

Table of Contents

INTRODUCTION	3
OUR WORK PROGRAMME FOR 2017/18	4
UPDATES ON OUR PRIORITY AREAS	5
CHILDREN AND YOUNG PEOPLE'S EMOTIONAL HEALTH AND WELLBEING	5
ACCESS TO PRIMARY CARE	5
HIDDEN CARERS	6
DORSET CLINICAL SERVICES REVIEW (CSR)	7
CARE ASSESSMENTS	7
BSL VIDEO	8
FACTS AND FIGURES	9
FEEDBACK RECEIVED	9
INFORMATION AND SIGNPOSTING	9
CLIENTS ATTENDING CITIZENS ADVICE BUREAUX IN DORSET	10
CALLS TO TELEPHONE HELPDESK	10
COMMUNITY ENGAGEMENT & OUTREACH	11
REGULAR ENGAGEMENT AND OUTREACH ACTIVITIES	11
ENGAGEMENT WITH DIVERSE COMMUNITIES	12
OTHER ENGAGEMENT ACTIVITY	12
HEALTHWATCH DORSET CHAMPIONS AND VOLUNTEERS	14
HEALTHWATCH DORSET CHAMPIONS	14
HEALTHWATCH DORSET REFERENCE (READING) GROUP	14
VOLUNTEER ACTIVITY	14
REPRESENTATION ON HEALTH AND WELLBEING BOARDS AND OTHER BODIES	16
COMMUNICATIONS AND MEDIA	17
MEASURES AND INDICATORS	19
APPENDIX 1: ANALYSIS OF DATA RECORDED ON OUR CRM	23
PART 1 – ONGOING TREND ANALYSIS FOR GENERAL DATA	23
PART 2: IN-DEPTH ANALYSIS FOR QUARTER: APRIL-JUNE 2017	27
APPENDIX 2: REPORT FROM CITIZENS ADVICE IN DORSET	38
APPENDIX 3: EXAMPLES OF CALLS TO HELPDESK	44

Introduction

Healthwatch Dorset is the independent consumer champion for people who use health and social care services in Dorset.

Our overall objectives are to:

1. Support people who need to use health and social care services in Dorset by providing an effective Information and Signposting Service
2. Engage with people, communities, groups and organisations across Dorset to proactively seek participation and feedback on how to improve health and social care services
3. Influence effectively the quality of health and social care services commissioned and provided for people living in Dorset

Our work programme for 2017/18

Each year, Healthwatch Dorset agrees priorities for the forthcoming year, as well as a programme of work to address these agreed priorities. These are set out in our Annual Work Programme and are undertaken alongside the ongoing delivery of the Local Healthwatch service.

The process for agreeing our annual priorities and work programmes uses as its starting point the experiences of local health and care services, which local people have shared with us and are recorded in our Customer Relationship Management System (CRM). We also take into account the priorities of the commissioners and providers of local health and social care services and other relevant local organisations, as well as the priorities identified by relevant national organisations.

The process for determining the priorities for our annual work programme involves us weighing potential issues against a number of criteria, including:

- The evidence we have about the importance of the issue to the local community
- The likely impact of the issue concerned on the community
- The likelihood that Healthwatch Dorset can make a difference to individuals and/or the community by addressing the issue
- Our ability to make an impact within required timescales
- Whether the issue is already being dealt with effectively by another organisation
- Whether the issue is aligned with or related to the priorities of one or both of the Health and Wellbeing Boards and/or with the priorities of other relevant local and/or national organisations
- The likely impact of the issue on people and/or communities who experience inequalities in health and/or inequalities in access to health and/or social care services; and/or on people with Protected Characteristics; and/or on people who are seldom heard or easily ignored.

A detailed description of the process we use to agree our annual priorities and work programmes can be found [here](#).

Our current Work Programme can be found [here](#).

Updates on our priority areas

Red indicates a project where there are significant issues and/or where corrective action is required to meet objectives. Action needs to be taken immediately.

Amber indicates a project where there is a problem negatively impacting performance, but which can be dealt with by the manager/team. Action is being taken to resolve the problem or a decision has been made to monitor the situation.

Green indicates a project that is performing to plan and no additional action is needed.

Children and Young People's Emotional Health and Wellbeing

We held an event on 25 April 2017 to showcase our children and young people's project "Be Yourself: Everybody Else Is Taken". Hosted by AFC Bournemouth at the Vitality Stadium, health and social care leaders from Bournemouth, Poole and Dorset gathered to see the artwork, poetry, photography, songs, blogs and vlogs young people from across the county have created, and to hear recommendations on how to improve services for children and young people.

We had hosted school assemblies, creative workshops and small focus groups to discover the stresses young people face, the pressure of social expectations and their fears, giving young people the opportunity to talk about their stories and to highlight the importance of being listened to.

At the event, we launched a report on the project, which we then shared with our three local authorities and relevant NHS organisations. We have asked them to respond to the report.

An exhibition of the artwork is now on tour around the county.

You can find out more on our website [here](#). There you will find links to photo albums and films, as well as a short report we have written about the project.

Access to Primary Care

We have carried out a "mystery shopper" exercise on all GP practices in Dorset, to understand what guidance/information is provided to patients about registering, how easy it is to get routine and urgent appointments, whether GP opening times are equitable across the county and also whether information provided about NHS111 services (whether through Out of Hours phone messages or online) is correct.

Headline findings include:

- 93% of practices require ID or proof of address in order to register as a patient (although this is not a legal requirement)
- 13 practices had different information on their website about the requirements for registering than that given to the “mystery shopper”
- The waiting times for routine appointments varied from practice to practice, from the next day to 4 weeks
- As for waiting times for urgent appointments, all except two practices (one where the patient list is closed¹ and one which did not provide information) said that they would usually be able to provide same day appointments for urgent cases - although many said that patients would need to call the practice early in the morning (at 8.00am) to see if an appointment would be available
- All practices said that patients could book routine appointments either in person, over the phone or online - online services varied from allowing patients to book, amend and cancel appointments for all services to just being able to do so for certain services, clinics, tests, etc; all required patients to register for online services (which itself required some form of ID)
- As for surgery opening times, we found many discrepancies between the information given over the phone and the information provided on practice websites and NHS Choices
- Three surgeries said they offered some Saturday morning opening; none offered a service on Sundays
- We reviewed the recorded messages left for callers out of hours; 22% of these messages did not state the surgery name (providing the surgery name helps callers identify that they have rung the correct number), 18% did not give the surgery’s opening hours; none gave the facility to leave a message, but only 11% informed callers of this, which may cause difficulties where a caller has thought that they have left a message and are hoping for a response.

Our full report, with its recommendations, can be found [here](#).

Hidden Carers

We have been working with the Public Involvement in Education and Research (PIER) Partnership at Bournemouth University to learn more about the experiences of older male carers. The result is a film: "Chief cook and bottle washer". We talked to 11 male carers over the age of 85. In this film, they share their insights on being an older carer, how life

¹ This list has now been re-opened

has changed for them and what their key messages are for health and social care practitioners. The film can be seen [here](#).

Dorset Clinical Services Review (CSR)

At the beginning of June 2017, NHS Dorset CCG published headline responses from the public consultation on proposed changes to healthcare in Dorset (the Clinical Services Review), undertaken between December 2016 and February 2017. We attended two events organised by the CCG for an invited audience to present the headline findings. We then issued a statement in response, which was reported in local media. Our statement can be read [here](#).

Other news

Care Assessments

Last year we picked up that older and vulnerable people may be experiencing delays for social care assessments, care package arrangements and reviews which are provided by their local authorities. So, we made Freedom of Information requests to Dorset County Council, Bournemouth Borough Council and Borough of Poole about these issues. This year we have repeated the same Fol requests to the three local authorities, so that we might see what change, if any, there has been.

What we found is that, as at April 2016, almost 10,000 people across Dorset, Poole and Bournemouth were waiting for a care assessment. The average wait was 42 days in Bournemouth, 2 days in Poole and 29 days in Dorset. The longest wait was 688 days. The number of people waiting for a care package was almost 4000 across the county (the average wait for a care package was 16 days). Around 5000 people across the county were waiting for a care review.

In May 2017, we again submitted the same Fol requests. We have now received responses from all three local authorities and will be putting together a report comparing the figures from both years.

Something to note, in the meantime, is that all three authorities asked for extensions (they were not able to gather together and provide the information within the statutory period of 20 days). In addition, Borough of Poole told us that:

“The Service Unit who have been preparing your request have confirmed that in the last year they moved to a new case management system, which does not have integral reporting functions to meet your request. They have provided information based on a snapshot of 31 March, to provide the information for a year. In order to respond with an annual average to the questions on Care Packages and for the Review questions, it would require them to create several new reports and this will exceed the 18 hours after which

a minimum fee of £450 would be chargeable. If you would like us to proceed would you respond to this email address information@poole.gov.uk so that we can provide you with an accurate cost to provide the information. We are sorry that this was not made clear to you in our original response, but the request came in during the period of our statutory returns and at that time the Service Unit had not established how long it would take to retrieve the information.”

BSL video

To help promote Deaf Awareness Week, 15-21 May 2017, we teamed up with Bournemouth Deaf Club to produce a British Sign Language (BSL) video.

We had visited Bournemouth Deaf Club as part of our engagement and outreach programme and asked them how Healthwatch could meet their needs better. They told us they wanted to see a British Sign Language video about Healthwatch Dorset. So we asked the group to co-produce the video with us.

The film features members of Bournemouth Deaf Club and is presented and signed by Matt Kirby. You can see it on [our YouTube channel](#).

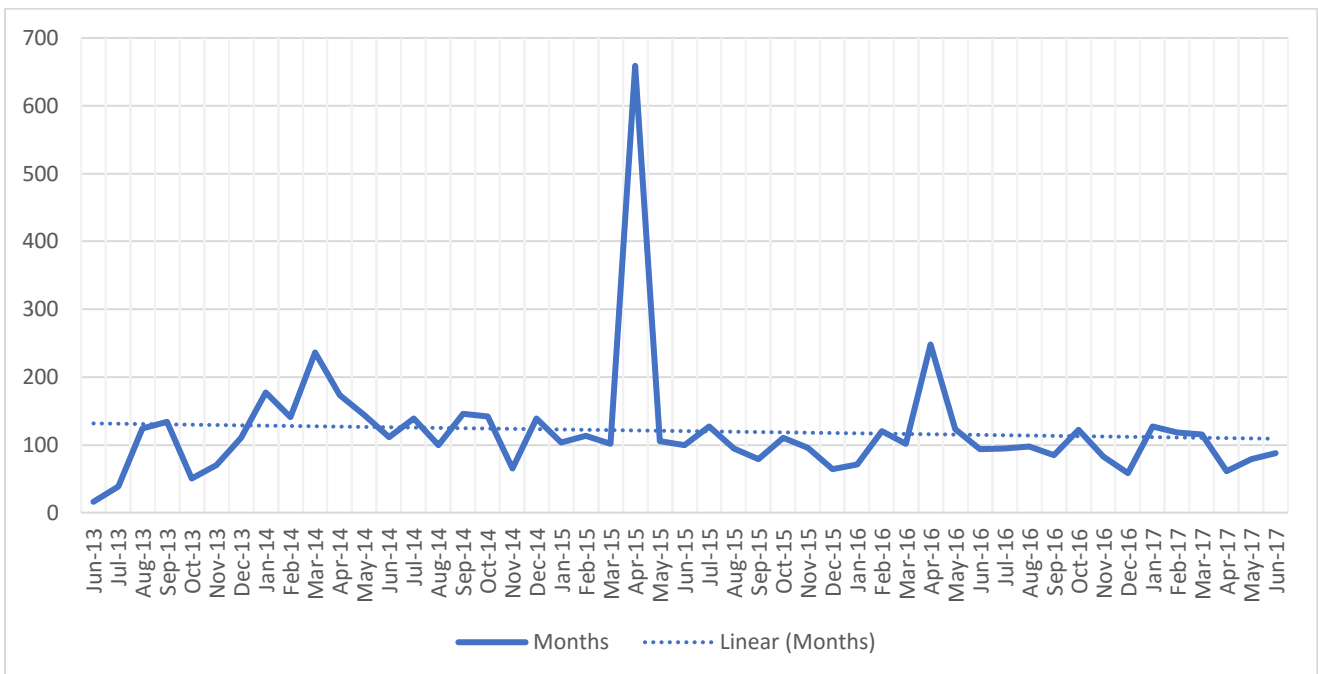
Promotion of our new BSL video through social media has helped us reach deaf and hard of hearing people across the county. Press coverage during Deaf Awareness Week 2017 also helped us increase awareness of the needs of the deaf community and prompted more feedback for Healthwatch Dorset.

