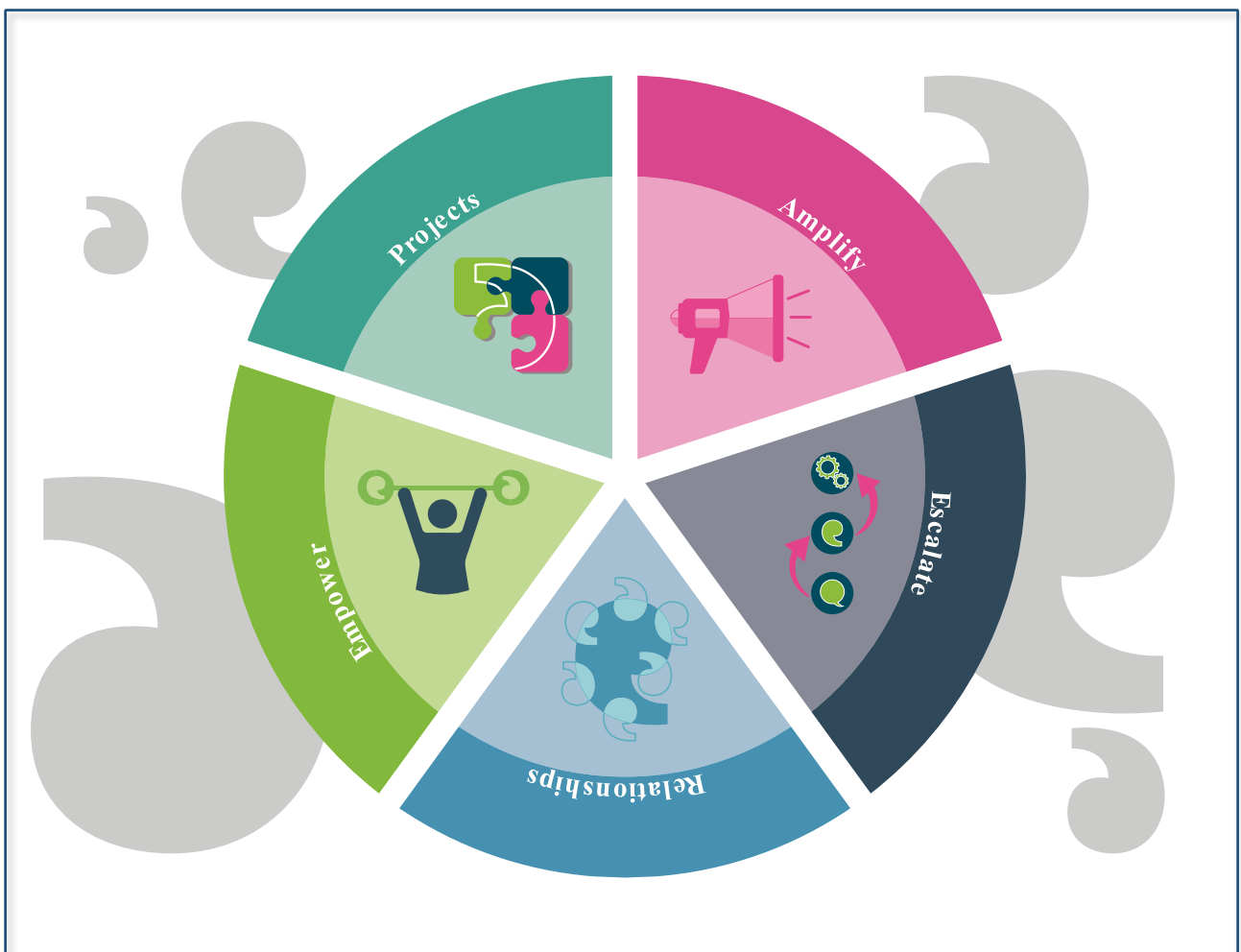


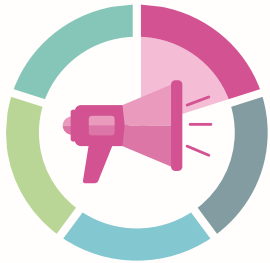
# ‘Making a difference’ Q2 2017 Outcomes



# Making a difference



We continually monitor the range of ways we make a difference to local health and social care services for the people of Surrey. This includes:



