



Review of 2016 annual event recommendations

Improving local services

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About Healthwatch Gateshead

Healthwatch Gateshead is one of 152 local Healthwatch organisations established throughout England on 1 April 2013 under the provisions of the Health and Social Care Act 2012. We have a dual role to champion the rights of users of publicly funded health and social care services for both adults and children, and to hold the system to account for how well it engages with the public.

We collect feedback on services from people of all ages and from all communities. We do this through our network of voluntary and community sector organisations; gathering comments at events; holding listening events at a range of venues across the city; via social media; through callers to our 'Just ask' helpline and online through the feedback centre on our website. As part of the remit to gather views we also have the power to 'enter and view' services and conduct announced and unannounced visits.

Background

We held our annual event and AGM in October 2016. The first part of the afternoon was a listening event where people had the opportunity to share their experiences of using health and social care services in Gateshead with the people who plan and run services on their behalf. We had representation from the following organisations:

- Gateshead Council
- Gateshead Health NHS Foundation Trust (Queen Elizabeth Hospital)
- Newcastle Gateshead Clinical Commissioning Group
- North East Ambulance Service NHS Foundation Trust
- Northumberland Tyne and Wear NHS Foundation Trust

Feedback from the event told us that, generally, people thought that they had been listened to by the decision makers in the room. Most people felt they had enough time to discuss their issues and some of the issues were addressed on the day and taken forward by the representatives of the various organisations.

What happened next?

After the event, we produced a report which included a series of recommendations based on what people told they would like to see happen. The issues from the report were also included in the shortlist for setting future work, and carers' services and NHS continuing healthcare were identified as priorities for 2017–18.

The full report and findings can be found on our website www.healthwatchgateshead.co.uk



We said that we would revisit the recommendations in around six months' time to receive updates on the recommendations and progress from the report. We have contacted the service providers who attended the event and are now able to update you on the recommendations that attendees helped to identify.

Recommendation 1 – Healthwatch Gateshead

You said

Attendees told us they would like to see more direct engagement with service users and providers, and a programme of quarterly meetings to facilitate the ongoing dialogue between residents and service providers.

We did

We are currently developing our engagement strategy and outreach plan and this will be agreed by the new Healthwatch Gateshead Committee in December 2017. As part of our strategy we will identify ways we can work to improve dialogue between residents and service providers on an ongoing basis, using a wide range of methods.

We have rolled out the online feedback centre (<http://healthwatchgateshead.co.uk/services>) which now gives us real time feedback on local health and social care services. This will support ongoing dialogue between residents and service providers, resulting in action being taken quickly when issues arise. There is also a widget that service providers can add to their own website that links to the feedback centre. We have new publicity to support the feedback centre and are in the process of distributing this as widely as possible.

We recognise that meetings are still important and we will be reviewing this with our new Committee in the near future.

In April this year we became part of Tell Us North CIC, which also runs Healthwatch Newcastle, and we held our first joint conference in the same month. The event helped us to identify our future priorities which are listed below.

Healthwatch Gateshead future priorities

1. Carers



This was ranked third in priority by members of the public and conference delegates. We are aware of issues for carers trying to access services and in receiving carers' assessments. Healthwatch Newcastle (HWN) has also heard that some carers are having difficulties getting assessments and in receiving the support identified when being assessed.

The Committee agreed that we prioritise research into people's experiences of accessing care assessments and follow up support. We will also consider repeating this research in Newcastle if it is successful.

2. NHS continuing healthcare (CHC) – joint HWN and HWG priority



People have told us and HWN of issues with delayed funding and with decisions not to fund care (this was ranked the second highest priority for HWN at the conference). We have also been told that delays in CHC decision-making are leading to problems with delayed discharge from hospital. Relatives have also reported feeling excluded during this process.

Our Committee agreed that this would be an excellent subject to focus on across both areas and would give us the opportunity to combine data collection from Newcastle Gateshead Clinical Commissioning Group (CCG) and acute hospitals with patient and relative feedback.

3. Mental health



This was ranked the highest priority. Mental health was added to the shortlist because of last year's Deciding Together decision and the potential impact for Gateshead. However, this decision has not yet been implemented and therefore we are not in a position to assess the impact of the changes.

One potential area for research could be around physical health for people with mental ill health. We know from discussions with key individuals, representative groups and from national priorities that people with mental health problems do not often benefit from standard interventions such as smoking cessation. We could focus our research on people's experiences of health prevention services (for example, smoking cessation or exercise programmes) and gain an understanding of how these services could be presented to support and encourage mental health service users to benefit from them. This would be joint work with HWN.

4. Young people



This was ranked second in priority. However, there has not been any service user feedback to indicate what our research focus might be. We propose making young people an engagement priority for this year.

5. End of life



This topic was ranked fourth in priority. Newcastle Gateshead CCG is currently carrying out a review of end of life services and we are involved in this work. Rather than make end of life the subject of a research project, the Committee agreed that we continue with this involvement.

Recommendation 2 – Gateshead Council Adult Social Care

You said

Adult Social Care should improve the process of accessing social care reviews and assessments.

There were issues raised around the process of accessing social care support in the first instance and reviews when changes were needed to existing care packages. Some carers felt let down, having to ‘fight for the needs of their loved ones’ and for themselves in the form of carer support.

They did

We contacted Adult Social Care (ASC) at Gateshead Council, which said it had removed the voicemail service from the Adult Social Care Direct phone line, resulting in a significant increase in calls being immediately responded to.

There is also a verbal statement included in the ‘comfort message’ so when people call and staff are not able to respond immediately, the caller is directed to ring back at a specified time when a staff member will be available.

