



healthwatch
Bristol

Feedback Feed Forward

Quarter 4 (January - March 2017)

Welcome to the Healthwatch Bristol Feedback Feed Forward report.

Healthwatch Bristol gathers feedback from the public about health and social care services in Bristol.

Section 1 of this report will consider the feedback gathered by Healthwatch Bristol between January and March, identify themes and where relevant, recommendations, from these comments and outline what Healthwatch will do with this information.

Section 2 will describe what Healthwatch Bristol did with the information gathered in previous quarters, and the outcomes of this. Along with any responses already received.

Section 3 will discuss how the information gathered will shape Healthwatch Bristol's work plan, and give an overview of planned activities.

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HEALTHWATCH BRISTOL

Healthwatch is the official framework through which local people can have their say about health and social care services. Healthwatch works on behalf of the whole of the community – children, young people and adults and needs people to tell it what's going on in the health and social care services in their area. Healthwatch can tell services about patient experiences of care and hold them to account; it can also enter and view services such as care homes and hospitals, observe what is happening and report back to commissioners.

People can feel excluded from services and we know that access to services and treatment is not always equal to all, so Healthwatch also has a signposting function to navigate the health and social care system. Healthwatch Bristol is independent, transparent and accountable and powerful, with the strength of the law and the national influence of Healthwatch England behind it. Healthwatch Bristol is provided by The Care Forum.

W: www.healthwatchbristol.co.uk

W: www.thecareforum.org

What do we do with your comments?

Healthwatch Bristol hears the experiences of health and social care service users through planned public engagement events, and from individuals contacting the team directly.

Healthwatch Bristol staff record these experiences and where relevant, signpost people to Patient Advice and Liaison Services (PALS), advise them on making a complaint, refer them to advocacy services, or in more urgent cases, report to Clinical Commissioning Groups' Quality Surveillance Groups (healthcare-related issues), or to safeguarding services (social care-related issues).



INTRODUCTION

Healthwatch gathers feedback from members of the public through a variety of methods:

- Planned staff engagement with community groups and health and social care service users;
- The network of Healthwatch volunteers share feedback they gather from their community groups;
- Any member of the public can also contact Healthwatch via telephone, email, social media and the website.

Healthwatch Bristol's theme for planned engagement during January, February and March 2017 was **society, health and wellbeing**. The focus for the quarter looked at the Accessible Information Standard and the Substance Misuse Services recommissioning by Bristol City Council.

Healthwatch Bristol staff targeted outreach engagement on community groups with communication issues and those with experiences of accessing substance misuse services including:

- Wild Goose drop in
- St Paul's Children's Centre
- BRI Outpatient clinic
- KHASS
- Ridgeway Project
- Battle Against Tranquilizers
- Daryeel
- Different Strokes
- Centre for Deaf and hard of hearing
- Prostate cancer awareness event
- WECIL experts by experience

Healthwatch also worked with other community groups and health and social care services users in addition to those encompassed by the society and health theme.

SECTION 1: WHAT HAVE WE HEARD?

Engagement activity feedback

Healthwatch Bristol carried out the following planned public engagement and consultation work in quarter 4:

St Pauls Children's Centre Stay and Play and Baby Groups, January 2017

Healthwatch Bristol facilitated a focus group, to capture service users' experiences of using health and social care services, particularly within the context of having young children.

Healthwatch Bristol heard 15 comments during this visit, and identified the following theme and emerging theme from them:

- Commentators' experiences, both positive and negative, show that patients appreciate it when health visitors and other professionals giving post-natal support provide clear and consistent information to parents about their own and their children's health (9 comments)
- Positive comments about NHS 111 were received from two mothers who both contacted the service when their child was unwell. They both found NHS 111 staff to be helpful and reassuring (2 comments)

The full report can be found [here](#).

What will happen next?

Healthwatch Bristol has shared this feedback with the named service providers as appropriate. Feedback has been analysed and will be used to shape future work plans and the recommissioning of NHS GP out of hours and 111 services.

Blue Monday at The Galleries, Bristol: Let the Sunshine In, January 2017

Healthwatch Bristol hosted a stall at the 'Let the Sunshine In' event held at The Galleries in Bristol. We heard 25 comments from people about health and social care. From these the following themes and emerging themes could be identified:

- People are experiencing limited availability of appointments and long waits to see health care professionals in Bristol (3 comments)
- People are receiving high-quality treatment in health and social care services (13 comments)

The full report can be found [here](#).

What will happen next?

Healthwatch Bristol will continue to focus on Primary Care in 2017/18.

Khass Sewing Group, February 2017

Khass (which means 'special' in Urdu, Hindi and Bengali), is a Bristol-based charity which provides services aimed at supporting families in the Asian community with disabled children in Bristol and the South West. Healthwatch Bristol gave a presentation at the Khass sewing group and encouraged members to share their experiences of accessing health and social care.