Facts and Figures

Feedback received

The total number of pieces of feedback received from the beginning of April 2013 (when Healthwatch Dorset first came into existence) until the end of June 2017 was 5894. This includes feedback received as a result of Healthwatch Dorset undertaking specific projects and proactive surveys (eg for the Home Care Project in April 2015 and the Complaints Project in 2016), as well as the number of comments received as recorded on the Customer Relationship Management System (CRM).

The graph below shows the number of pieces of feedback received per month.



A detailed analysis of the feedback received between 1 April 2017 and 30 June 2017, as recorded in our CRM, can be found in [Appendix 1](#). This includes an analysis by the source of the feedback received, together with a detailed analysis of the feedback received on specific service areas.

Information and Signposting

Between 1 April 2017 and 30 June 2017, there were 172 instances recorded on the CRM of people being provided with information and/or being signposted and/or referred to another service (compared to 245 in the previous Quarter).

During this Quarter, 6 people were signposted to Dorset Advocacy (compared to 18 in the previous Quarter), 5 were signposted to Social Services (19 in the previous Quarter) and one was signposted to the Care Quality Commission (2 in the previous Quarter).

Three people were referred externally and 5 internally to other Healthwatch Dorset staff. Twelve people were signposted to the Healthwatch Dorset website.

Other organisations/professionals to which people were signposted during this Quarter included: Age UK, AA, Autism Wessex, Citizens Advice, Dentist, Dorset CCG, Dorset Mental Health Forum, DWP, GP, Human Tissue Authority, ICO, Mi-Life Greenwood, Mind, NHS Choices, NHS Dental Helpline, NHS PALS, SSAFA, Steps 2 Wellbeing and WDDC.

A more detailed analysis of the numbers of people recorded on the CRM as having been provided with information and/or signposted and/or referred to another service is also included in [Appendix 1](#).

Clients attending Citizens Advice Bureaux in Dorset

Between 1 April 2017 and 30 June 2017, 234 people were recorded on the Information System used by all Citizens Advice Bureaux (PETRA) as having attended a Citizens Advice Bureau in Dorset with a health and/or care issue (compared to 356 in the previous Quarter), raising 371 separate issues (compared to 504 in the previous Quarter).

In this quarter, 67 people were subsequently recorded on the CRM as having provided feedback / given comments (compared to 131 in the previous Quarter).

Further analysis of the health and care issues raised by these clients is included in the report produced by Citizens Advice in Dorset (CAiD), included at [Appendix 2](#). This report also includes some case studies.

Calls to Telephone Helpdesk

The total number of calls taken by the Telephone Helpdesk (run by Help and Care on behalf of Healthwatch Dorset) between April and June 2017 was 170 (compared to 165 in the previous quarter). This included all calls made to the dedicated Healthwatch Dorset telephone number (as recorded on the Helpdesk's own Information System) - including those from people asking to be put through to Healthwatch Dorset staff, for example. Only a proportion of these calls were subsequently recorded on the CRM as actually being Healthwatch Dorset interactions.

During this quarter, 20 people were subsequently recorded on the CRM as having provided feedback / given comments (compared to 31 in the previous Quarter).

The average time spent on recorded calls, including the time taken to research the issue raised, was 41.43 minutes. The longest time spent dealing with a case was 180 minutes.

Community Engagement & Outreach

Regular engagement and outreach activities

Every week Healthwatch Dorset sets up a stall in public locations around the county (details can be found on the [Events page](#) of our website). In addition, every week we meet with local community and voluntary groups.

Below, team members give us a snapshot of some of the events they have attended in the past few months.

All these events, the contacts made at them and the feedback gathered at them, are recorded on the CRM.

Some of the events we attended in this period included:

20 April 2017 - West Lulworth Over 60s Club

We were invited to attend this event along with the Air Ambulance. We gave a short introduction about Healthwatch Dorset to everyone present and set up an information stand to chat to people and hand out feedback forms and promotional materials. A worthwhile event.

12 May 2017 - Community Soup Day

We attended a lunch event and ran an information stand. We also had the opportunity to go around the tables and chat to people who were present. A few people took feedback forms away with them and expressed their concerns about the proposed changes to local services and the future of the NHS. The organiser asked us to forward her a HwD logo and a description of our work so that she can include this in her next Parish Newsletter. We have emailed her the information. She also asked if we could attend another event that she is organising in September to deliver a presentation on Healthwatch Dorset and we have confirmed a date. A positive event.

12 June 2017 - Carers Week Event at RBCH

We set up this stand in the main atrium of the hospital and were there for a few days. We spoke to visitors and members of staff who enquired about our work and took feedback forms away with them. We also set up the “Be Yourself” display in the main entrance and this attracted a lot of people. People stopped on their way in and out of the hospital to have a look.

23 June 2017 - LiveWell Sherborne Event

A busy event; chatted to people who took promotional materials away with them. A few people commented about the recent CSR and the proposed changes to services.

26 June 2017 - Dorset POPP Health Forum Event

We manned a joint stand with Dorset Advocacy, which worked well. One lady asked for some advice about how she should make a complaint about her recent treatment. We were able to introduce her to Chris from Dorset Advocacy who discussed the procedure with her. People who came over to the stand took feedback forms away with them.

30 June 2017 - Well and Connected Event

We manned an information stand for 3 hours. Whilst at the stand we had a long conversation with a lady who had recently had a long stay in Poole Hospital and felt that she received poor treatment whilst in their care. She has complained to PALS, but didn't receive a response or an outcome to her complaint. The lady said that she would send us copies of the correspondence that she sent to PALS. We also spoke to a few other people who were keen to praise Blandford Hospital.

Engagement with diverse communities

Kupala Night at Coy Pond - Eastern European Event

BU Network - Migrant and Refugee Leisure and Wellbeing

05-06-2017 - meeting and workshop with NHS Dorset Clinical Commissioning Group

Face Forward meeting

Shine Project @ Bournemouth Pavilion

Eastern European Networking Meeting

Muslim Contact Group DREC/HW - Bournemouth Mosque

Show Cancer Red Card

Celebrate Dorset - Boscombe event

AFC Bournemouth meeting re: increase of BME representation in Junior Cherries

Police Consultation Group

Weymouth Celebrate Dorset Event

Other engagement activity

- Workshops to plan the Hidden Carers' project with carers, Bournemouth University, CRISP and PIER
- Meetings to arrange an LGBT event for Dying Matters Week
- Parkinson's Awareness Day event at Pavilion Dance South West (one of our Community Investment projects)

- Meeting with HW Banes, Wiltshire, Swindon to share information on STPs / local NHS service change
- Turlin Moor, Poole community event - Healthwatch Dorset engagement in a community newsletter
- Mental Health Awareness Week events including social media promotions & Bournemouth Train Station event with University/Dorset MIND/Samaritans etc
- Dying Matters Awareness Week LGBT event in Bournemouth, radio & social media promotion: <https://www.facebook.com/HealthwatchDorset/photos/a.555487991170833.1073741826.486602678059365/1463495923703364/?type=3&theater>
- Learning Disability Partnership Boards
- Workshops with young people, Dorset MIND, Dorset MH Forum, Dorset Healthcare & Bournemouth University to co-produce a children & young people's mental health video
- Hidden Carers' project event to plan the film launch
- Corfe Mullen Dementia Awareness Event
- Working with Dorset Care Record to share people's stories
- Art workshops and display at Oakdale Junior School for our Be Yourself project
- Workshop with Space Dorset young people transgender group
- "Be Yourself" art display at the Lighthouse in Poole.

There is an online map showing the locations around the county where we have set up our stand: <http://mixsee.com/tour/525fa8d0f7949db609397cd8>.

Healthwatch Dorset Champions and Volunteers

Healthwatch Dorset Champions

We now have 429 Healthwatch Dorset Champions (up from 422 in the previous quarter) - this number includes 116 organisations and 8 MPs.

Newsletters are sent out to our Champions electronically and posted on the website; physical copies are sent out to those Champions who do not use email. Our Champions' Newsletters can be found [here](#).

Healthwatch Dorset Reference (Reading) Group

Our Reference (Reading) Group has 71 members - we are asked by various organisations to take a view on various pieces of literature in terms of their accessibility, plain English, etc.

Volunteer Activity

7 champions acted as “mystery shoppers” in an investigation we have undertaken into how easy it is to register with a GP practice and to get an appointment.

Volunteers continue to help on Healthwatch Dorset information stands during various events.

Locations and events where we promoted volunteering with Healthwatch Dorset during this period included:

- Bournemouth University
- Carers Board
- Boscombe Health Theme Group
- A number of PLACE audits
- Mental Health Event - Bournemouth Railway Station
- Volunteer Fair - Weymouth Fire Station
- Lyme Regis Library
- Charmouth Library
- Ferndown Library
- Bournemouth Library
- Poole Central Library
- Christchurch Library
- Met with Champions for a catch up

- Chickerell Library
- Puddletown Library
- Dorchester Library
- Bridport Library
- Poole Hospital
- CCG Information Event on CSR - Dorchester
- Shaftesbury Library
- Carers Event - Athelhampton Event
- Health and Wellbeing Event - Sherborne
- Wimborne Library
- Gillingham Library
- Cherry Tree Open Day
- Portland Library.

Representation on Health and Wellbeing Boards and other bodies

Healthwatch Dorset is represented on the Bournemouth and Poole Health and Wellbeing Board by Joyce Guest, Chair of Healthwatch Dorset; and on the Dorset Health and Wellbeing Board by Margaret Guy, Vice-Chair of Healthwatch Dorset. During this Quarter, Margaret Guy attended the meeting of the Dorset Health and Wellbeing Board held on 21 June 2017.