Also, any email referrals now have a prioritisation system in place so that those at greatest risk and or need are responded to quickly by social care workers.

Future plans include offering telephone appointments in response to enquiries to the Adult Social Care Direct phone line, and developing an online referral form for professionals. It is hoped that this will reduce the number of telephone calls to Adult Social Care Direct by social care workers, which will free up telephone lines for the public.

Of the five priorities identified from the joint conference in April 2017, our Committee decided that carer’s assessments and follow up support would be one of our first pieces of work. This work is well underway and a report will be published during 2017–18.

Recommendation 3 – Newcastle Gateshead Clinical Commissioning Group

You said

People told us that the process and criteria for accessing NHS continuing healthcare (CHC) was very complicated and members of the public did not know where they could get information about how they could qualify for CHC.

Newcastle Gateshead Clinical Commissioning Group (CCG) should develop clear, simple to understand guides for adults navigating through CHC and for children who transition from continuing care to CHC.

We did

We contacted the CCG which told us:

- The CCG has CHC Standard Operating Procedures in place
- Robust IT systems are in place for clients who receive adult CHC and child continuing care and are under a mental health after care plan (Section 117)
- To align these funding streams with the personalisation agenda and access to personal health budgets, a task group has been established and patient information for patients and carers has been identified as a priority

A recent report by the National Audit Office in July 2017 (Investigation into NHS continuing healthcare funding¹) tells us that members of the public are raising concerns about the CHC process in England. These include how well assessments are carried out, whether CCGs are complying with the Department of Health National Framework, the equity of the decisions, delays in the assessment and appeals processes, and poor communication with patients and their families.

CHC is a joint priority with HWN. This work is well underway and we will clarify with Newcastle Gateshead CCG what steps are being taken to ensure the recommendations from the National Audit Office report are being implemented locally.

We are producing a survey to gather relative and carer experiences of the local CHC assessment and decision-making process to determine if the national NHS Decision Support Toolkit is applied consistently. We are also working with the CCG around best practice in communication and information on CHC.

What is NHS continuing healthcare?

This is the name given to a package of care that is arranged and funded solely by the NHS for individuals who are not in hospital and have been assessed as having a 'primary health need'. (Source: NHS Choices)

¹www.nao.org.uk/report/nhs-continuing-healthcare-investigation

Recommendation 4 – Newcastle and Gateshead Clinical Commissioning Group

You said

Health Champions are volunteers and support patients with information or access to other activities to support their health and wellbeing. The role of Health Champions alongside the social prescribing agenda should be more widely publicised.

They did

Newcastle Gateshead CCG has worked with colleagues in the North East Commissioning Support (NECS) communications team to create short films to highlight the fantastic support Champions give to their community and GP practices. The films also showcase the work around social prescribing more generally.

Twelve practices in Gateshead are involved with projects and are already seeing improvements in fewer repeat appointments.

What is social prescribing?

Social prescribing, sometimes referred to as community referral, is a means of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

(Source: The Kings Fund)

Recommendation 5 – Public Health

You said

The public should know how to access information to support their health needs.

Public Health (which is part of Gateshead Council) gave very comprehensive information at the event about current public health campaigns, including the NHS health checks and the seven steps campaign around smoking, helping residents improve their overall health and wellbeing.

They did

Public Health has provided us with an update for ongoing work in 2017–18. The Public Health team is continuing to inform Gateshead residents on accessing health information. This year it:

- Published the Director of Public Health annual report on smoking ‘Tobacco: a smoking gun’
- Developed the tobacco plan
- Launched the drug and alcohol strategy
- Launched the sexual health strategy
- Organised Public Health public displays for sexual health and oral health promotion
- Raised awareness on signs of overdose with the public
- Commissioned self-harm training in schools
- Supported the national Public Health England health campaigns
- Is developing the dual diagnosis strategy (mental health and substance misuse)
- Is working on a council telephone helpline for signposting to stop smoking services

Recommendation 6 – North East Ambulance Service NHS Foundation Trust

You said

North East Ambulance NHS Foundation Trust (NEAS) should consider the needs of accessible transport for wheelchair users when going to hospital.

They did

NEAS has set up a subgroup of the Equality Stakeholders group to explore wheelchair access to vehicles. It invited a range of regional disability groups to participate and a small number of people met on several occasions to discuss the issue. The outcome was that wheelchair users do not appear to have any access issues relating to Patient Transport vehicles and if a wheelchair has been crash tested, and is on the approved list, NEAS can transport patients in their chairs.



NEAS is unable to transport people in emergency vehicles due to a lack of space and because wheelchair cannot be secured, therefore potentially causing a danger to the person and employees. It was felt that it would be inappropriate for an emergency vehicle to wait at the scene of an incident for a wheelchair to be collected as this could impact on patient safety and care.

Employees will try to secure a wheelchair at a local location if out and about but the safety of the patient is NEAS' main concern. An investigation by NEAS into the number of instances where wheelchairs have been left suggested this was very rare and not something that had been raised as a complaint or picked up via patient experience data.

Group members suggested that individuals should be responsible for their chairs and they should ensure they have appropriate arrangements in place in the event of an emergency.

NEAS will continue to keep this under review and have asked the operations centre to note if there are any issues reported and will report back to the stakeholder group in six months.

Recommendation 7 – Queen Elizabeth Hospital

To review standard of British Sign Language standards to patients.

There has been no response on this occasion from the Queen Elizabeth Hospital (part of Gateshead Health NHS Foundation Trust).

Recommendation 8 – Northumberland and Tyne and Wear NHS Foundation Trust

To develop a single point of contact for Gateshead residents.

There has been no response on this occasion from the trust.

Contact details



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