Healthwatch Bristol heard 12 comments during this visit, and identified the following emerging themes from them:

- There was positive feedback about the quality of treatment and attitudes of primary care staff, but commentators reported dissatisfaction with waiting times for appointments. Telephone appointments with GPs were seen as helpful, but only if the GP was clear about when the call would be made and was prompt about making that call (2 comments)

- There was mixed feedback about the quality of treatment in hospital settings, but both positive and negative comments highlight the importance of health staff explaining diagnoses, treatment and waiting times in a clear and compassionate manner (4 comments)

The full report can be found [here](#).

What will happen next?

Healthwatch Bristol has developed recommendations based on this feedback and requested a response to these from the relevant service providers. These are detailed in Table 2 (page 8).

Prostate Cancer Awareness Day event, Bristol, February 2017

The Prostate Cancer event was enabled by funding from Healthwatch Bristol community pot. 119 people attended the event with the majority being from a BME background. Healthwatch Bristol spoke to around 60 attendees about health and social care. From their feedback, the following themes emerged:

- Commentators reported on the ease of making appointment for prostate examinations and general appointments, particularly at Charlotte Keel Health Centre
- Commentators were really pleased with the treatment and care they had received, namely at Southmead Health Centre Dental Department and the Old School Surgery in Fishponds
- Commentators praised services they and their families had received at Bristol Children's Hospital

The full report can be found [here](#).

What will happen next?

Under the terms of the community pot the event organisers are producing a final report. This combined with the Healthwatch data collected will be shared with the Bristol CCG's Cancer Inequalities Steering Group to engage the public in cancer services development. Healthwatch will use the information gathered in this report to help identify key focuses for Quarter 2 which will look at long term conditions including cancer.

Daryeel Group for Somali mothers, March 2017

The Daryeel Group is held at Barnado's in Bristol, and provides support to Somali mothers of children and adults with disabilities. Healthwatch Bristol attended the group to find out about members' experiences of accessing health and social care services.

Healthwatch Bristol heard 12 comments during this visit, and identified the following emergent themes from them:

- The commentators, parents of children with disabilities, reported receiving a lack of information from the staff in Accident and Emergency at the Bristol Royal Hospital for Children about their children's seizures (2 comments)

- The commentators reported frustration that referrals between health services did not seem to be followed up, and that they did not know how to ‘chase’ these referrals (2 comments)

The full report can be found [here](#).

What will happen next?

Healthwatch Bristol has developed recommendations based on this feedback and requested a response to these from the relevant service providers. These are detailed in Table 2 (page 8).

Bristol Women’s Voice International Women’s Day event, March 2017

Bristol Women’s Voice is a charitable organisation managed by Bristol women chosen by Bristol women, for Bristol women, with the aim of making women’s equality in Bristol a reality. Healthwatch Bristol visited their International Women’s Day event and engaged with attendees to hear their experiences of health and social care services.

Healthwatch Bristol heard 16 comments during this visit, and identified the following emerging themes from them:

- Commentators reported dissatisfaction with waiting times for appointments (2 comments)
- The availability of interpreters is vital to ensure people with English as a second language understand their diagnosis, the treatment they receive and their rights (2 comments)

The full report can be found [here](#).

What will happen next?

Information from this report will be shared with Bristol’s Joint Strategic Needs Assessment, for inclusion in the chapter on women’s health.

Healthwatch Bristol will use the information concerning the use of interpreters in its planned work on language barriers. This will be reported on in Quarter 1.

Linkage ‘Discover a New You’ Wellbeing Day, Bristol, March 2017

Bristol Women’s Voice is a charitable organisation managed by Bristol women chosen by Bristol women, for Bristol women, with the aim of making women’s equality in Bristol a reality. Healthwatch Bristol visited their International Women’s Day event and engaged with attendees to hear their experiences of health and social care services.

Healthwatch Bristol heard 10 comments during this event, and identified the following emergent theme from them:

- The treatment and care received for cancer in secondary care settings were received very positively (3 comments)

The full report can be found [here](#).

What will happen next?

Healthwatch Bristol will share this report with the Bristol CCG's Cancer Inequalities Steering Group to engage the public in cancer services development.

Healthwatch will use the information gathered in this report to help identify key focuses for Quarter 2 which will look at long term conditions including cancer.

Dhek Bhal Men's Group, Bristol, March 2017

Dhek Bhal Day Centre provides supports for men and women in Bristol and South Gloucestershire over the age of 55, predominantly from the South Asian community. Healthwatch Bristol visited the Dhek Bhal men's group to listen to their experiences of accessing health and social care services.

We heard from 15 men and as their feedback was so varied, we did not identify any themes particular to this group. A short film was also produced which will be released shortly.

The full report can be found [here](#).

What will happen next?

Healthwatch Bristol have developed a strong relationship with Dhek Bhal and will continue to work with empowering their members to have their say and share their experiences. The information gathered from the group will be shared with the service providers mentioned and their response will be reported on in the next quarter.

