



Being Healthy, Staying Healthy

An experiential data report for Public Health Team, Devon County Council

Produced by Healthwatch Devon, June 2015

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Introduction

Healthwatch Devon has heard from thousands of people during the last two years, who have shared their experiences and views with us in respect of their local health and care services. They have told us what works well, but also how services could be improved to better meet their needs.

This report focusses on what people have told us in respect of services which support people to take control of their own health and wellbeing, such as healthy eating and weight management, alcohol services, smoking cessation services and being active.

The data contained in this report has been collected using several different methods and questions. Therefore each section will contain the findings that were specific to each separate activity.

Findings

Mid Devon Citizen Panel

In February 2014 Healthwatch Devon was invited to submit a set of questions to Mid Devon District Council to be included in their citizen panel survey. Some of the questions related to healthy lifestyle services. Set out below are the questions and responses we received.

Have you, or someone you care for, sought professional advice or support in relation to healthy eating, weight management and / or physical exercise?

48 people responded to this question.

What worked for you?

Responses included:

- Both my husband and I attend our surgery to have our weight checked and received information on health and diet. We are both over-weight and have type 2 diabetes
- Taking my Autistic Son for Physical Exercise
- Help from Doctor and Support Worker
- It didn't, they gave up on her
- The physio nurse came to the house to help my husband
- Exercise and healthy eating and losing weight

- CAMHS workers very supportive
- Proposed balance classes paid for by Friends of the GP Practice Not supported by Mid Devon District Council
- Advice from Panache Toning Studio who explained the benefit of drinking water with protein intake similar to www.myfitpal
- Visiting doctor or midwife
- After heart surgery my wife went to the gym as recommended by her G.P. She was very happy with this.
- A programme designed by a fitness instructor
- Swimming and steam room/ sauna facilities
- nothing
- Slimming World
- The pulse scheme, encouraging fitness with high blood pressure
- I have a personal trainer (Privately) once a week who helps me keep fit. My husband who is disabled was referred to a specialist for Skin Cancer.
- Supervised graded exercise programme for M.E.
- Tai Chi for Osteo-arthritis
- Talking things through with Dr and Councillor
- I joined a local support group.
- Bone fit class
- The physiotherapy, following a stroke, was very helpful but not long enough. I found the same following hip replacement.
- Weight watchers
- Exercise
- Tablets from our surgery nurse with her support.
- Swimming
- Diet sheet and being monitored fortnightly
- Joining the gym
- Joining the gym and slimming world
- Support of looked after children nurse to help us make informed choices with our foster children.
- Attending Gym
- Advice and supervision provided in Gym for GP Sessions
- Group activity with regard to weight control
- General advice on weight: correct and advisory
- Physiotherapy & regular exercise, for general health issues. Taking sensible precautions following a skin problem.
- Gym & Fitness Class Membership
- Regular visits to a Health Facilitator with weight, height, blood pressure and blood checks.
- Advice from internet based resources

What could have been better?