During this Quarter, Joyce Guest also attended:

- The Parkinson's Dance event held at Bournemouth Pavilion on 18 April 2017
- The event held on 25 April 2017 at the Vitality Stadium to showcase our children and young people's project "Be Yourself: Everybody Else Is Taken"
- A meeting with the new Chair of Dorset HealthCare University NHS Foundation Trust held on 16 May 2017 - Martyn Webster also attended this meeting
- The Healthwatch Annual Conference, which this year was held in Nottingham at the beginning of July.

Margaret Guy also attends meetings of Dorset CCG's Primary Care Commissioning Committee on behalf of Healthwatch Dorset (in this Quarter, Chris Williams attended the meeting held on 7 June 2017 on her behalf); and the Purbeck Integrated Health, Wellbeing and Social Care Forum (in this Quarter, she attended the meeting held on 12 July 2017).

The Chair and Vice-Chair present reports summarising their activities at each public meeting of the Healthwatch Dorset Board.

Chris Williams, Non-Executive Director, attends meetings of Bournemouth Health and Adult Social Care Overview and Scrutiny Panel on behalf of Healthwatch Dorset (in this Quarter, he attended the meeting held on 22 June 2017); and the East Dorset Integrated Health, Wellbeing and Social Care Forum.

Anna Andersen, Executive Director appointed to the Board of Healthwatch Dorset by DREC, attends meetings of the Poole People Overview and Scrutiny Committee (Health and Social Care) on behalf of Healthwatch Dorset (in this Quarter, she attended the meetings held on 26 June and 17 July 2017 and David Sargent attended the meeting held on 22 May 2017 on her behalf).

Des Persse, Executive Director appointed to the Board of Healthwatch Dorset by Help and Care, attends meetings of the Dorset Health Scrutiny Committee. During this Quarter, he attended the meeting held on 10 July 2017.

Communications and Media

Some of the ways in which we reached out and promoted Healthwatch Dorset during this period include:

- Press release about the public consultation on the Clinical Services Review:
http://www.bournemouthcho.co.uk/news/15216432.Residents_gave_up_filling_in_the_Clinical_Services_Review_questionnaire_as_it_was_quot_full_of_waffle_quot/
- Social media promotion & press release for our BSL video during Deaf Awareness Week:
<https://www.youtube.com/watch?v=IVsQqYRI8N4>
- Press releases to promote our Be Yourself event & to celebrate the report:
http://www.bournemouthcho.co.uk/news/15260893.The_moving_artwork_created_by_children_to_end_the_stigma_of_mental_illness/
http://www.dorsetcho.co.uk/news/15268899.Find_your_voice_and_be_yourself/
- Film interview with Healthwatch Dorset Lead at Bridport CAB for promotions and annual report
- Quoted in articles about Wareham GP Surgery staffing issues:
<http://www.bbc.co.uk/news/uk-england-dorset-39793734>
- Social media promotion for Carers Week:
<https://twitter.com/HwatchDorset/status/874166947109380096>
- Applications for HW England awards
- Press release, social media promotion and local radio interviews for our Dying Matters Week LGBT event:
<http://www.dorseteye.com/north/articles/dying-matters-so-let-s-talk-about-it>
- Quoted in articles about the reinstatement of the BICS team:
http://www.bournemouthcho.co.uk/news/15321418.They_39_ve_been_saved_vital_healthcare_team_39_at_risk_39_told_they_can_stay/
- Healthwatch Dorset eNews:
<http://us4.campaign-archive1.com/?u=8c817cb4724009913844df91a&id=c8a7381057>
- Volunteers Week social media promotions:
<https://twitter.com/HwatchDorset/status/855044433137594370/>
- Quoted in articles about the closure of an elderly care ward at Poole Hospital:
<http://www.bbc.co.uk/news/uk-england-dorset-40185056>
- Featured in various local community magazines and parish newsletters
eg Turlin Moor Community News

- Quoted in an article about Clinical Services Review:
http://www.bournemouthcho.co.uk/news/15349119.NHS_shake_up_survey_44_per_cent_back_plans_to_make_RBH_main_A_E_but_Poole_maternity_closure_gets_little_support/
- Quoted in an article about ambulance waiting times:
http://www.dorsetcho.co.uk/news/15366001.Unacceptable_Man_was_found_dead_after_waiting_more_than_seven_hours_for_an_ambulance/
- Online article about our work with the Tooth Bus:
<http://www.smilespecialist.co.uk/all-aboard-tooth-bus.html>
- Shortlist announcement for HW England awards:
<http://www.healthwatch.co.uk/news/healthwatch-awards-shortlist-announced>

Plus, Healthwatch Dorset updates included in parish newsletters, community news, voluntary sector emails, carers newsletters and ongoing twitter/Facebook/Instagram promotions

Measures and Indicators

(Agreed with Dorset County Council, Bournemouth and Poole Borough Councils)

AREA	OUTCOME	PERFORMANCE INDICATOR	EVIDENCE
A Well managed and organised	A1 Evidence of health and social care issues is brought together from the diversity of local networks. It has a focus on partnership, outreach, networking and relationship building.	A1 <ul style="list-style-type: none"> • Number of engagement and outreach activities • Number of Healthwatch Dorset Champions • Number of community groups engaged, segmented by protected characteristics • Number of providers engaged 	See report above and Appendix 1
	A2 People are aware of the signposting service and are able to access appropriate information, advice and advocacy and are helped to find out about the choices available	A2/A3 <ul style="list-style-type: none"> • Number of Contacts (information, signposting, comments) each month, broken down by: method, age, gender, ethnicity, disability; cross referenced by Local Authority area • Number/type of recorded issues • Satisfaction with signposting and information service 	See report above and Appendix 1
	A3 Health and social care services are influenced by the views and aspirations of local people, coordinated by Local Healthwatch	<ul style="list-style-type: none"> • Case studies providing narrative of issue raised and subsequent change made • Examples of inputting to one-off enquires, Overview and Scrutiny, Health and Wellbeing Board, invitations to provide data to commissioners 	See report above and Appendix 1 + see reports on our website here and other evidence here

	<p>A4</p> <p>Reports and information to accountable bodies are delivered to professional standards</p> <p>Health & Wellbeing Board members view reports as credible and influential</p>	<p>A4</p> <ul style="list-style-type: none"> • Reflective audit results 	<p>See reports on our website here</p>
<p>B</p> <p>Well-known</p>	<p>B1</p> <p>Local Healthwatch should be visible and ensure people know what it does and know how to make their views known</p>	<p>B1/B2</p> <ul style="list-style-type: none"> • Awareness of Healthwatch Dorset based on E panels 	<p>Independent Reviews undertaken in 2015 collected and reported on stakeholders' views</p>
	<p>B2</p> <p>Local Healthwatch is a well-known brand championing health and social care issues</p>		
<p>C</p> <p>Accessible for everyone</p>	<p>C1</p> <p>Local Healthwatch should be easy to access across Bournemouth, Dorset & Poole and be truly reflective of collective issues</p>	<p>C1</p> <ul style="list-style-type: none"> • Number of Contacts (information, signposting, comments) each month, broken down by: method, age, gender, ethnicity, disability; cross referenced by Local Authority area • Number/type of recorded issues • Satisfaction with signposting and information service • Case studies providing narrative of issue raised and subsequent change made • Examples of inputting to one-off enquires, Overview and Scrutiny, Health and Wellbeing Board, invitations to provide data to commissioners 	<p>See report above and Appendix 1</p>

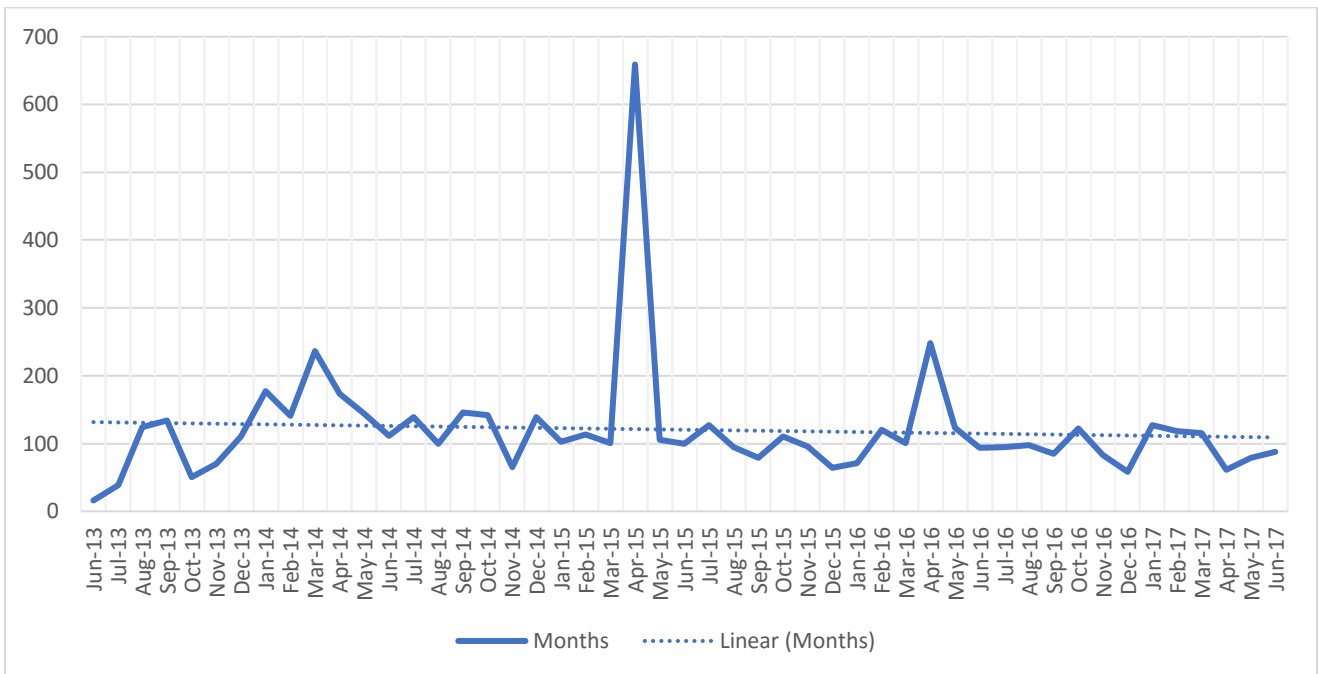
	<p>C2 Proactive and effective outreach is in place to ensure participation of minority groups, those seldom heard and geographically dispersed communities</p>	<p>C2 Number of</p> <ul style="list-style-type: none"> • Engagement and outreach activities • Champions • Community groups engaged, segmented by protected characteristics • Providers engaged 	<p>See report above and Appendix 1</p>
	<p>C3 Local Healthwatch is accessible in imaginative ways that effectively reaches people across Bournemouth, Dorset and Poole</p>	<p>C3</p> <ul style="list-style-type: none"> • Number of Contacts (information, signposting, comments) each month, broken down by: method, age, gender, ethnicity, disability; cross referenced by Local Authority area • Number/type of recorded issues • Satisfaction with signposting and information service • Case studies providing narrative of issue raised and subsequent change made • Examples of inputting to one-off enquires, Overview and Scrutiny, Health and Wellbeing Board, invitations to provide data to commissioners • Number of <ul style="list-style-type: none"> • Engagement and outreach activities • Champions • Community groups engaged, segmented by protected characteristics • Providers engaged 	<p>See report above and Appendix 1</p>

D Influential, Independent & Trusted	D1 Local Peoples views are integral to local decision making about health and social care services	D1/D2 <ul style="list-style-type: none"> • Case studies providing narrative of issue raised and subsequent change made • Examples of inputting to one-off enquires, Overview and Scrutiny, Health and Wellbeing Board, invitations to provide data to commissioners 	See report above and + our Priority Setting Process + reports on our website here and other evidence here
	D2 Bournemouth, Dorset and Poole consumer voice for health and social care is effectively championed at Health and Wellbeing Board meetings		
	D3 Local Healthwatch is recognised as being an independent organisation, representative of local people	D3 <ul style="list-style-type: none"> • Awareness of Healthwatch Dorset based on E panels • Reflective audit results 	Independent Reviews undertaken in 2015 collected and reported on stakeholders' views
	D4 Expertise and resources of the local community, voluntary and public sectors is harnessed to influence local health and social care services	D4 <ul style="list-style-type: none"> • Case studies providing narrative of issue raised and subsequent change made • Examples of inputting to one-off enquires, Overview and Scrutiny, Health and Wellbeing Board, invitations to provide data to commissioners 	See report above + reports on our website here and other evidence here = Independent Reviews undertaken in 2015 collected and reported on stakeholders' views

Appendix 1: Analysis of data recorded on our CRM

Part 1 - Ongoing trend analysis for general data

1a) Total number of comments received by month:



Total no. comments received from 1 Apr 2013 (start of HwD) to 31 March 2017 = **5894**.