West of England Centre for Inclusive Living (WECIL) Expert by Experience Group, March 2017

WECIL's main aim is to support, promote and maintain the independence of disabled people in Bristol and the surrounding areas. The Experts by Experience group is part of a project funded by the Department of Health, and aims to ensure that people with disabilities are involved in consultations and that their voices are heard.

Healthwatch Bristol attended the Experts by Experience meeting in March, which was attended by 9 people, and ran a structured focus group with sections on; access to services (information and communication), self-care, and feeding back to service providers.

From the group's responses, it was possible to identify the following emerging themes from their experiences:

- Commentators felt that jargon is used too much in healthcare settings (2 comments)
- Commentators reported a perceived lack of awareness of patient needs which could result in poor practices, and felt that staff in primary and secondary care settings could benefit from training in disability awareness (5 comments)

The full report can be found [here](#).

What will happen next?

The findings of this report will be shared with NHS England who have completed a post implementation review of the Accessible Information Standard.

ORAL HYGIENE WORKSHOP, KINGSWOOD, 09 MARCH 2017

Healthwatch South Gloucestershire, Healthwatch Bristol, The Hive and University Hospitals Bristol NHS Foundation Trust, ran a workshop on oral hygiene for adults with learning difficulties, as part of the programme of work looking at access to dental health information and services for people with learning difficulties.

15 people attended, and were given the opportunity to feed back on their experiences. Themes from this feedback were:

- Accessibility issues for people with physical disabilities to dental service settings reached by steps
- A need for improved communication from dental staff, so that patients are fully aware of the procedures that will take place during their appointment.

The full report can be found [here](#)

What will happen next?

Healthwatch South Gloucestershire will contact the providers named in the full report, and ask for feedback about the comments made by participants.

The report is available in an Easy Read format from office@thehiveavon.org.uk

Mydentist, Kingswood, and the Special Care Dental Service, Southmead, 28 March 2017

Healthwatch South Gloucestershire, Healthwatch Bristol and The Hive Avon, an organisation working with people with learning difficulties, have been working together to understand the issues people with learning difficulties face when accessing dental services. Healthwatch had heard from people with learning difficulties that they sometimes find it hard to access GP services and wanted to know if the same difficulties applied to dental services.

Healthwatch and The Hive want to see how accessible dental services are to people with physical and learning difficulties.

A group of Healthwatch South Gloucestershire and Hive staff and volunteers visited two dental care settings in quarter 4.

Recommendations

Mydentist, Kingswood:

- Car park sign to be displayed.
- Consider if an additional disabled parking bay is necessary.
- Look at resurfacing car park.
- To consider making access to the building easier namely an automatic entrance door, handrails and a ramp into the building may be needed.
- To consider altering part of the reception desk to accommodate wheel chair users.
- Provide a table and chair near the reception desk to assist people to complete paperwork.
- To consider providing a sign stating people can request longer appointment slots.
- To consider a system where reception staff monitor appointment times and automatically notify people of expected delay. Particularly those people the staff have identified as having additional needs or nervous patients.
- To consider the language used in the notices and use bigger fonts.
- To display sign showing where toilets are so patients don't have to ask.
- A sign should highlight potential access issues to treatment rooms
- To produce all documentation in 'easy read' format namely, using larger font (point 16), include pictures where possible, use of short sentences and where possible simple language. Where difficult words are used there should be an explanation of its meaning.
- To review all documents and communication methods against the Accessible Information Standard to ensure standard specifications are met:
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
- To consider improvements to the time taken for calls to be answered. This is particularly important for people who cannot use or have access to online booking.
- To consider the Accessible Information Standard specifications when updating online booking system.

Special Care Dental Service, Southmead:

- A signpost stating public car park / Ambulance only parking
- Re-painting the disabled parking bays to make them more visible. Introducing more disabled parking bays.
- Maintain paving stones so they are not cracked further over the winter months.
- Label each staff member photo so patients know who does what.
- Provide a table and chair near the reception desk to assist people to complete paperwork.
- Information about appointments to be made available in reception for new patients.
- Consider telling patients the number of disabled parking bays available rather than referring to 'limited disabled parking' on the appointment letter.
- To consider introducing magazines and other reading material for waiting patients.
- Provide a table and chair near the reception desk to assist people to complete paperwork.
- Appointment letters could be made even more accessible with the use of short sentences and where possible simple language. Where difficult words are used such as 'inconvenient', there should be an explanation of its meaning.

- To consider providing Easy Read communication for adults with learning disabilities at appointment.
- To continue to review all documents and communication methods against the Accessible Information Standard to ensure standard specifications are met: <https://www.england.nhs.uk/ourwork/accessibleinfo/>

An easy read report is [here](#)

They have been shared with the relevant providers. Healthwatch Enter and View teams will monitor the implementation of the recommendations made.