## Amplifying your voice

Sharing views and experiences at meetings and events where health and social care services are planned and reviewed to ensure the voices of the people of Surrey are heard



## Escalation

Raising issues and concerns directly with commissioners and providers or with regulators and monitoring groups and organisations to ensure specific action is taken to improve a particular service



## Relationships

We are committed to developing mature relationships with health and social care commissioners and providers, as well as with community, voluntary and faith groups and organisations, to make it quicker and easier for services to be improved based on the feedback we share



## Empowering people

Supporting local people with information and advice that empowers them to get the best experience of health and social care services



## Projects

Our project work enables us to find out more about a particular issue or service and make recommendations for change or improvements. Projects are based on the themes that come from what people are telling us and other local priorities.

## Amplifying your voice



- We presented to the Children and Young People’s Partnership board about the role of Healthwatch and what we’ve heard about young people, including problems in accessing (Children and Adolescent Mental Health Services (CAMHS) and our work with Magna Carta School. They gave us the following feedback: *“Thank you (HW) for providing us with further clarity around the role of Healthwatch. With this we will be able to work more closely together, using the valuable information Healthwatch gathers to change our services and ensure the voice of the service is heard.”*
- We challenged commissioners at the Adults & Health Select Committee to provide more information about how they would measure the long term impact on the proposals to reduce Housing Related Support. This led to a recommendation by the committee: *“That officers outline how it will measure the long term impact of those proposals, especially on socially excluded.”*
- We also challenged commissioners to be clear with people and manage expectations about changes to housing related support. Commissioners are forecasting that only 30% of older people and people with learning disabilities who will lose their Housing Related Support will be eligible for continuing support under the Care Act Assessment Process. We believe the current briefing is too vague.
- Healthwatch Surrey feedback was used in CAMHS Quality Review: Guildford and Waverley CCG incorporated feedback from Healthwatch Surrey about concerns over CAMHS waiting times into the quality review of the service, subsequently these concerns were acknowledged in the review paper.

## Escalation



- Following the most recent What We've Heard (WWH) meeting with NW Surrey CCG, Richard Barnett shared the following action: *“On reading your notes I decided to ask more about the micro suction service for earwax. I can confirm that there are clinics at both Ashford and St Peter's. I assume therefore that not all GPs are aware of this so we will put a reminder in Spotlight, our monthly to GPs e-newsletter reminding them of this. Thanks for pointing this out to us.”*
- The Escalation Panel identified a theme of negative experiences relating to dental charges and the NHS Business Service Authority. This led to work with Healthwatch Kirklees to make improvements to the 'penalty charge notice' letter that is sent out nationally to people who are receiving fines for claiming exemption from NHS charges in order to make it clearer. This work was featured on BBC Surrey.
- A case of a man being prescribed a hospital prescription on the wrong pad out of hours, which led to delay in collecting medication, was taken to the G&W CCG WWH meeting and passed onto the quality team. The team have emailed in response to say that the following learning and actions have been taken as a result: *“The case has been logged on Datix as an incident. A reminder to all clinicians has been sent out regarding prescribing in OOH in this week's e-mail update. The pharmacy list which contains details of all pharmacies in Surrey will continue to be updated and checked on a 6 monthly basis to ensure patients' can be given correct information regarding location and opening times of pharmacies”.*
- We held a meeting with Surrey and Borders Partnership to share evidence about mental health services in Surrey, particularly concerns around CAMHS waiting times. Assurance was given around two experiences, one of which had turned into a formal complaint with the assistance of the Healthwatch Surrey NHS Complaints Advocacy service.
- We alerted the Quality Surveillance Group (QSG) to negative experiences we had received related to Surrey and Borders and its Mindsight CAMHS service. We noticed that lack of timely access to CAMHS was frequently mentioned in experiences shared with us. This led a Quality Risk Profiling Tool being carried out on behalf of the QSG and NHS England. This has resulted in CAMHS waiting times becoming a risk which commissioners will hold SABP to account for.