This includes comments and feedback received through surveys and project work.

Note:

Apr 15 data includes feedback received as a result of our Home Care Project

Apr 16 data includes feedback received from our Complaints Project

1 b) Origin of comments by Local Authority (where known) and by month (from Jan 16)

LA	Phone			Website			CAB			Email			C/Card			Corresp			In Person			Consultation			3 rd Sector			Event			Other			Totals			
	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D	B	P	D				
Total by LA (Apr 14 to Mar 16 bf)	48	37	76	17	23	51	160	40	255	7	6	20	18	13	17	3	1	15	6	0	17	0	0	0	0	0	0	0	0	0	2	5	11	4	1	15	TOTAL bf 868
Apr 16	0	0	0	0	0	7	5	1	25	0	0	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	42			
May 16	0	0	0	8	0	3	8	1	11	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33			
June 16	0	0	0	1	1	12	8	2	21	0	0	2	0	2	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	52			
QTR TOTAL	0	0	0	9	1	22	21	4	57	0	0	3	1	3	3	1	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	127			
Jul 16	1	0	0	0	0	3	14	4	19	0	0	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	45			
Aug 16	0	0	0	0	0	1	2	4	20	0	0	1	0	0	4	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34			
Sep 16	0	0	0	0	0	0	0	2	22	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25			
QTR TOTAL	1	0	0	0	0	4	16	10	61	0	0	3	0	0	6	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	104			
Oct 16	0	0	0	2	0	3	3	6	17	0	0	2	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	36			
Nov 16	0	0	0	1	1	2	1	0	10	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17			
Dec 16	0	0	0	0	0	2	1	0	10	0	0	0	1	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17			
QTR TOTAL	0	0	0	3	1	7	5	6	37	0	0	2	3	2	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	70			
Jan 17	0	0	0	0	0	1	6	2	30	1	1	9	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	54			
Feb 17	0	0	0	0	0	9	1	1	35	0	0	0	2	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	50			
Mar 17	0	0	0	0	0	2	4	1	31	0	0	1	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	44			
QTR TOTAL	0	0	0	0	0	12	11	4	96	1	1	10	2	0	6	1	0	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	148			
Apr 17	0	0	0	0	0	0	7	0	9	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17			
May 17	0	0	0	0	0	1	2	1	17	0	0	1	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25			
June 17	0	0	0	1	0	1	6	0	18	0	0	0	1	1	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	31			
QTR TOTAL	0	0	0	1	0	2	15	1	44	0	0	1	2	1	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	73			
Ongoing Total by LA	49	37	76	30	25	98	228	65	550	8	7	39	26	19	40	6	1	22	6	0	17	0	0	0	0	0	0	2	5	14	4	1	15	TOTAL			
Overall	162			153			843			54			85			29			23			0			0			21			20			1390			

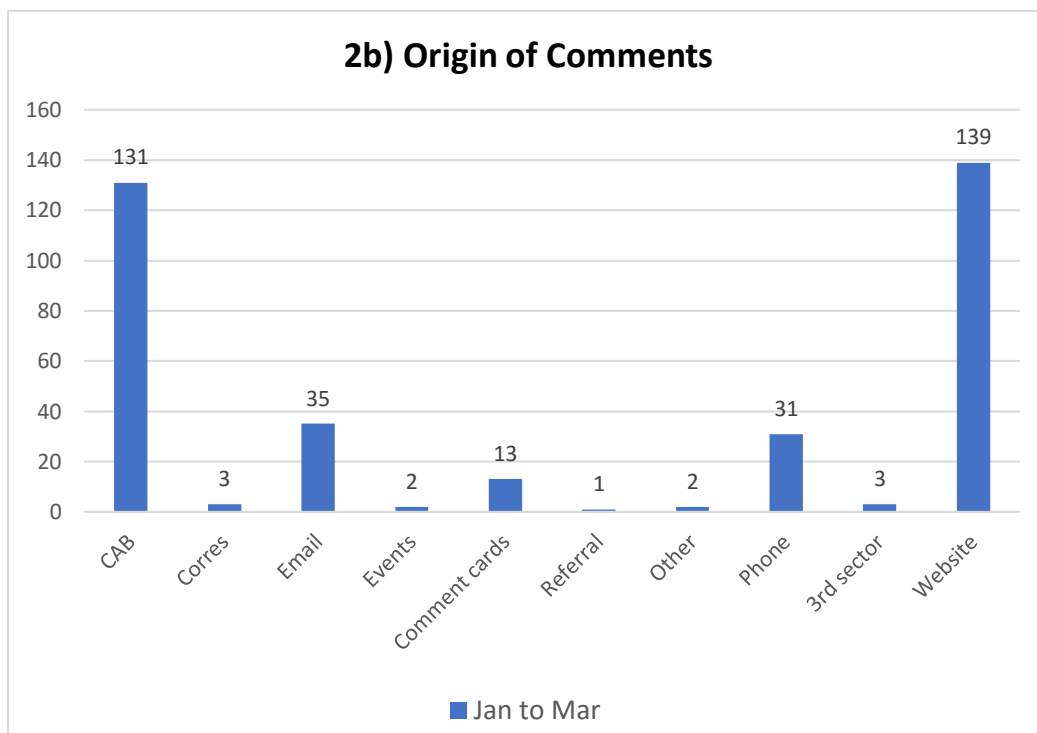
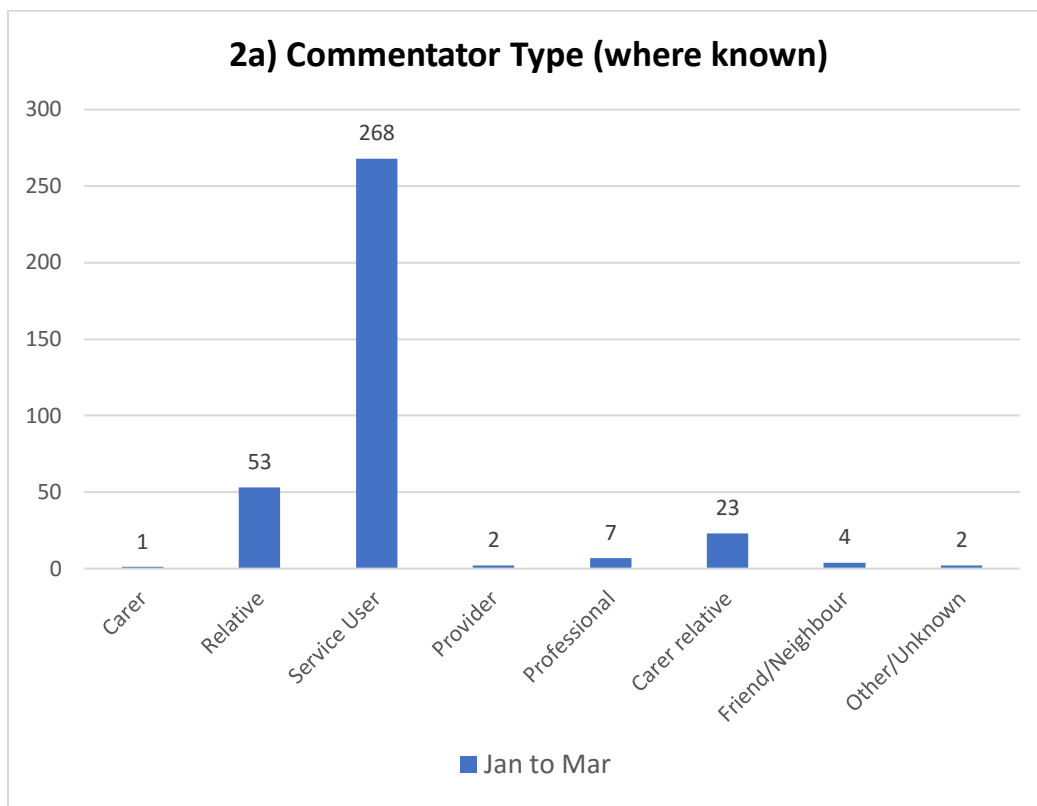
Note: Local Authority /demographic data are not available for all comments received. Many comments are anonymous and many commentators prefer not to provide these details - it is not mandatory that commentators provide this information. LA data are only available for approximately 23% of comments received. It should also be noted that commentators may live in one area but be providing feedback about a service provider in another area. Some commentators will provide their own demographic data but be commenting on behalf of a friend or relative living in another area. These figures should therefore be interpreted with all these caveats in mind.

