombe resident:

- Cardiac (Rehab and Heart Failure) and Endoscopy - only available in Exeter
- Community Nursing
- Elective (dental day case, endoscopy day case, orthopaedic day case)
- Adult Continuing Care

Customer quote; “I use an alarm button which costs £4 a week. At times (when I am in real agony with a blocked catheter) it can take up to 4 hours for a response. My skin breaks down occasionally i.e. in groin especially”.

Other responses:

- Dental (Oral Health, Oral Surgery) - I have been able to travel to the NHS dental service. I have no idea whether dental services are offered in my own home if I were unable to travel at all
- Dental (Oral Health, Oral Surgery)- Dental care not accessible by immobile patients
- Adult Continuing Care - time frame too long.

General responses to this question suggested that people do not know which services are available, typical comments received include:

- “Unsure of what available”
- “Not sure what is available locally”
- “Limited knowledge of facilities available”

### 2) Times of Availability

- A further comment was made about lack of knowledge of what choice is available.
- An additional comment was made about the unsuitability of ‘early appointments’

### 3) Access by telephone

- One responder said they were unable to hear on the telephone



- Another comments on not knowing what is available (again)

#### 4) Other difficulties identified by respondents

The following anecdotal responses were received:

- “One of my main concerns is that so many people seem to be unaware of the services that are available. Information is available and displayed at surgeries, Age UK and others, but it doesn't seem to register. Could you persuade the TV people to do a plug?”
- “Inpatient (Stroke Rehab, Others (e.g. transfers, direct admissions), day treatments) - hospitals are not set up to treat wheelchair bound patients. It took a week for them to find a suitable hoist to transfer my husband, and the staff had no idea how to safely position him in his wheelchair and left him in danger of falling.”

#### Suggestions as to what could be made better about any of the services:

- “In a rural area like ours we are at least 45 minutes from A&E. I recently visited A&E and most of the people could have been seen in their GP surgeries. Please open surgeries at weekend to take the strain off A&E”.
- “Adult Continuing Care - paid carers need to be trained better. Paid carers from abroad need to be able to speak and understand English. Paid Carers should be given more time to get from 1 client to another: Would improve timekeeping”.
- “Community Therapies - accessibility to a standing frame at Tiverton hospital and a sensible facility for changing and getting wheelchair bound people into the Tiverton swimming pool -other smaller towns have them”.
- “Long wait for physiotherapy”
- “Limited X-rays - not available every day (Sidmouth)”.
- “Not enough availability of professional carers”.
- “Stroke rehabilitation not available in Sidmouth”.
- “Endoscopies I don't think are done in Sidmouth - have to go to Honiton, Seaton, Exeter?”
- “Not enough support for dementia patients in Sidmouth as there are no beds. They are sent to other towns which are inappropriate, unfamiliar and difficult for visitors”.

#### Responses also highlighted some positive aspects of care:

- “The service I received from the complex care team at Crediton hospital was amazing. What I would have done without their help I do not know”.
- “During the 18 months before my wife died I cannot fault any of the services that we were involved with”.
- “Community Nursing - Could not be better - they are brilliant!”

And raised a question:

- “What are you doing to fend off the intended closure of the Budleigh Salterton Community Hospital?”

Healthwatch asked the commissioners at the CCG to respond to this question so that the response could be included in the report, as follows:

*Budleigh Salterton Hospital is not closing; the local health community are designing a health and well-being hub which will incorporate both health and social care services to meet the needs of the local population. The Inpatient beds have been moved to Exmouth Community Hospital and will remain available for Budleigh patients.*

*“The Eastern Locality of NEW Devon CCG has been working closely over the last 18 months with the Budleigh League of Friends, local Councillors and Northern Devon Healthcare Trust (providers of our community hospitals and services) in an extensive engagement programme with the local community and members of the public to ensure that views are heard and that we are collaboratively designing a future model of service that best meets the needs of our patients. This engagement has taken many forms, for example:*

- *League of Friends Annual General Meeting and Coffee Mornings*
- *Meetings with local and county Councillors*
- *Questionnaires distributed across the Woodbury, Exmouth and Budleigh area via our Lay Members*
- *Meeting with Budleigh carers*
- *Briefings at Devon Overview & Scrutiny Committee (OSC) meetings, district OSC and Town Council*
- *Older people’s information days*
- *Developing a survey for housebound patients*

*It should be noted that this programme of engagement is an on-going programme and this is important as we believe that the community should drive the development of what Budleigh Salterton Hospital is used for.*