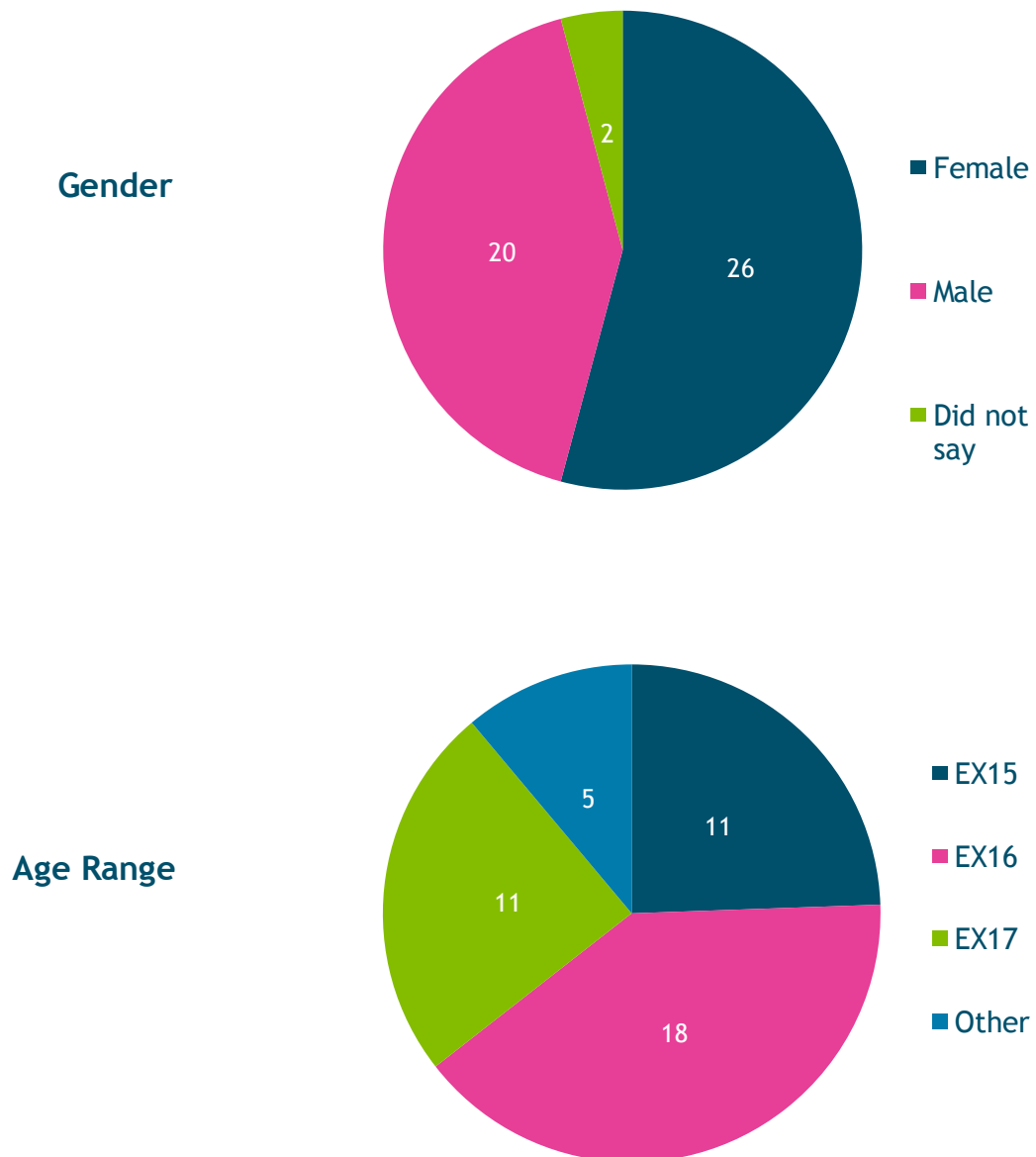
Where people provided their suggestions for how the service could be better, these are listed by individuals as follows:

- better access and support to gym and classes
- All ok
- My husband has been on a couple of exercise classes for C.O.P.D sufferers but finds it hard when the course finishes motivating himself to do these at home.
- Reduce Prices for Disabled People and Carers
- More time. Patience
- Nothing - it was excellent
- Everything was 1st class
- Easier access to advice
- More regular and continued exercise days(were discontinued after 12 sessions by hospital)
- Drop in coffee morning
- A sauna on the premises!
- more room to swim in freedom rather than lane constraint
- diet plans/exercise and management with dedicated consultant
- An option not to hear the insistent music High standard of cleanliness in the loos
- More help and supervision after initial meeting.
- It was excellent
- On-going support for stroke victims and major surgery as I am now wheelchair bound.
- Lady who did the 'classes'
- It was satisfactory
- less distraction in the form of television on all the time
- More advice from GP
- Nothing - it's up to the individual to motive themselves. Stop all this spoon feeding, let people make their own decisions.
- Disabled Changing Room for Gym area was not fully equipped and I had to request that this be updated. I understand that it is in hand and may already be completed. I have been unable to check this out (housebound at present). However, should not have been down to me pointing this out.
- Delays getting physiotherapy were unacceptable. I was forced to pay privately. In a different area I was called in to my doctor's from time to time for routine checks. This has not happened since I moved to Cullompton.
- Making this cheaper

What would you suggest to improve services in the future?

- Better value for money i.e. better fitness staff support and cheaper entry
- Quicker referrals
- A weekly/monthly class that carries on throughout the year, not just 10 weeks. No provisions in rural villages. If I did not drive he could not attend.
- Free groups to focus on healthy eating etc. The price puts off those on Benefits
- A swimming pool nearer home in Cullompton.
- More proactive approach to obesity in children
- A sauna on the premises!
- solution to the above suggestions
- diet plans/exercise and management with dedicated consultant
- I think overall more people could benefit from one to one advice and help with motivation.
- Continued supervision after initial meeting.
- A lot more help and information for disabled people.
- Pleasanter lady
- Nothing as far as I was concerned
- I had wonderful help from a trainer she was worked off her feet so another if possible or even part time help. Would be great
- Better liaison with health professionals and healthy eating groups and fitness advisors
- More teenage friendly advice sessions
- Reduce the amount of interference from social workers & the like and just let people do their own thing. If they want to kill themselves, then let them, stop interfering. You can only take a horse to water you can't make it drink!!!!
- ok as is
- Cut waiting times. A more proactive approach by Doctors
- Constant monitoring to bring down BMI