Bristol City Council Recovery Orientated Alcohol and Drugs Service (ROADS), Recommissioning consultation, January – April 2017

Bristol City Council is recommissioning its substance misuse services. Healthwatch Bristol supported this process by promoting the consultation and visiting groups of service users to gather their feedback on their experiences of using substance misuse treatment services. They heard from 34 service users and the following themes can be identified from their feedback:

- Respondents felt that early engagement and prevention were positive. They talked about living chaotic lifestyles, which meant that if someone had made the decision to seek treatment they needed to be able to access it quickly, as delays could lead to them not receiving treatment at all.
- Making services easy to access was a key issue for people. There were a number of issues highlighted with the location of services in St Pauls being a barrier to access as some felt it was intimidating, some alcohol misusers they felt it was not appropriate for them as the location is associated with drugs, and for some it meant going back to the place they sourced their drugs or prostituted themselves.
- The name of a new service was also highlighted as important as it needs to be inclusive of all service users and not alienate people by referring to 'drugs' if drug use is not an issue for them.
- Respondents who had accessed relapse prevention services felt they were meeting their needs, and are important as relapsing could be easy.
- Respondents who had used peer support services thought they were very worthwhile, although discussion did include making sure the peer supporters were well supported as they can become over-loaded which could harm their own recovery.
- Support groups were identified as being essential in the recovery process as being able to share experiences and struggles with someone that understood helped their mental health and the recovery process.
- Respondents felt the experience they had in residential rehab was good. Chandos House was mentioned as giving good holistic care and treatment. There were also comments about being in rehab somewhere different, being good.

The full report will be published on the Healthwatch Bristol website on the completion of the review by the named service providers.

What will happen next?

Healthwatch Bristol will share the information collected through these engagement sessions with the Bristol City Council's Substance Misuse Team, and Public Health.

Recommendations developed from this consultation work can be found in Table 2 on page 8.

Community Pot-funded engagement

Prostate Cancer Awareness event for BME communities: Healthwatch Bristol awarded community pot funding to host an awareness raising event for BME communities and Prostate Cancer. 119 people attended the event which Healthwatch Bristol attended. The final report from the organisers will be published shortly.

[See above](#) for the engagement summary produce by Healthwatch Bristol from the event.

Enter and View

St George's Care Home, Bristol, December 2016

St George's Care Home provides specialist residential nursing care for up to 67 people aged 65 and over.

Healthwatch Bristol carried out an Enter and View visit in December 2016 and the full report is available [here](#).

Key findings

Healthwatch identified some areas of good practice including; personalised whiteboards, a visiting hairdresser and positive feedback about the staff. However, the Enter and View team also witnessed and heard about some areas for improvement, including residents having more options regarding activities and trips out, limited options at mealtimes and Residents' Meetings being cancelled. The team also heard some serious concerns from residents which were reported to the Care Quality Commission and the Adult Safeguarding Team at Bristol City Council.

Recommendations

1. Continence care and cleaning processes and products are improved so that there are not smells of urine in the upstairs bedrooms
2. New staff are advertised for as soon as possible and less agency staff are employed. More staff work on each shift. Consider recruiting volunteers to support with activities and social interaction.
3. The manager supports new members of the staff team to "gel" with more long-serving staff members and increases social opportunities for staff to improve staff retention.
4. All staff receive specialist dementia training.
5. Activities are designed around residents' interests and abilities in collaboration with residents and their visitors. Regular opportunities to go outside on trips are offered to residents. Staff are trained to actively support residents with high care needs to participate in activities.
6. Easy read information about activities and menu choices, easy read room signage and hearing loops are introduced as soon as possible.

7. Residents are offered three options at meal times.
8. Personalised whiteboards, with each resident's likes and dislikes, and each resident's monitoring charts are consistently kept next to all residents' bedrooms.
9. A new "response time" is agreed for all staff to respond to call bells. This is recorded outside each resident's room and a monthly audit of all response times is undertaken by the manager. Long call bell responses should then be addressed with staff working on that shift.

What happened next?

Healthwatch Bristol attended a multiagency safeguarding panels to discuss the concerns at St George's care Home. Which resulted in the development of an action plan and ongoing monitoring of the situation.

Bristol Community Links South, Bristol, January 2017

Bristol Community Links is a Council-run day centre for adults with learning difficulties, physical and sensory impairments and older people with dementia, in Knowle, South Bristol.

Healthwatch Bristol carried out an Enter and View visit in January 2017 and the full report is available [here](#).

Key findings

All service users and staff were really positive about the day centre. Staff were, however, concerned about cuts at the council and the affect this might have on service users who go to Bristol Community Links South.

Recommendations

1. Room signage to be lowered for service users who use wheelchairs.
2. Ensure room signage is on all bathroom doors
3. Ensure alarm cord bells are in all bathrooms so service users can alert staff if they need assistance.
4. That BCL South uses the self-audit tool, "Is your care home dementia friendly?" by The Kings Fund to assess if the environment could be improved for service users with dementia.