1c) Demographics (where known) - all data from 1 April 2013 to 30 June 2017

ETHNICITY	Poole	BMouth	Dorset	Unknown	TOTAL
Arab		1			1
Mixed - White and Asian		1			1
Black African				1	1
Chinese or other ethnic background		2		1	3
Black British		1		2	3
Black - not stated		2		1	3
Asian or Asian British - Bangladeshi	1		3		4
Black any other background		2		2	4
Asian or Asian British - Indian		2	1	2	5
Mixed - any other background		1	2	3	6
White Gypsy/Traveller	1	1	2	2	6
Asian/Asian British (any other Asian background)	2	1	1	5	9
White Irish	1	2	6	3	12
White European		11	5	17	33
White any other background		8	8	20	36
White British	91	212	620	772	1695

AGE	Poole	BMouth	Dorset	Unknown	TOTAL
0-17	3	2		8	13
18-24	1	3	1	15	20
25-49	11	57	18	154	240
50-64	15	66	33	209	323
65-79	18	36	60	178	292
80+	5	10	40	74	129
SEX	Poole	BMouth	Dorset	Unknown	TOTAL
Transgender			4	1	5
Male	62	127	284	505	978
Female	83	178	477	793	1531
DISABILITY	Poole	BMouth	Dorset	Unknown	TOTAL
Learning Disability	1	3	5	3	12
Dementia/Alzheimer's	1	1	2	9	13
Sensory Dis	4	5	15	21	45
Unspecified Dis	8	28	17	23	76
Mental Health	8	40	65	53	166
Physical Dis	16	17	77	88	198
Other	13	73	95	141	322
MARITAL STATUS	Poole	BMouth	Dorset	Unknown	TOTAL
Civil Partnership				1	1
Widowed	1	1	4	2	8
Co-Habiting	1	2		9	12
Divorced	2	4	2	7	15
Single	2	7	7	48	64
Married	6	3	25	41	75
PREGNANT	Poole	BMouth	Dorset	Unknown	TOTAL
Pregnant				1	1
RELIGION/BELIEF	Poole	BMouth	Dorset	Unknown	TOTAL
Jewish		1			1
Christian			1	1	2

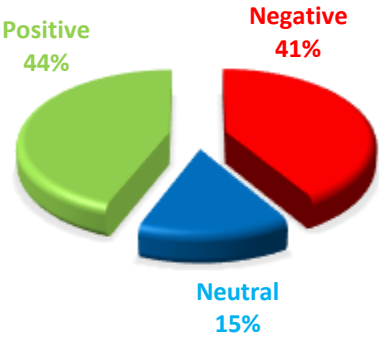
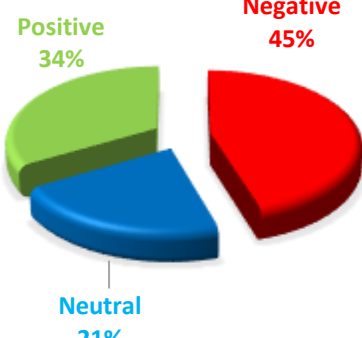
Part 2: In-depth analysis for Quarter: April-June 2017



It should be noted that these figures only show the route through which comments were received - it does not necessarily reflect where a commentator may have heard about Healthwatch Dorset. For example, someone may go into a CAB and pick up a leaflet - and then later add a comment to the Speak Out form on the HwD website; or someone may pick up a leaflet at an engagement event stand and then call or email in their comments.

Note: The figures included in the CAiD report (at [Appendix 2](#)) will not necessarily equate to those given in this report, as those figures relate to all the clients seen at CABx recorded as having a health or care issue - and not all these will subsequently be considered to meet HwD criteria and thus be logged on the CRM.

2c) Sentiment

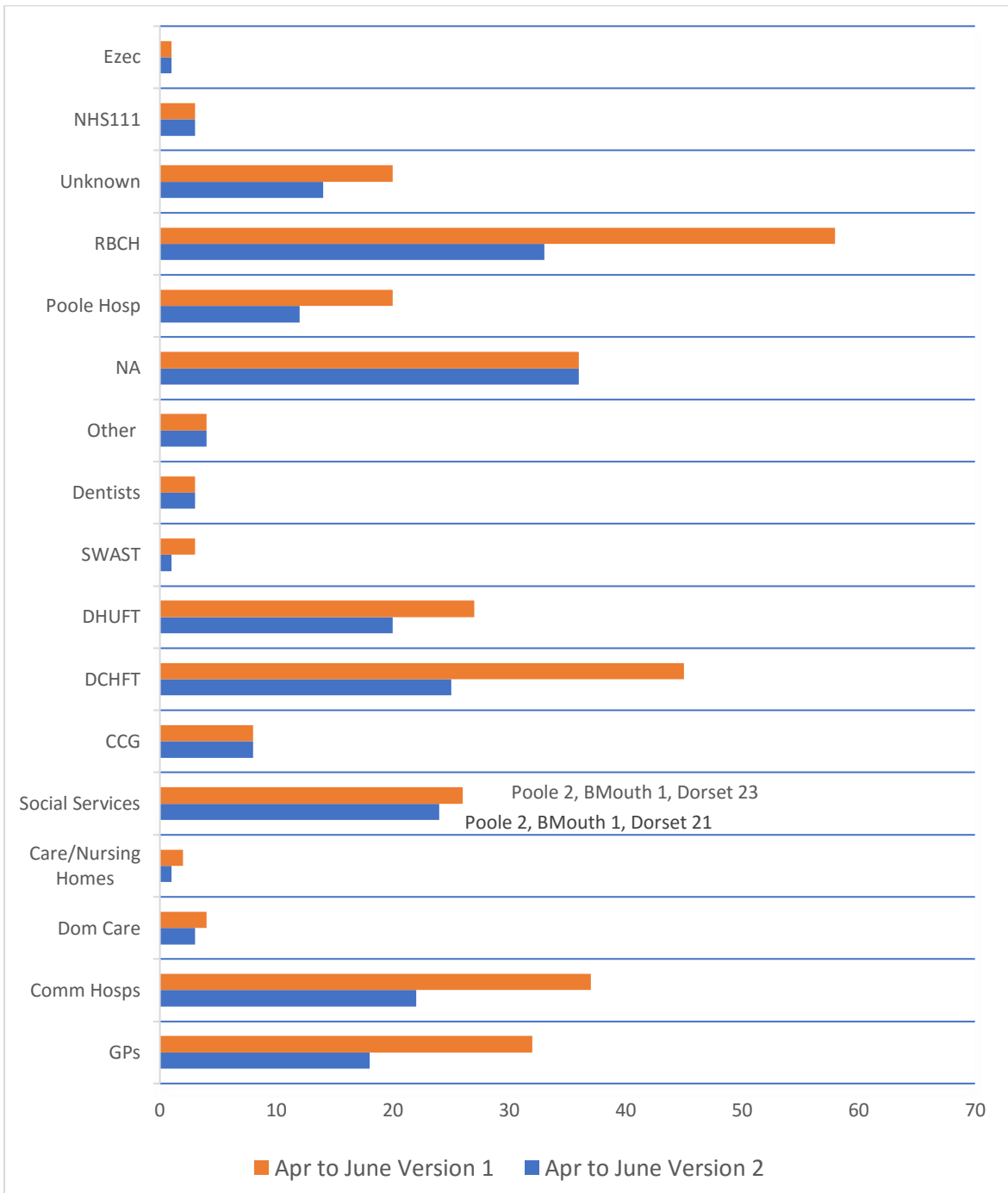
<p style="text-align: center;">APR TO JUNE (1)</p> 	<p style="text-align: center;">APR TO JUNE (2)</p> 
<p>The diagram above shows all sentiments recorded, including where more than one has been coded for a particular case (for example, one story may have been given two or more topics, each with a sentiment)</p>	<p>The diagram above shows the first sentiment only that has been coded for each case (for example, if a story has been coded with both positive and negative sentiments, with positive being the first sentiment coded and negative the second, only the first positive sentiment will be included)</p>
<p>The way these data have been shown may require further explanation:</p> <p>Version (1) is more accurate in terms of the coding of a comment where a number of issues are involved or a number of different service providers are involved. However, this means that the actual numbers or percentages shown does not reflect the actual numbers of comments received.</p> <p>Version (2) is more accurate in terms of reflecting sentiments in general for the actual number of comments received, but is less accurate in reflecting the full scope of issues raised in the individual comments.</p>	

2d) Comments by Service Provider

As in 2c), comments have been coded according to the issues raised in the comment.

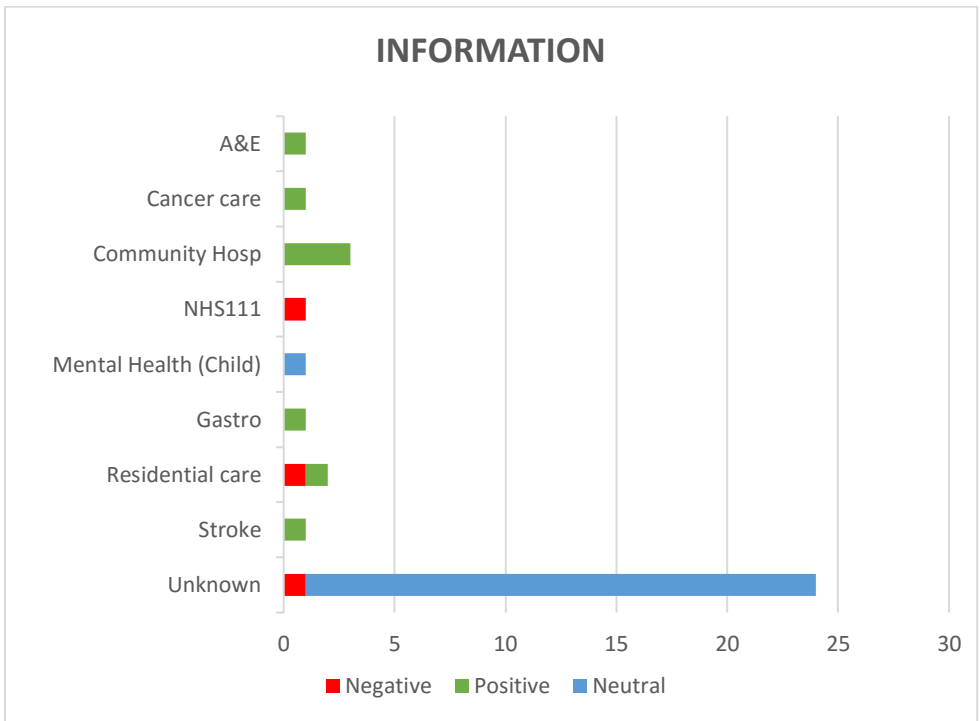
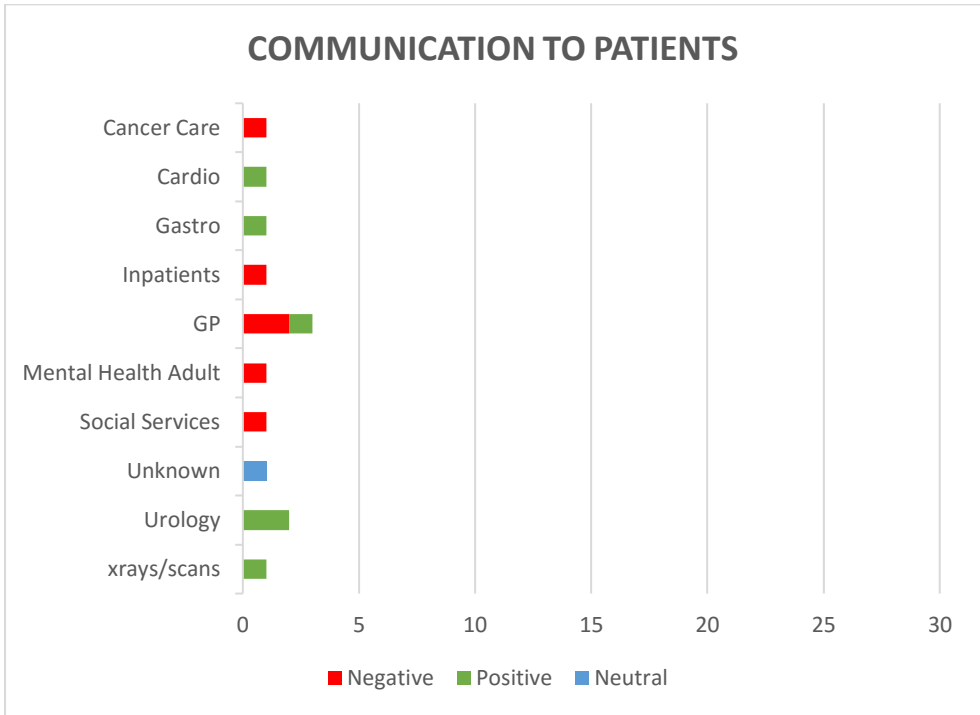
Version 1 shows the number of times a service provider has been coded for in total (this may be more than once for an individual comment if the story has more than one issue).