# Escalation



- We alerted the Multi-Agency Safeguarding Hub after a patient reported concerns about patient safety, security and hygiene at the Abraham Cowley Unit. After MASH alerted the unit, the patient saw an immediate change in hazards, cleanliness, person- centred care and respect. The CQC provided assurance that intelligence would be passed to the relevant person responsible.
- We formally referred our concerns about the re-commissioning of Sexual Health Services to the Adults & Health Select Committee in Surrey in addition to seeking additional infrastructure and clarification from service commissions. We relayed the experiences and views of people we met at the Blanche Herriot Unit. In particular, we questioned whether the communication and consultation undertaken was wide enough and whether patients with chronic disabilities would still be able to adequately access services. This led to a recommendation: *"That the Committee establish a task group to review the implementation phase, consultation process and lessons to be learned from the commissioning of sexual health and HIV services, with a view to informing future commissioning of services."*
- We alerted Surrey Downs CCG to an experience on Ebbisham Ward at Epsom Hospital that had been reported to us. A child who was having an epileptic fit had a glass of water thrown over them by a consultant. The commissioner sought assurance from Epsom Hospital. The Lead Nurse Paediatrics & Neonates investigated the report, speaking with nursing staff and Clinical Director for Paediatrics and Neonates. It was confirmed that this would not be appropriate, as far as the circumstances have been described. However, the nursing staff reported that they had not witnessed such behaviour.

## Relationships



- We met with two SECAmb Lay Governors to introduce them to Healthwatch and explain how we collect the user voice, to share views about the ambulance service and to link up with patient engagement aspects of SECAmb's work.
- We secured an opportunity to present Healthwatch Surrey to the new programme managers for the work streams of the Surrey Heartlands STP. We were able to showcase our engagement work and our reach into seldom heard communities.
- During our regular meeting with CQC, Russell Hackett, Mental Health Inspector, told us that he takes the notes from our quarterly meetings to his team meetings to inform others about what we have heard about services in Surrey.
- Following our report on St Peter's Hospital ward event, Caroline Crabtree, Head of Patient Experiences said: *"The report is well presented, both in information and aesthetic-wise, which makes it easier to digest the material. Healthwatch does have a great corporate style!"*
- The Healthwatch England Conference allowed us to build relationships with other local Healthwatch, eight of which have since contacted us for more information about how we measure and collate our impact and outcomes.
- Healthwatch Dudley have taken our advice to buy some voting boxes and have reported a great success in the way they can now get people closer to their stand to talk to them.
- The Health and Wellbeing Board complimented Healthwatch Surrey on the accessibility of our Annual Report.

## Empowering people



- During Q2, we produced three new information leaflets, 8,200 of which have already been distributed through channels across Surrey.
- We have spoken to over 2,000 people about Epsom & St Helier 2020-2030 proposals, thus empowering people to get involved in decisions about the future of hospital care in Surrey.
- Our Healthwatch Champions at Citizens Advice had 486 enquiries and helped by signposting to various organisations. This included helping a vulnerable woman get support after discharge and a man to make a complaint after his Special Guardianship payment was stopped.
- Our advocacy service supported 68 individuals this quarter. Through our advocacy service, a wife was able to get resolution over the situation around the death of her husband with a local hospital.
- 2,000 of our leaflets are being distributed through Surrey Coalition of Disabled People's network.

## Projects



- We had a successful meeting with Magna Carta school sharing our feedback report and gaining further school contacts to expand our schools project.
- We heard that there was low uptake on Babcock4s free training for schools so we asked Surrey Downs CCG to share plans in place to increase uptake of mental health training in schools.
- Quotations from the case study contained within the interim summary of work done so far on the Epsom @Home user feedback project were presented at the Epsom Health and Care AGM on 20th September.
- Our GP Impact Report was published and we found that;

*34 out of 42 practices (81%) responded that, as a result of 'My GP journey', they were either making minor changes or incorporating feedback into their existing practice.*

*40 out of 43 practices (93%) said they would consider how appointments for patients with long term conditions are handled to promote continuity of care for on-going needs.*

*28 out of 42 practices (67%) responded that they would consider inviting patients with long term conditions to attend staff training sessions to talk about living with their condition.*

*37 of 41 practice managers (90%) who responded rated 'My GP journey' as 'Very helpful' or 'Helpful'.*

*A number of GP practices are now assessing the need for additional staff training on long term health conditions.*

*35 of 42 practices (83%) are considering how patients with specific conditions can be matched with a GP's special interests where possible.*