Independent feedback

Healthwatch Bristol heard 42 accounts of health and social care services from members of the public in Quarter 4. They contacted Healthwatch Bristol by telephone, email, by post, at events and via the website to share their experiences. Themes emerging from this feedback include;

- People reporting that their symptoms have worsened due to delayed or refused referrals, from primary to secondary health care settings (4 comments)
- People have reported that they, or their family members, have been discharged from secondary care prematurely, without the appropriate measures and/or follow-up care in place to ensure that people are safe and have the necessary support and/or equipment available to continue their recovery at home (6 comments)

Key themes from Advocacy

NHS Complaints Advocacy in Bristol is provided by SEAP and supports people to complain about NHS services. W: <http://bit.ly/2kJzf5r>

There were 35 new cases in Q4, which is an increase on the numbers recorded in Q3. The active cases have increased from 81 to 83. This caseload continues to be higher than we would normally expect for 1.6 full time equivalent staff (average caseload of 30 per FTE), although is still more manageable than the numbers recorded in previous quarters.

Over the last quarter the following themes and trends have been observed in the complaints made via the NHS Complaints Advocacy service (many are continuing themes from previous quarters):

- We are monitoring a number of cases regarding premature/unsafe discharge and the issue that patients are being asked whether they wish to be sent home, without being provided with the information about how this might impact them.
- We are continuing to monitor the trend and support cases in relation to premature discharge of mental health service users to primary care and generally poor access to mental health services.
- We also continue to pick up issues with regard to access to the Crisis Team.
- The top reported themes in new referrals during this quarter are again quality of treatment. We have also seen issues raised with regard to patient pathway; service access, waiting times, diagnostics and discharge.
- As reported in Q1, 2 and 3, through the work that we have been doing with the Royal Association for the Deaf we have also picked up a major (and expected) theme for this client group that deaf patients are not provided with adequate resources to access healthcare. Often this seems to be a lack of knowledge, both in terms of this group of people and a lack of awareness of available resources to medical professionals to support this group.

Complaints Procedure Advocacy (CPA) is also available in Bristol. It is provided by The Care Forum and supports people to complain about social care services. Due to small numbers of cases during this quarter, Healthwatch Bristol has not identified any themes within the complaints. W: <http://bit.ly/2Ikky5u>

KEY THEMES

The key themes (5 + comments on a similar issue) pulled together from **all** of the feedback heard by Healthwatch Bristol in Quarter 4 are listed in Table 1, which also details the number of people that reported the issue, and which organisation(s) this information has been shared with by Healthwatch Bristol staff.

Where applicable engagement summaries are shared with the named providers at the time of publication and responses are requested. Where responses have been received these are detailed in the report.

All themes are presented to the Healthwatch Bristol Advisory Group for consideration for inclusion in the Healthwatch Bristol Work Plan. Issues and themes arising from our quarterly reports are used extensively to inform our work against the work plan.

Table 1: Key themes from public feedback in Quarter 4

Theme	Number of comments heard	Shared with
Q4.1: Commentators' experiences, both positive and negative, show that patients appreciate it when health visitors and other professionals giving post-natal support provide clear and consistent information to parents about their own and their children's health	9	North Bristol NHS Foundation Trust (NBT) University Hospitals Bristol NHS Foundation Trust (UHBT)
Q4.2: People are receiving high-quality treatment in health and social care services	20+	Where appropriate the individual engagement summaries have been shared with names services providers for comment.
Q4.3: Commentators reported on the ease of making appointment for prostate examinations	Unknown (5+)	Information concerning Cancer services will be shared with Bristol CCG's Cancer Inequalities Steering Group.
Q4.4: Commentators praised services they and their families had received at Bristol Children's Hospital	Unknown (5+)	Where appropriate information I shared with the Bristol Children's Hospital.
Q4.5: Commentators reported a perceived lack of awareness of patient needs which could result in poor practices, and felt that staff in primary and secondary care settings could benefit from training in disability awareness	5	Where appropriate the individual engagement summaries have been shared with names services providers for comment.
Q4.6: Current substance misuse services are well received. New services need to be accessible in	34	This has been shared with the

terms of location, and inclusive in terms of service names		names providers and Bristol City Council for consideration in the consultation.
Q4.7: People have reported that they, or their family members, have been discharged from secondary care prematurely, without the appropriate measures and/or follow-up care in place to ensure that people are safe and have the necessary support and/or equipment available to continue their recovery at home	6	Where appropriate the individual engagement summaries have been shared with names services providers for comment.

SECTION 2: WHAT HAVE WE DONE WITH WHAT WE HEARD?