Version 2 shows the number of times service providers are mentioned once additional coding has been removed (only the service provider for the first code is shown - if another service provider has been coded for the same individual comment, this will not be shown). The difference shown below reflects the complexity of individual comments (for coding) especially those for acute trusts.

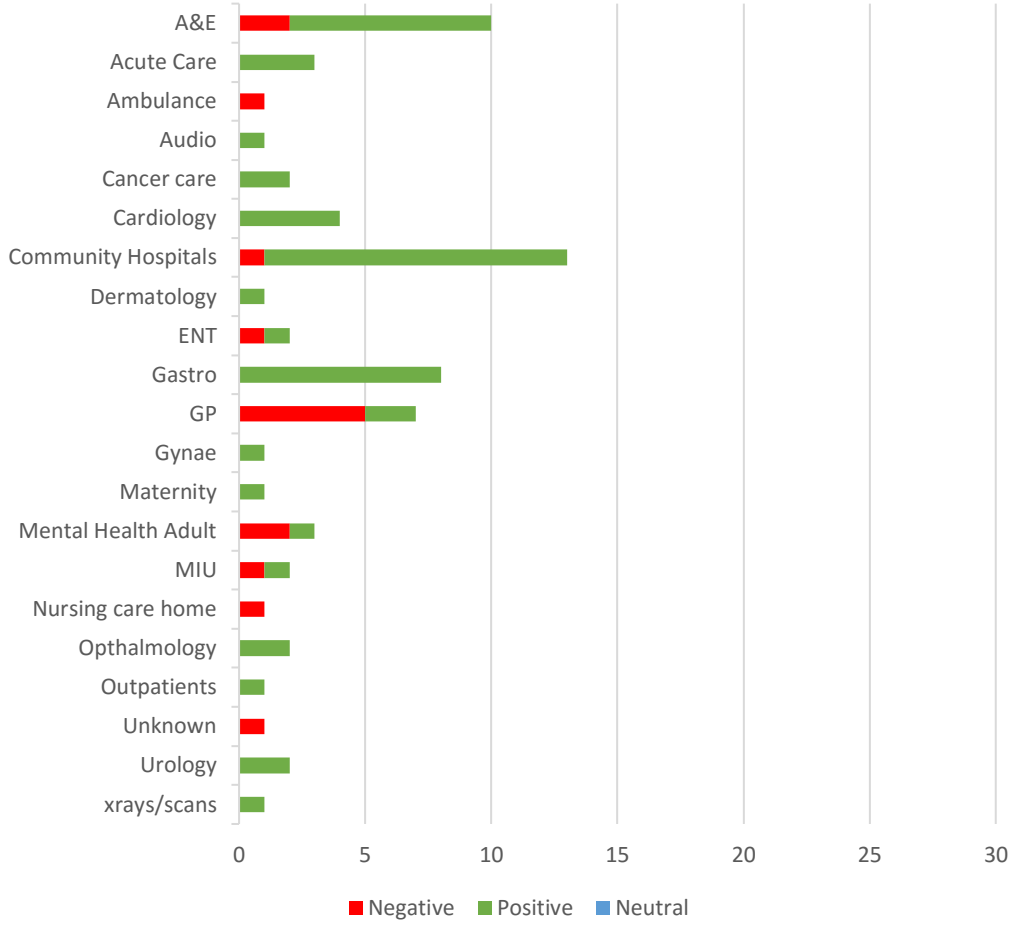


2e) Type of issue by speciality

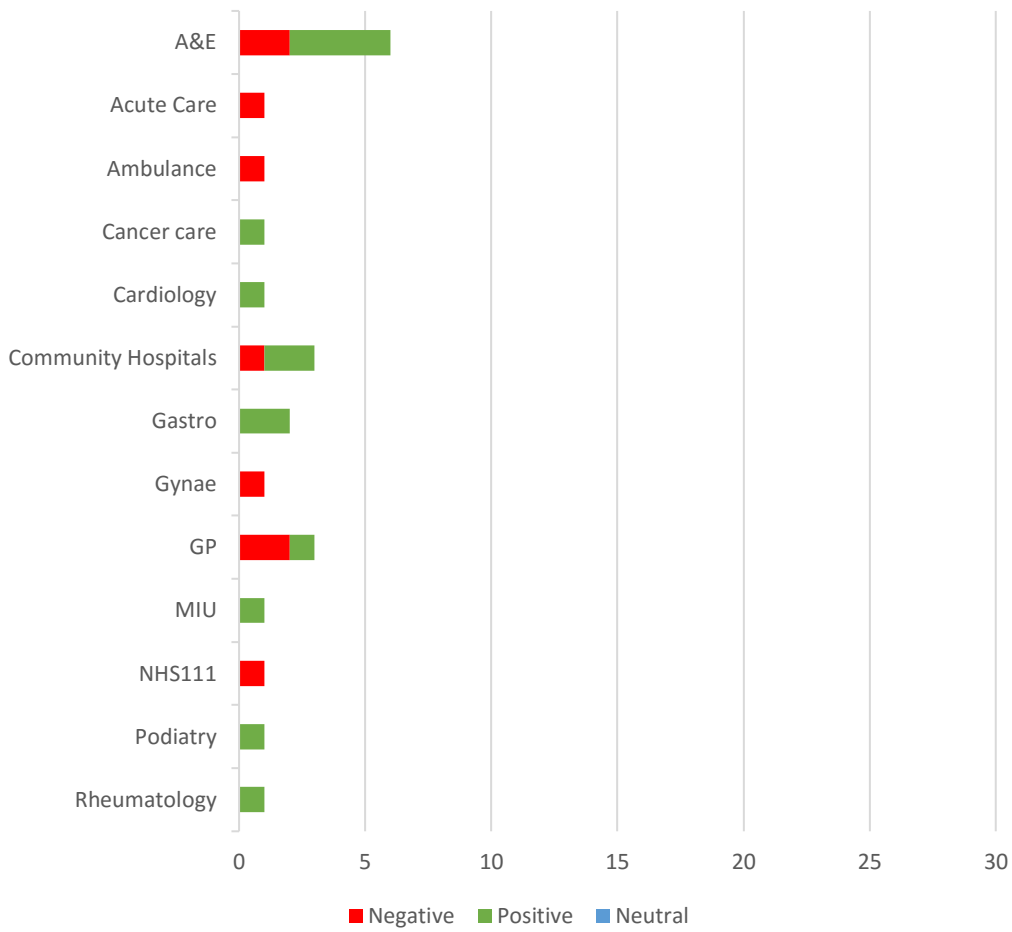
Since 1 April 2016, we have changed our coding to enable a better quality of analysis. As already stated above, one comment/story may be coded in various ways depending on the complexity of the issue - eg a comment about A&E may have issues about waiting times, quality of care and staff attitudes. That one comment may be given 3 different codes to reflect that complexity. Please note that only issues coded 10 or more times are shown below and for this quarter only.



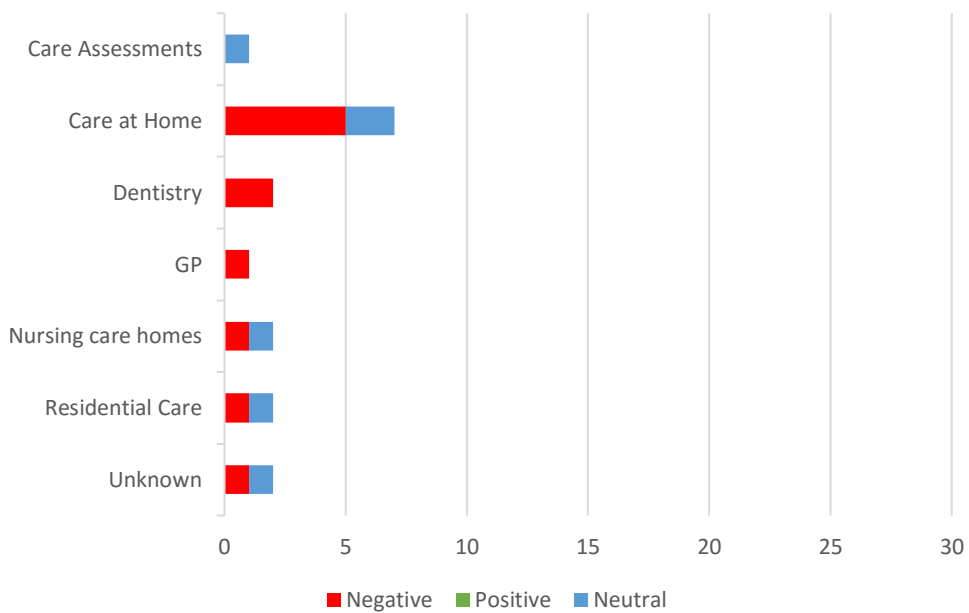
STAFF ATTITUDES



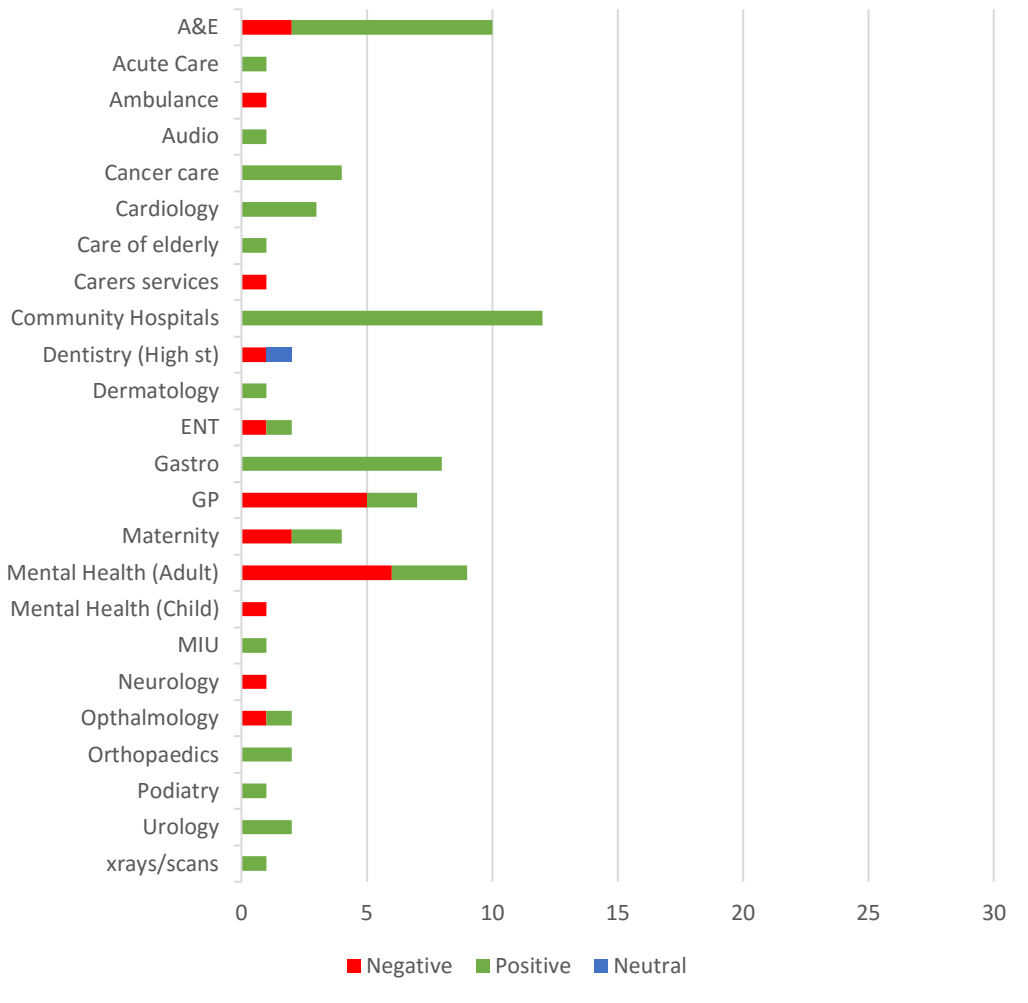
WAITING TIMES (within service or for service)