Demographic breakdown of those who responded to the questions on healthy eating, weight management and / or physical exercise



Engagement with young people at Petroc College

In Spring 2015, we attended 2 public events hosted by Petroc College, in Tiverton and Barnstaple. We designed a short survey to find out:

1. What their 3 most important health issues are
2. What health professionals could do differently or better to help them to be happy and healthy
3. Where they go to do sport and be active

4. What prevents them from being active

187 surveys were completed by children and young people attending those events. The questions and summary of responses are set out below.

What 3 health issues are most important to you?

The top three most important issues that young people chose were:

1. Depression / Anxiety / Self-harm
2. Sexual Health
3. Drugs / solvent use

What prevents you from being active?

134 young people responded to this question. The responses are summarised by theme as;

- Time / Too busy
- Cost
- Existing health conditions (e.g. asthma, anxiety, and arthritis)
- Lack of motivation and / or energy
- Poor access to services
- Weather
- TV / social activities / friends

One person felt they did not want to go to the park for fear that they (teenagers) appear intimidating to others

Is there anything professionals such as doctors, nurses or social workers could do better or differently to make sure you are happy and healthy?

135 young people responded to this question, the results are summarised into key themes below:

- Early intervention
- Being taken seriously
- Better education and campaigns in local communities
- Being treated with respect
- Provide healthy eating advice
- Find out more about a person's life and how they are feeling / on the other hand some said they preferred professionals to be less invasive and more delicate regarding issues
- Easier to access to professional without parents being involved

- Be approachable
- Be caring
- More personalised advice rather than signposting to a generic website
- A non-judgemental environment for young people to be safe in
- Confidentiality
- More awareness and recognition of depression in young people by GPs
- Faster referral times e.g. mental health services
- Be informative but not patronising
- Better availability and access to health professionals
- Make time to listen and understand
- Health professionals should come into schools more to provide advice and information
- Give patients enough time to explain how they feel.

Long Term Conditions

Background

Long Term Conditions (a health problem that can't be cured but can be controlled by medication or other therapies) account for 50% of all GP appointments, 70% of days spent in hospital beds and 70% of the money we spend on health and social care in England. Northern, Eastern and Western Devon Clinical Commissioning Group (NEW Devon CCG) were therefore keen to understand how service users and carers managed their conditions, what services they found helpful, and what could be improved.

What We Did

We undertook a Devon-wide survey of service users and their carers, hearing from over 500 people with a long term condition through the autumn of 2014.

Our Findings

Key findings were:

63% of respondents considered the care and support they receive as good or excellent.

Only half of respondents felt supported to manage their conditions or felt they knew where to go for help when they needed it.

70% of respondents play an active role all, or most of the time, in managing their long term conditions.

Support in understanding how to prevent the worsening of a long term condition would be most helpful for people to take a greater role in managing their care.

Two out of three respondents did not have a personal care plan. Of these, 95% have not talked about it with a professional.

Less than half of respondents considered the sharing of information between health and social care services to be done well or very well. And nearly 1 in 3 (29%) considered this to be done badly or very badly.

The report in full can be found at

<http://www.healthwatchdevon.co.uk/wp-content/uploads/2015/02/LTC-Report.pdf>

What people have shared with us through *Speak Out*

Our *Speak Out* mechanism is what we use on a day to day basis to collect feedback from people. They can complete an online speak out form, telephone us, write to us, or pass on their views and experiences through one of our service delivery partner organisations. If someone needs support or assistance with the issue they have raised we would signpost or refer them to the team who can deal with their enquiry.

The following comments, which have been captured on our information database during the last two years, may provide some insight into how people experience existing services that provide support to people in respect of weight management, physical activity, smoking and alcohol as well as key points of contact in Primary Care Services and access to services. Where the term 'client' has been used, this refers to when feedback has been shared with us by a Healthwatch Champion, with the consent of the individual.

I have my regular check-up with my GP. On my last visit my sugar levels were quite high and now my new medication which was prescribed it has balanced my sugar and cholesterol levels. My blood pressure is fine and I feel well and do regular exercise using my new Ex-card to visit the gyms in Exeter Riverside Sports Centre.

I have been told by the doctor that I am an uncontrollable diabetic this is untrue as I eat healthily. At the moment my blood sugar is high but I am afraid to go to the doctor because I will be told off as if I am a child. I am due for another blood test but do not want to go.