Table 2: Responses to key themes and recommendations based on public feedback in Quarter 4

Recommendation	Recommendation source	Response		
<p>GP Practices should ensure that clear information is given to patients as to the waiting times for face-to-face appointments with GPs and waiting times for telephone appointments. If the patient books a telephone appointment, the GP Practice should ensure that the patient knows what time the GP will contact them and what to do should their condition deteriorate in the meantime.</p>	<p>Khaas Sewing Group</p>	<p>This report was shared with: Charlotte Keel Medical Practice, Old School Surgery, Air Balloon Surgery, Birchwood Medical Practice, Lockleaze Health Centre, Bristol Royal Infirmary X-ray department, Bristol Royal Infirmary heart cardiology department, Southmead Hospital Bristol Eye Hospital and Emergency Care /A& E</p> <p>A response was received from NBT: "We are sorry that the appointment has not been received. I hope this has now been resolved. It was good to hear of the positive experience the patient had and that they were supportive and helping her understand the condition which is so important in obtaining as good a quality of life as possible.</p> <p>I have shared this with the Parkinson's team and also respectfully reminded them of the need to provide an interpreter and that family members should not interpret. To help them in this I have shared with them again the process of booking interpreters at NBT".</p>		
<p>All health and social care services should inform people who are using family members to translate for them, that they can have a professional interpreter.</p>				
<p>Health and social care staff should receive training on the importance of clear and compassionate communication. Any patients with additional communication needs should have information relayed to them in an appropriate format (in line with the NHS England Accessible Information Standard).</p>				
<p>Accident and Emergency staff always give parents of children who are experiencing seizures information about how to manage their child's seizure, even if the child's seizure has finished by the time they arrive at A&E.</p>	<p>Daryeel Group for Somali mothers with children with disabilities</p>	<p>This report was shared with: Charlotte Keel Medical Practice, Lawrence Hill Health Centre, Montpelier Health Centre, Bristol Royal Hospital for Children, Community Children's Health Partnership, Daryeel Group.</p>		

When health professionals make a referral to another health or social care service, they provide the patient/carer with information about what to do/who to contact if they are not contacted by the organisation that they have been referred to and/or do not receive an appointment with that service.		The full response from UHBT can be found here
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Enter and View

Where key themes result from Enter and View reports and visits the information is shared with the relevant service provider for comment, Adult Social Care or relevant commissioner as appropriate and CQC.

There is a rolling programme for evaluation where the volunteers will revisit premises approximately nine months after a visit to assess whether the recommendations have been acted upon. Healthwatch Bristol also work closely with the CQC sharing plans for visits to avoid duplication.

St George's Care Home, Bristol, was visited in December 2016. This resulted in Healthwatch Bristol working with the Bristol Safeguarding Adults team. The information gathered helped feed into an ongoing safeguarding concern at the home.

Follow up on key themes identified in the last quarter (Q3)?

Hospital Discharge

In Quarter 3 Healthwatch Bristol produced a follow up report on Hospital Discharge which resulted in the following conclusions:

Overall Healthwatch Bristol was pleased to see there appears to be an improvement in the experiences of people being discharged from hospital which could be attributed to the CQUIN's undertaken by both hospital trusts giving focus to the process.

While the number of responses was low, the following themes can be identified:

- **Overall satisfaction with discharge process:** respondents were generally happy or very happy with their discharge experience.
- **Improved experience of medication and delays from 2014:** key issues concerning time delays and medication, highlighted in the 2014 report, were not raised as issues in this survey.
- **People who receive support post-discharge are satisfied with its quality:** a high proportion (73.5%) of respondents had received support post-discharge and noted organisations such as the British Red Cross, their GP, Bristol Community Health, Women's Crisis House as examples. Of the people who received support post-discharge, 91.3% were either happy or very happy with the support they received.

- **The need for recommending community support post discharge does not appear to be happening in all cases and is still something people feel could be useful:** only 37.5% of respondents received information about community services they could use following their discharge; only 63.3% of respondents were given a contact name and number of someone they could contact post-discharge; only 56.7% of respondents were given information on what to do if things went wrong following their discharge; the top request for what would improve the discharge experience was to have more contact with someone to check on recovery progress.
- **There was a higher level of satisfaction from respondents being discharged from a NBT hospital than UHBT.** In 2015/16 NBT were implementing a CQUIN to improve discharge communication. They also, supported by The Health Foundation developed a Quality Trauma Discharge pilot which has had positive impacts. This focus on the discharge process is probably the reason for the differences.

The full report can be found [here](#).

Response from UHBT

Overall the report is helpful for UH Bristol in identifying areas of good practise and those we need to focus on more. The majority of discharges at UH Bristol are relatively straightforward and managed at ward level, the minority are complex and require a Multi-disciplinary Team approach to achieving a safe discharge. This highlights the need to address all aspects of planning.

'I would be grateful for any other feedback, comments and suggestions about our discharge process so that we can continue to improve our support to patients, relatives and carers.'

The full response can be found [here](#).

Which Service and Why?

In response to learning from the urgent care focus groups Healthwatch Bristol facilitated in quarter 2 and in response to feedback from the public that they are unsure which urgent care services to use in which situations, Healthwatch Bristol with Healthwatch South Gloucestershire designed a project called 'which service and why?'. The aim of the project was to assess levels of self-care and healthcare service knowledge, with a view to reducing system stress over the winter period.

Healthwatch promoted a survey 'Which Service and Why?' available online, in paper and other formats where requested from October 2016 to February 2017.