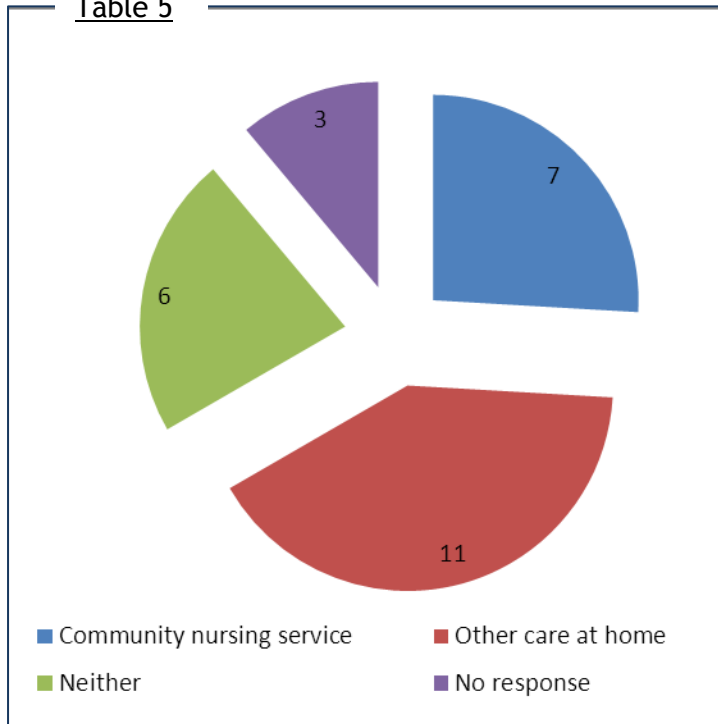
*Dr Richard Mejzner the local Budleigh GP is leading this development and has been talking to a number of different organisations, communities and members of the public in order to gain their views on their priorities and what they would like to see provided from the Hospital.*

*We would welcome your thoughts and ideas for the future use of Budleigh Hospital.*

## Table 5 Which agencies provide you with care in your home?

The pie chart below illustrates information about sources of care received at home. There were 7 responses about care from the Community Nursing Service. A further 11 people identified “other sources” of care being provided in the home, these are listed in the table below.

Table 5

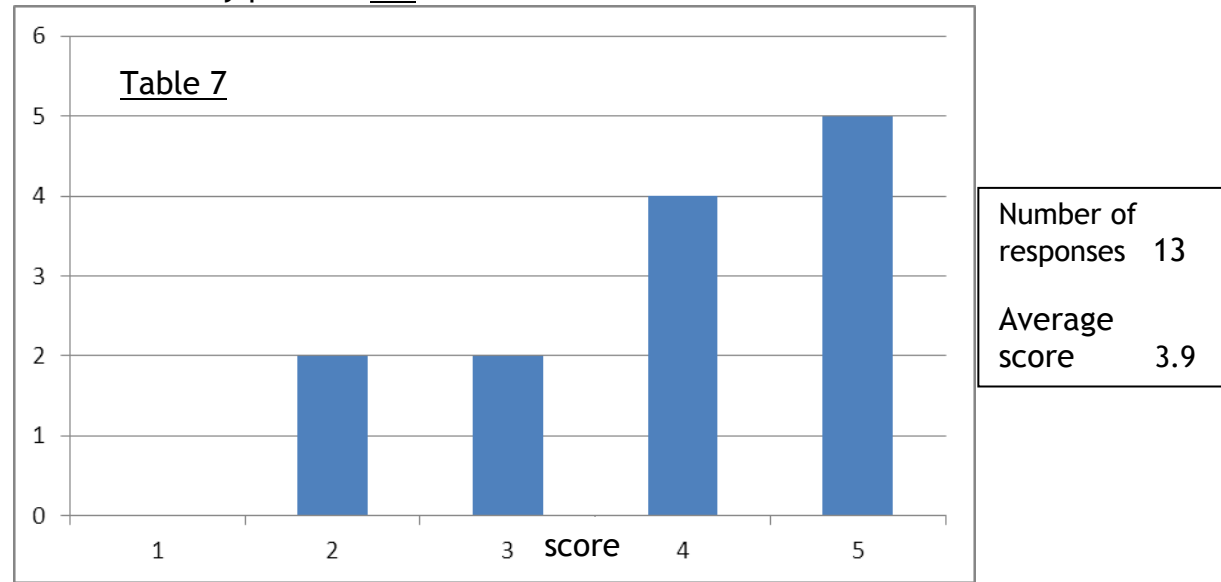


Other care at Home
In house carers
Complex care team
Domiciliary Care Devon County Council
Own home help
Care agency
New care through social services.
Private carers and Homelife carers
Carers
Home care
Privately arranged home care and home visit optician
Helping Hands care agency



## Table 6: How well does the care provided meet your needs?

Participants were asked to score the care provided on a scale from 1 to 5, where 1 is poor and 5 is excellent, the spread of responses is illustrated below. The average score was a very positive 3.9



## What services should be added to the list of Community Services?

- More physiotherapy
- X rays available daily
- Stroke rehabilitation and dementia support in Sidmouth
- Mental Health

One response commented:

- “I receive my care / regular check ups from the GP practice nurses who are not listed”.

## Next Steps

It is our intention that commissioners at NEW Devon CCG can use the findings of this survey to inform their future commissioning plans. They have agreed to keep Healthwatch Devon informed of progress with those future plans so that we, in turn, can inform participants and other interested members of the public of any impact resulting from their involvement in this survey and of any further opportunities for public involvement.