I will be undergoing surgery soon and I need to lose weight. My operation has been cancelled twice already because of concerns about my weight, but now it really

needs to go ahead and although I have some support I'm not sure I can lose enough in the time available.

I am a carer for my husband who cannot drive. I am concerned that DCC are looking to reduce subsidised bus services in the county and feel that this may be an equality issue for those with illness, disability or other problems that prevent them from driving and rely on the bus services. I felt I should raise this in order that you may consider commenting on the proposals before any action is taken to reduce such services.

Our rural bus service is being reduced. This is an equality issue for people wanting to be part of meetings. This issue needs to be passed on. We need to have meetings in more rural areas to focus on rural problems. People with mental health issues sometimes aren't allowed to drive or can't afford to drive.

Smoking

I have experienced several addiction issues. Peer pressure is partly responsible for this. Addictions are the cause of many of my lost opportunities with regard to education and employment. I have now given up smoking and I feel so much better for it, both financially and with regard to my physical health.

I tried to give up smoking but felt nothing worked for me. I think I would have benefited from a diet plans/ exercise and management with dedicated consultant.

Client says she had an outpatient appointment at Tiverton Hospital for problems she'd been having with her stomach/ bowels. The client is a smoker and when the consultant did his pre-op checks he asked her if she thought her problems were due to smoking. The client said she didn't think so. The consultant very rudely then replied by saying 'Do you think we care'. Client is offended by the consultant's attitude towards smokers, especially as they seem to offer more help for those with an alcohol addiction (client's opinion).

Client has had a recurring abscess in her left breast since August 2012. She has had it drained on several occasions and been given antibiotics. However, it keeps returning every 3 -4 weeks, when her breast goes from a B to a G cup. This has happened around 15 times. Her consultant has not refused anymore surgery as he says her smoking is to blame. She has cut down to around 3 per day. Client is in a lot of pain and very depressed and is now at a standstill with her treatment. She feels her doctor is discriminating against her because she smokes.

The following feedback was provided to us by Devon Link - Up, in respect of the experiences of people with a Learning Disability, who they have engaged with:

The people engaged within the groups have talked about the consultations and a lot of work has been done about annual health checks and health screening. As a result of the work carried out a number of issues have been identified that will result in further consultation and feedback to Healthwatch. For example, although many

people have received an annual health check, it was evident that many of them had not been asked about their drinking and smoking habits or their sexual health.

Alcohol

Client was referred to me (HW Champion) from his GP. Client's wife has an alcohol problem and he was trying to get her some help. GP referred him to me as he had very little information on alcohol support groups. Client believes GP's should have more information available about what support is offered in the local area.

Dual Diagnosis

A man with a chemical dependency on x is receiving support from a drug and alcohol service. However he reports that the support 'is causing me stress because I don't need it'. He said 'I have had 4-5 different drug services and I'm now with X, but I don't need it as I've been clean for 4 years'. The man also reported that 'the worker doesn't make enough appointments for the support to be worth it.' He said that the GP supports him accessing the service as it justifies the man's prescription. The man feels that he really needs support to manage his mental health and anxiety and that this will reduce his dependency - 'my anxiety is worsening and I end up injecting to manage the anxiety, but then I run out of it and become even more anxious as a result.' He has tried to access support for his mental health through his GP but says that 'my GP dismisses me' and doesn't take his opinion seriously.

Weight Management

My colleague has had a problem getting appointments, had to wait a week. Very overweight, NHS gave him a course with Weight Watchers, goes swimming; the support of NHS has really helped him. Prevention rather than cure.

Hikmat has signposted me to two organisations. One is the Phew Centre, the other is Workways. They also got a health worker who helped me lose weight. Hikmat staff are always very friendly and helpful and there to advise me. I have significantly increased my confidence and I got involved with group activities which has reduced my isolation.

Client complained about a referral letter from GP to a gym he wants to join. This listed all his medical history, much of it irrelevant. Client received another referral letter eventually but was concerned about confidentiality of patient records. He has complained to the Practice Manager and received an apology and reassurance about confidentiality. He also felt pressured about having a gastric band when he wants to work with a dietician and the gym to lose weight.

Emotional Health and Wellbeing

1. Positive experience of the Relay Group - you get out what you put in.
2. Next step will be applying for work and getting a job and staying in employment.
3. Currently having medication reduced and will see GP again soon to discuss further reduction.
4. Keeping well is about non mental health things, e.g. voluntary work, cooking, exercise and attending weight watchers, walking the dog, attending Women's Network, seeing friends.