The aim of the survey was to investigate;

- people's knowledge of health services available to them and how to access them
- what influences choice and
- potential barriers to accessing health services.

Key themes

- There appears to be high levels of knowledge and understanding of community health services by the 177 members of the public who responded to the survey and focus groups.
- By far the majority of respondents prefer to choose to contact a local community service, primarily professional within a GP surgery for advice, information and treatment for a range of non-urgent medical conditions. People with non-urgent health issues want to be contacted quickly, and preferably on the same day. Patients are choosing to be contacted by phone by a medical professional which has the potential to reduce waiting times for advice, information and possible treatment.
- Patients prefer to be in contact with a GP or practice nurse for a health problem, and prioritise this over using other community and online healthcare services, even though there are high levels of understanding about the services received from pharmacies and other health services. There was a significantly smaller cohort of responses to the use of online support services than other services, showing that patients prefer face to face or telephone contact.
- The CSU 'Right Care, First Time' campaign responded to feedback from participants and is progressing well with promotion of the information across Bristol and South Gloucestershire residents. Healthwatch South Gloucestershire recently spent time in Southmead MIU where promotional materials were readily available to patients.
- Participants who read the CSU 'Right Care, First Time' leaflet increased their knowledge of community health services, most notably minor injuries services. Having this information allows them to better target services for appropriate injuries/health issues. There appears to be a positive link between the information leaflet and changes to current and future behaviour by people using health services.

Recommendations

- Information from the CSU appears to be having a direct and positive influence on people's knowledge and use of services. Healthwatch recommends that the promotion of the 'Right Care, First Time' scheme continues and expands across Bristol and South Gloucestershire areas, in particular promoting self-care and minor injuries services.
- That GP-based minor injuries services continue to be promoted to South Gloucestershire residents to increase levels of use for a local, same day service provision, improving the potential for reductions in A&E admissions.

The full report is being finalised and will be shared with the Healthwatch partners including the Commissioning Support Unit and published on our website shortly.

What have we done to influence service providers, commissioners and regulators of health and social care services?

Healthwatch works in partnership with other organisations to raise local issues and use them to make a difference to the planning and commissioning of services. Examples in quarter four include:

Healthwatch Bristol Open Meeting: held on Wednesday 22 March 2017, the meeting took the theme of ‘how can the public help shape the future of health and social care services’ as its focus. 29 attendees (members of the public, and staff and volunteers from a range of statutory and voluntary and community sector organisations) took part in discussion around the following topics:

- Engaging in health and social care strategy
- Helping you to help yourself/self-care
- Making a difference at an individual level (giving feedback, advocacy, volunteering)
- The future of the Healthwatch Bristol advisory group
- The Healthwatch Bristol work plan 2017/18

The full report can be found [here](#)

Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Plan (BNSSG STP):

Healthwatch Bristol has created a BNSSG STP page on the Healthwatch Bristol website on which members of the public can find information about the STP and about how Healthwatch Bristol is advocating for patient and public involvement in its development. The webpage includes: Healthwatch Bristol and Healthwatch South Gloucestershire’s statement to the BNSSG STP Board and Robert Woolley’s response to this statement. W: <http://bit.ly/2mbYZVW>

NHS England (NHSE) has been invited by BNSSG STP to review the STP’s Communication and Engagement plan. NHSE interviewed stakeholders in the STP during February and March. Healthwatch Bristol attended one of these interviews during which Healthwatch: shared with NHSE details of how Healthwatch Bristol, Healthwatch South Gloucestershire and The Care Forum’s Voluntary Support Service (VSS) has been involved in the STP up to this date, including: meetings with Ben Bennett (BNSSG STP Comms and Engagement); a VSS conference; lobbying for public engagement/ information sharing with the public at Bristol Health and Wellbeing Board and at the Joint Scrutiny meeting in December; writing to BNSSG STP (and response received from Robert Woolley).

Healthwatch Bristol also highlighted the following points:

- Healthwatch has repeatedly asked for the STP Board to communicate when it will be carrying out engagement with members of the public/ VCSE. Despite verbal assurance that a timeline of engagement would be produced, nothing has been published.
- Healthwatch has requested a seat on the STP Board. We have been told this is being considered, but it has not happened as of yet.
- VSS conference report has been sent to STP Board. There has not been an official response or any feedback to the organisations that attended.
- BNSSG STP Comms and Engagement say that they will do engagement on individual projects, but Healthwatch has received feedback from members of the public that they want an open discussion with STP leads about the STP as a whole

- The people Healthwatch understands to have been invited to take part in the external review are very statutory service heavy. Healthwatch suggests that NHSE contact other VCSE organisations and groups such as Protect Our NHS and Bristol Cable to learn more about how the public feel they are/are not being engaged in the STP.
- Healthwatch would welcome discussions with BNSSG STP Board as to how we can support the development and implementation of communication and engagement around the BNSSG STP.

NHSE will produce a report based on information gathered in all their interviews and containing recommendations for the BNSSG STP Communications and Engagement work. Healthwatch Bristol will work with the BNSSG STP to ensure recommendations are followed.