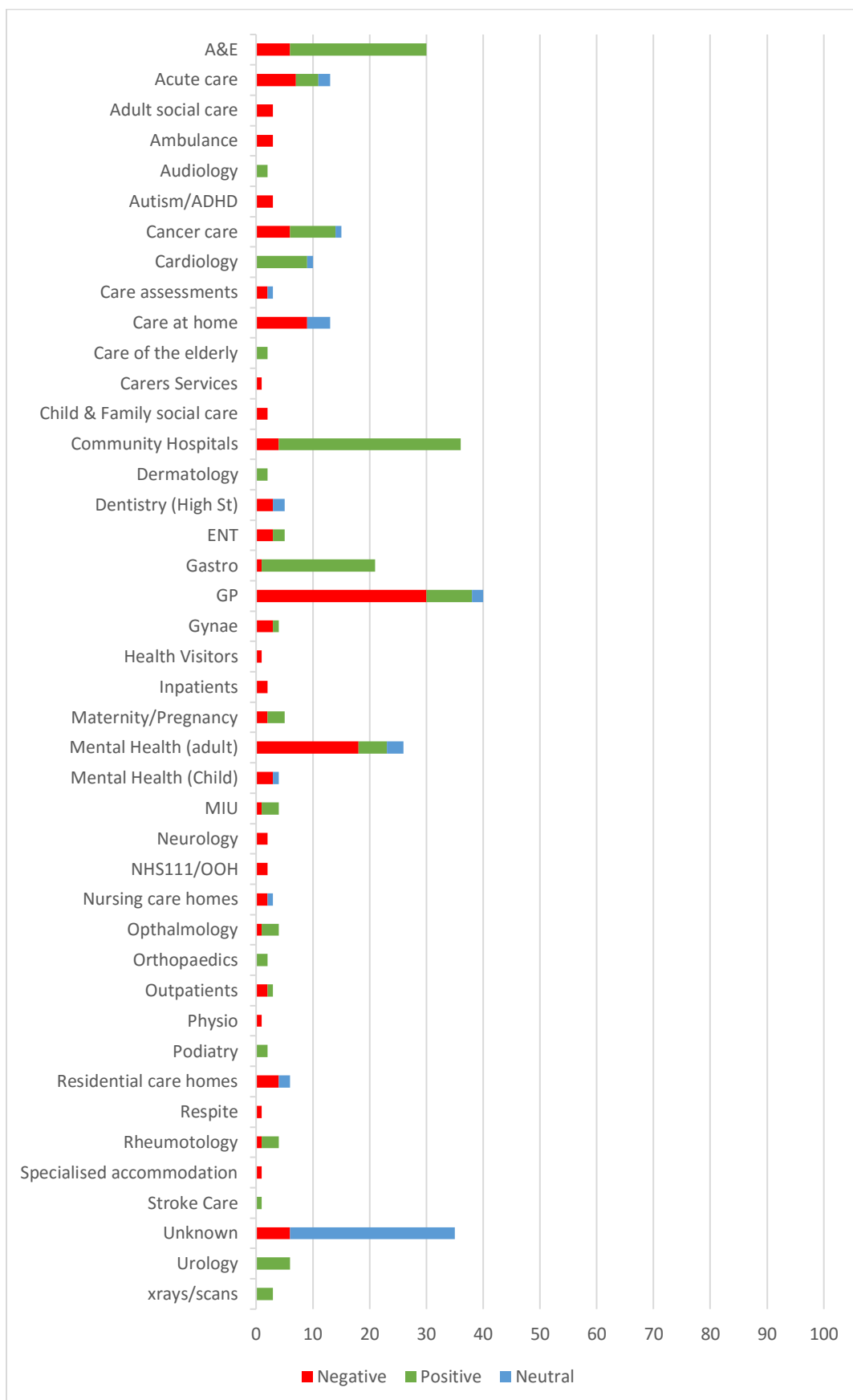
FEES FOR CARE OR TREATMENT



STANDARD OF TREATMENT (MEDICAL)



2f) Summary of all comments by Health speciality/setting/discipline



2g) Outcomes of Issues Raised (where known)

The data cover all routes through which people may be given information and/or signposted and/or referred, including those referred to Healthwatch Dorset from the Safe and Independent Living Service (SAIL).

All CAB interactions are now logged with an “Information given” flag if no other information is included on the CRM.

Please note that some people will have been provided with information and signposted to another service (some people will have been signposted to more than one place) and possibly referred as well - the numbers given in the table below relate to the number of times this outcome is recorded, not to the number of people.

Of those individuals who gave negative and/or neutral comments, 87% were provided with information and/or signposted/referred to another service.

In summary:

- There were 172 instances recorded where advice/information was given and/or an individual was signposted/referred to another service
- There were 81 instances recorded where information or advice was given
- 6 people were signposted to Dorset Advocacy
- 5 people were referred internally
- 3 were referred externally.

Information/advice given (this quarter only)

Type of Information provided	Number
Verbal advice	35
Other	33
Hard copy leaflet	11
Fact sheet	1
E-leaflet	1
TOTAL	81

Signposted (this quarter only)

Where Signposted	Number
Other	22
Healthwatch website	12
GP	9
NHS Choices	7
Dorset Advocacy/NHS Complaints	6
Social Services	5
Age UK	4
CAB	4
Dorset Mental Health Forum	3
NHS Dental helpline	2
PALS	2
MIND	2
Autism Wessex	1
Mi-Life Greenwood	1
CCG	1
AA	1
DWP	1
ICO	1
Dentist	1
CQC	1
Human Tissue Authority	1
SSAFA	1
Online advice guidance	1
Steps 2 Wellbeing	1
WDDC	1
TOTAL	91

Referred (this quarter only)

Referred Externally To	
Dorset Social Services	1
CQC	1
NHS111	1
TOTAL	3

Referred Internally To	
Gateway Manager	2
Healthwatch Manager	2
Advocacy	1
TOTAL	5

Appendix 2: Report from Citizens Advice in Dorset

1. Activity summary

Local Citizens Advice Office Healthwatch Dorset Leads met on 19 June 2017 and were joined by Martyn Jewell and Lucy Cribb. Martyn summarised the wider impact of HwD, emphasising that the provision of information and advice is vital in helping individuals and helping to change health and social care systems.

The meeting also included a presentation by Tracey Hudson from LiveWell Dorset.

2. Statistics for Quarter 1: April, May, June 2017

Data from the Citizens Advice 'Petra' system for this period show that we have recorded 234 unique clients with a health or care issue, who raised 371 separate issues. This is a slower quarter than usual - although it should be noted that it included four Bank Holidays. Comparison over the last 17 quarters is as shown below:

		Unique Clients	Issues
2013/2014	Qtr 1	Pre 'Petra'	158
	Qtr 2	254	331
	Qtr 3	283	453
	Qtr 4	360	526
2014/2015	Qtr 1	308	454
	Qtr 2	294	456
	Qtr 3	251	371
	Qtr 4	302	492
2015/2016	Qtr 1	321	466
	Qtr 2	263	373
	Qtr 3	308	444
	Qtr 4	336	495
2016/2017	Qtr 1	305	447
	Qtr 2	339	530
	Qtr 3	299	419
	Qtr 4	356	504
2017/2018	Qtr 1	234	371

Of the 234 clients, 206 were recorded as being from one of our three local authority areas: Bournemouth (48), Poole (26) and Dorset (132).

2.1 Client data

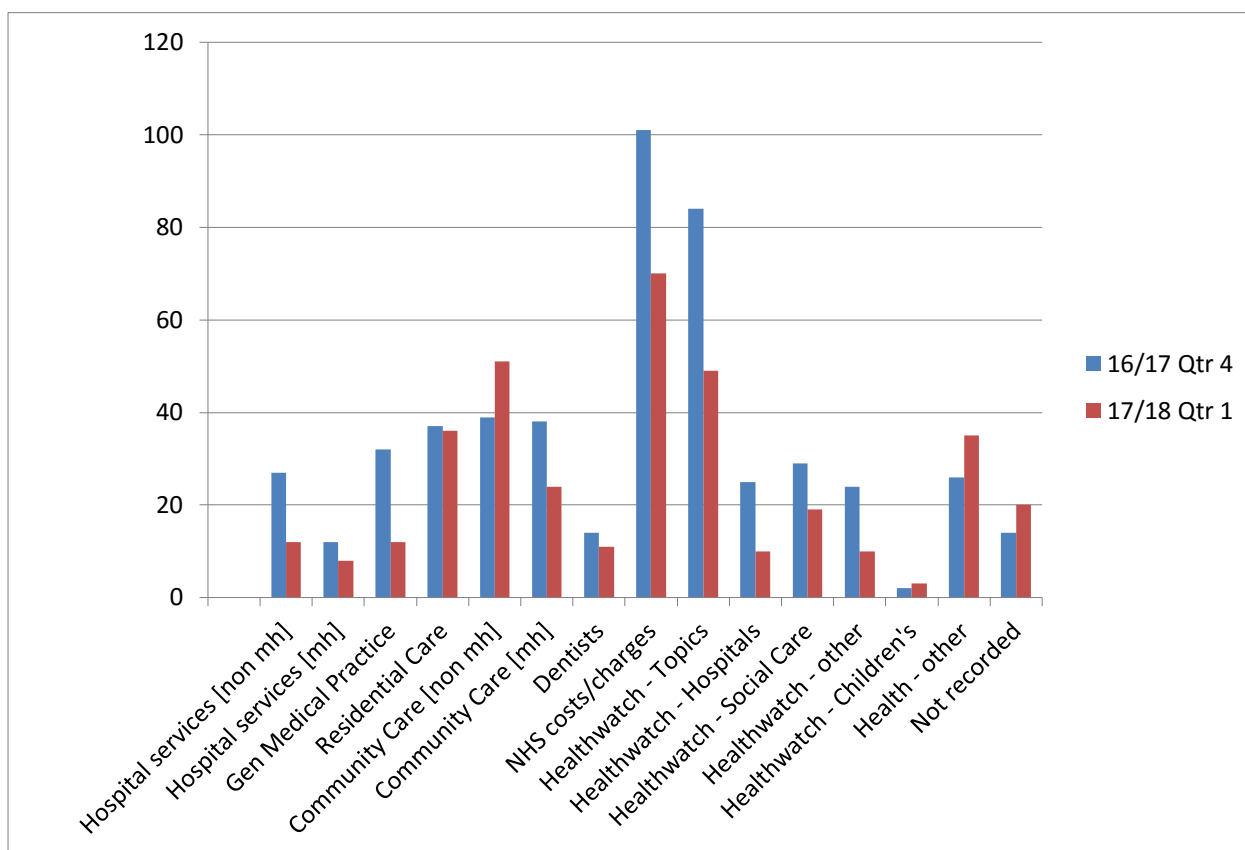
The following analysis of the 329 clients by authority uses the contract categories, and gives a good indication of the profile of CAB clients with a Healthwatch issue:

	B/mouth	Poole	Dorset
Age			
18-24	3	1	6
25-34	3	2	7
35-44	9	3	10
45-54	11	4	30
55-64	11	7	28
65+	10	8	42
Not stated	1	1	9
Gender			
Male	21	12	53
Female	27	14	79
Not stated			
Transgender			
Ethnicity			
Other Black			
Other White	2		1
W & Black African	1		
W & Caribbean			
W & Asian	2		2
White British	37	26	121
White Irish	1		1
Caribbean			
Mixed – other			2
Not stated	5		5
Not completed			
Disability			
Disabled	9	7	28
Long-term health prob	20	13	59
Not disabled	11	3	36
Not stated	8	3	9

- Overall percentage with a disability or long-term health issue: 66% (last qtr: 62%)

2.2 Issue data

Advice Issues: 2017/18 Quarter 1 (compared with 2016/17 Qtr 4)



Issues raised 6 times or more are listed below:

	Qtr 1 17/18	Qtr 4 16/17
NHS charges: prescriptions	16	13
Community care (non-MH): eligibility	15	20
NHS charges: dental	13	15
NHS charges: low income scheme	12	29
NHS charges: travel to hospital scheme	12	19
Residential care: self-funding	8	10
Residential care: finding a care home	7	6
Residential care: charges	6	9
NHS: optical vouchers and sight tests	6	12

3. CAB Case Studies

There has been a noticeable influx of cases around social care and how it is funded, as 5 of the following 6 cases show. [* indicates a provider was named]

Key issue: dispute as to how care costs are calculated

Client has a dispute with Dorset County Council (DCC) regarding costs of care. Client is physically disabled and has received a package of care since 2015, initially one visit per day and then when his health deteriorated, two visits per day. He contributes about £25/wk towards costs of £175. He is in arrears, and part of this is because he disputes having to pay when care workers do not turn up or he has cancelled care visits himself due to family occasions. Client challenged DCC to explain why they charge a fixed weekly amount rather than charging for individual visits. DCC explained that they charge weekly following government guidelines. Client maintains this is against contract law and they should not charge for services not received. Client had read the Care Act in detail and had highlighted that 'a charge may cover only the cost that the local authority incurs in meeting the needs to which the charge applies'.

Client was helped to prepare a letter making his point, though he was cautioned that the outcome is uncertain and DCC might not accept his position. Client understood this.

Key issue: lack of involvement in deciding care plan

Client is staying in a care centre as an alternative to hospital, waiting to go home. He was unhappy that a meeting to discuss his care plan had been arranged by the head of care and his social worker, but he was not informed until 10 minutes before it was due to start. The plan they wanted to put into place is that he goes home and has carers coming in 6 times per day. He was not happy with this and wanted the chance to find out more about how he could look after himself by seeing a physiotherapist, his priority being to get home as soon as possible.

Having discussed options with the adviser (who was visiting him in the centre), he decided to call his social worker to organise another meeting to tell them what he wants. The alternative is to discharge himself which he may decide to do as he has friends and family who will support him.

Key issue: care assessments

Client's husband has terminal cancer and was hospitalised for 3 weeks, and then discharged against the client's wishes. Although she was once a nurse, she considered that she would struggle to care for him. Soon after coming home, her husband had a serious fall and was readmitted. He is now ready for discharge and a care plan has been drawn up and given to him. As far as the client knows it just covers community care rather than health care. A financial assessment has been started by social care; the

person the client saw was described as 'very brusque' and said the client's income and savings would be taken into account when determining whether her husband needs to pay for his care. They both receive state pensions and have a modest amount of savings (less than £10000), so this comment had made them anxious.

Key issue: need to keep chasing Social Care for action on referral

Client's husband developed dementia about a year ago. The client currently cares for him at home. His health needs are fairly complex and he has been hospitalised 3 times this year. He has restricted mobility and is doubly incontinent, and the client is finding this last condition extremely challenging, both physically and financially (she currently gets no financial help with the cost of the incontinence pants he needs). In addition, the client's husband is becoming verbally abusive. The client also has her own health issues.

With the client's permission, the CitA adviser phoned Social Care to refer them for assessment; the member of staff said that she would treat this as an emergency referral. She was unable to contact colleagues immediately to arrange a time to visit the client, but said she would ask someone to do so in the next couple of days. She indicated that it should be possible to get a Care Plan in place and active within a short time. A few days later the CitA adviser phoned again to check progress. It transpired that the case had not been marked 'urgent', but the staff member said it would now be flagged as 'Chasing A Response' which should keep it in priority view. Ten days later the adviser re-contacted the client; Social Services had been in touch and assessed her husband's needs. He was now receiving help with bathing twice/week. He was accepting this input without complaint and the client was finding it a great help. However, the client's own needs had not been assessed, as had been requested in the original call.

Key issue: complexity of Direct Payments system

The client had been caring for his father for the past 10 years and received payment for this (as a salaried carer) from the Direct Payments Scheme. The father's Disability Benefit was paid into a holding account, and Social Care then topped up this amount following an assessment when his financial package was worked out. The client said that money was left over in the account, and that he had asked whether this could be used for additional (palliative) care that his father needed after a fall in January 2017. He was told that it could not be used, so he used money from his wages (from the direct payments) to buy in additional care for his father. It was not clear whether the father had been fully re-assessed following the fall (he has now died), but social care has now reclaimed the remaining money in the account and closed it.

The client was referred to the Disability Rights UK Personal Budget Helpline to find out if the Direct Payments Scheme should have paid for the additional care for his father, and whether he is able to claim back any of the money left in the holding fund.

Key issue: potential medical negligence claim

The client wanted to know about making a complaint and/or pursuing a claim for medical negligence. Her son was born in July 2016 prematurely at * hospital. She was there for 3 days when he was diagnosed with a blocked bowel and sent to Southampton Hospital for an emergency operation to remove a third of his bowel and have a stoma. He also has a diagnosis of cystic fibrosis. His stoma has since been reversed, but he still suffers from medical issues relating to his bowel. The client says that * hospital ignored/missed the signs that he had a blocked bowel. In addition, this could have been picked up in the womb but a scan was not performed when her symptoms were obvious. She says the consultant who did the surgery is supportive and is suggesting she raise her case with * hospital. She would like * hospital to acknowledge, apologise and ensure this doesn't happen again. She also thinks compensation would be appropriate.

She was given information on how to follow the complaints procedure and the process of making a negligence claim, and given details of how to get a specialist lawyer if she pursued this second route.

4. Next Steps – priority areas

	What	Who	When
4.1	Recording and Reporting		
	Ongoing support to Leads inputting cases	A Dimmick	Ongoing
	Individual support to Leads as required: meet Jane at East Dorset (new Lead) in July	C Buxton	3/7/17
4.2	Keeping CAB teams up to date with Healthwatch issues		
	Continue to keep Leads up to date: circulate reports, news, etc to be used for Briefings.	C Buxton/ Leads	Ongoing
	Leads to continue to use bureau Petra views of all HW cases so they can see trends	Leads	Ongoing
	Next Leads Meeting	C Buxton	9 Oct 2017
	Consider update training for all LCAs	C Buxton	From Sept 2017
4.3	Raising public awareness that CABx are part of Healthwatch Dorset		
	Continued promotion at other events and fora such as Early Help Board, High Sheriff's Garden Party, etc	C Buxton	Ongoing
4.4	Influencing work		
	Ongoing involvement with HwD colleagues and Board to develop 2018/19 priorities	C Buxton	January 2018

Appendix 3: Examples of calls to Helpdesk

Case A

“I feel very, very let down by Christchurch and Southbourne CMHT. This runs right across the board from the reception staff to the psychiatrist. I feel my daughter has been left high and dry by them. Broken promises of treatment which we waited for over 2 years. Follow on treatment is non-existent. Many phone calls are not returned time and time again.

A crisis team when called disputed her diagnosis and told her the treatment she was waiting for would not work. They stated she was in her flat warm and dry so what was she feeling suicidal about! They suggested she took up baking! No wonder she is reluctant to use them again when she feels desperate and alone and feels death is the only answer.

When admitted after having taken an overdose she was sent home in the middle of the night alone with no real follow up care and concern.

When taken to an out of area hospital after police had to break into her car to get her out she was sent home alone the next day with promises that the Christchurch and Southbourne CMHT would visit her at home. I knew this would not happen and told the discharging team this but they promised. Of course, it didn't happen.

Now again waiting for more treatment we have waited months and months with very little support in between and very little guidance and empathy.

Every step is a battle.

It's unkind and unacceptable and people's lives are being made worse because on top of their illness they are faced with an uphill struggle to get the help they deserve.

I realise services are stretched and we have been happy to wait our turn but there has been very, very little empathy or support for my daughter and myself.”

Case B

“I recently had to go into hospital for an operation of a gynaecological nature. Obviously, it is an already embarrassing situation to be in, but this was further compounded by the unnecessary questions asked on the consent form by the nurse. I hasten to add here that the nurse was only following orders.

I am a gay woman age 45 yet I had to undergo the indignities of having to do a pregnancy test. As the nurse was going through the admission form, she asked if I could be pregnant. I answered no and stated I am gay and do not have sex with men. This was a pretty bold statement but I wanted to make it clear so there were no misunderstandings. She made a note of this and went away, presumably to consult with a senior member of

staff. She came back and stated: "It's not that I don't believe you but you need to do a test anyway!"

I was mortified as I had already given a statement as to why this was unnecessary, but as it did not "fit into the form" I was forced to do something that I did not want to do as I was worried that if I didn't, my much-awaited surgery to get my life back would not be done. I felt I had no choice in this. To further add to this, the nurse then waved over to me and smiled to indicate the pregnancy test was negative. This sort of thing should not be happening in this day and age. I should have been respected and a simple no to the question on whether I could be pregnant should have been sufficient. I should not have had to give an explanation on my sexuality to back up my answer, to then not be believed. People should be respected and explanations accepted without questions. Furthermore, this was a total waste of NHS resources. I found the whole thing very embarrassing and undignified and treated like a second-class citizen, purely due to my sexuality. Gay women also have rights and yes, we sometimes have to have surgical procedures the same as straight women, so why can the forms not be adapted accordingly and more importantly respect the information given.

I would like to add the aftercare I received was excellent."

N.B. In both these cases, we raised the issues with the appropriate organisations, while respecting the anonymity of the individuals concerned.