Diabetes

Services and Information and talks for newly diagnosed type 2 Diabetics. I was diagnosed by my optician (Specsavers) when I had a routine eye test in Jan 2013 , asking me how long I had been a diabetic - previous to this I had only been treated for depression following 3 major ops for bowel cancer. I was then referred to the eye infirmary and tests confirmed that I had type 2 diabetes. I think more information is required for patients who are suffering.

I was invited to attend the IBD Patient Participation Group. I was really impressed by the idea of a ward PPG that involved patients, nurses, doctors, administrators, and which concentrated on improving the patient outcome and patient experience. I feel this could be repeated on many acute wards, especially those dealing with patients with critical conditions, as well as wards in community hospitals. I would like to see the community health services provide by this team e.g. do nurses act in a respectful manner towards patients? Are they checking patients who are housebound and may be at risk of diabetes? Are they ensuring care plans are up to date and that patients and carers are coping? Are patients heating their homes and eating properly?

Nurse checked my height, weight and pulse before she took my blood for diabetes check-up according to her explanation. My appt was punctual and her explanation was clear. I am happy with it.

Individual rang HW as she was concerned with the service she was receiving from her GP practice as the nurses did not seem to know much about diabetes.

I like the idea if using the Torrington Community Hospital for LOCAL treatments - chemotherapy, baby unit, balance classes, diabetes clinic. Keep treatments local so that people from Torrington don't have to travel to Barnstaple.

Castle Place Surgery - Tiverton - Diabetes care. Client is a patient at the above practice and has been diagnosed with diabetes. She says the service (diabetic service) offered at the surgery is very poor. She temporarily swapped to MacLeod's Diabetics and Endocrine Centre in Exeter and found they offered a much better service including more information

6 weeks to 2 months ago husband was told he had suspected diabetes - individual has heard nothing. The individual was not satisfied with their 6 monthly check-up at the GP surgery. The nurse was abusive to her so she made a complaint and now she sees another nurse.

An individual with a learning disability was recently diagnosed with diabetes. He reported that he had only been given a little bit of information about what he needed to do but his support staff were managing his diet for him. Devon Link Up plans to create an accessible information sheet with the gentleman about his diabetes and the changes he needs to make so that he is better able to manage his condition. This information can then be shared with other people who have a similar condition and can also be offered to health professionals to aid their understanding when supporting people with learning disabilities.

Being Heard

A theme that has arisen from the experiences we've captured is that of being listened to and heard. Where this works well, GPs and nurses will understand the needs of the individual and make necessary onward referrals or signpost patients to appropriate support. Where patients do not feel heard this can have a negative impact on their wellbeing and possible delays in receiving treatment or an appropriate service. This experience was shared with us by a Healthwatch Champion, who is supporting this individual to resolve this situation:

This Client is age 30 and has physical and mental health issues. She had good GP and Mental Health support at her previous address. Since moving to Ivybridge she has had problems with the attitude of GP's at Ivybridge Health Centre who she says are not supportive and do not listen to her. She finds it difficult to get out at times and is very stressed and anxious.

Personalisation

Another theme emerging is a need for services to be better joined up. Particular where someone has emotional and physical health needs. Two such experiences that illustrate this include:

I no longer have a care co-ordinator or my original GP who knew me well, so it's difficult. The GP can't access RiO so I have to start from scratch each time and there's a lack of communication. Step 4 psychological therapy services were also unable to access my records. I have to keep repeating myself. My physical health issues are being dealt with separately from my mental health, but it's all within me and I can't divide myself.

This lady's husband has diabetes and recently suffered a serious bout of depression. He was in hospital from March to November 2013 being treated for both problems.

Problems arose because he was discharged from one ward to the other - this meant that his ECT treatment lasted much longer than it should have done. The lady said that the treatment for both problems was excellent but that the staff didn't have knowledge or skills in any other area than their own. The physical health staff said they had not been trained to deal with mental health issues, and the mental health staff didn't understand about diabetes. The lady said the staff did try hard and even consulted manuals to get a better understanding. When her husband was discharged from the hospital there was a multi-agency meeting and it was suggested by the mental health professional that the husband should be cared for in a home for a short period before returning to the care of his wife. This was contested by the person dealing with the diabetes who said that this problem would worsen in a care home, and that the wife was the best person to care for him because of her extensive knowledge and skill. The lady was relieved to hear this because she felt that her ability to care had been appreciated and that someone had understood how important it was for this problem to be carefully managed. The lady thinks that training should encompass both physical and mental health so there is a better awareness of how one impacts on the other.