Bristol Health and Wellbeing Board

Healthwatch continued to promote the opportunity to meet with Ellen Devine, the Healthwatch representative on the Health and Wellbeing Board, before the meeting to share feedback on agenda items which Ellen could then use when commenting during the meeting.

Following every Health and Wellbeing Board, Healthwatch produces a summary of the meeting which is shared via the Healthwatch website and social media. The aim of the summary is to make the meetings more accessible to the public.

The latest summary is [here](#).

Bristol City Council (BCC) Women's Health Task Group: Healthwatch Bristol attended the Women's health conference and International Women's Day event to promote Healthwatch and gather peoples views. Healthwatch also fed into the discussions concerning women's health which will contribute to the development of the women's health chapter in the JSNA and the Healthwatch work plan.

Supporting the Care Quality Commission (CQC): Healthwatch Bristol took part in a webinar to discuss the draft public engagement consultation. The focus was around working in partnership to hear the views of the public and making better use of the information Healthwatch has.

AWP Engagement and Involvement Strategy: Healthwatch Bristol circulated AWP's draft engagement and involvement strategy and made comment on how it feels AWP should move forwards with their PPI.

While Healthwatch support the development of this strategy, HWB would have expected more concerning the actual processes for engaging and involving people in decision making and much more about working with partners in the VCSE.

HWB would also like to see the complaints process mentioned as a way people can share their views and influence service delivery.

Bristol Community Health Quality Accounts: Hw took part in an event held by BCH to develop their priorities for the 2017/18 quality accounts.

Children and Young People's Voice Network:

- The CYP Voice network is a made up of organisations and groups that support children and young people (CYP) to participate in giving feedback about and improving services and support in Bristol. The organisations that form the network have a focus on CYP participation and involvement. The CYP Voice Network is attended by staff and volunteers from CYP Voice groups working in Bristol. The network is also attended by people in roles that influence participation and involvement work with CYP (for example, commissioners of CYP services).
- Healthwatch Bristol organises and chairs the quarterly meetings and shares information with members of the network throughout the quarter.
- This quarter's meeting was held on 22 March and was attended by 15 people from organisations including Bristol City Council, Barnardo's, Re-employ, and Children in Care Council. During the meeting, it was agreed that the CYP Voice Network would become the Participation Challenge Group for the Children and Families Partnership Board.

SECTION 3: WHAT'S NEXT?

Healthwatch Bristol's quarterly topic for April, May and June 2017 is **primary care, health and wellbeing**. Access to GPs is a recurrent theme in Healthwatch Bristol Feedback Feed Forward reports so we are keen to find out more and focus on people's experiences of accessing Primary Care, such as GPs, pharmacies, dentists, minor injury units/ walk in centres. Below are the common themes:

- People comment that they want to be able to see their own GP and do not want to wait weeks for an appointment.
- People with additional communication needs (due to illness, impairment or English as a second language) report difficulties booking appointments and accessing support from primary care.
- People tell Healthwatch that information is not always shared between primary care services and secondary care services and that the patient can be left 'in the dark' with regards to the progress of referrals to secondary care.

During this quarter Healthwatch Bristol will:

- Gather feedback on people's experiences of services including: GPs, pharmacies, dentists, minor injury units/ walk in centres.
- Explore the use of/ potential use of technology/ online services in primary care (including Patient Online).
- Follow up on the feedback we have gathered in 2016/17 during our work on the Accessible Information Standard, Winter Project, Culture and Health (with reference to speakers of English as a Second Language).
- Develop our links with strategic projects including: New Models of Care; Patient Participation Groups; Community Resource Leads; One Care Consortium; Bristol

Clinical Commissioning Group Locality Leads; re-procurement of GP Out of Hours and 111 services; Patient Online.

- Engagement will focus on seldom heard group for example: refugee and asylum seekers; Gypsy, Roma Traveller groups; target geographical areas; speakers of English as a Second Language.
- Enter and view focus: Walk In/ Urgent Care Centres – South Bristol Community Hospital Minor Injury Unit (Bristol Community Health)
- Volunteers: work with Healthwatch Bristol Champions and Outreach volunteers to gather feedback on people's experiences of primary care services.

Tell Us Your Story...

Healthwatch Bristol wants to hear from you about your experiences so that we can tell services your needs to create the best local services.



Text us - text bris followed by your message to 07860 021 603



Email us at info@healthwatchbristol.co.uk



Call us: 0117 2690400



Write to us at: Healthwatch Bristol,
The Care Forum, The Vassall Centre,
Gill Ave, Fishponds, Bristol, BS16 2QQ

Or visit our website to see more at: www.healthwatchbristol.co.uk

Healthwatch is an independent, statutory service which has significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. Each local authority has its own Healthwatch service. Although all Healthwatch hold the core value of championing the voices of patients and members of the public in health and social care, there are variations in how each local Healthwatch delivers the aim. For more information, please contact your local Healthwatch.