

**SO
WHAT?**

healthwatch
Lancashire

healthwatch
Blackpool

How the voice of people in Lancashire and Blackpool makes a difference to health and social care services, influences change and creates improvement.

So Who?

Are Healthwatch Lancashire and Healthwatch Blackpool

Healthwatch organisations were established following the introduction of the Health and Social Care Act in 2012 which requires each local authority to have a Healthwatch and listen to the voice of the public.

Healthwatch Lancashire and Healthwatch Blackpool is a member of a network of more than 150 independent local Healthwatch organisations in England, supported by National Healthwatch England.



We are the public voice for health and social care and exists to provide local people with opportunities to share their views and experiences.

Our vision: is to be the ‘go-to’ organisation for all members of the public in the county to talk about their experiences of health and social care.

What makes us unique: We aim to speak with people who are often called ‘hard to reach’, although we believe they are ‘seldom and never heard’.

We do this by ensuring our engagements reach a wide demographic of people and include representation from minority communities, such as: people who are disabled or in prison, Black Minority and Ethnic Communities, Lesbian, Gay Bisexual and Transgender Communities or Travelling Families to name just a few!

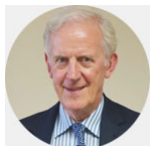
In addition to this whenever we engage with people we ask whether they have shared their experiences with anyone else. We find that over 90% of people reply “NO” therefore their voice has never before been heard.

Our statutory responsibilities are:

1. To promote and support local people to be able to get involved in deciding what services should be paid for, where and when. We have to help local people examine the services for themselves.
2. To help local people check the standard of care on offer and whether the services can and should be improved.
3. To meet with local people and groups to gather information on their experiences of local care services and make their information available to Healthwatch Lancashire and known to the people who run, pay for and check these services.
4. To produce reports about how local care services can and should be improved.
5. To provide advice and information about how to access local care services so people in Lancashire can make their own choices.
6. To express people in Lancashire's views to Healthwatch England.
7. To make recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews and investigations when there may be concerns about a service. We also request that Healthwatch England publish reports about particular issues, to raise awareness nationally.
8. To provide Healthwatch England with the information and understanding it needs to perform effectively.

Meet our Board:

The Board of Healthwatch Lancashire comprises Non-Executive Directors who are responsible for ensuring effective governance of the organisation and its strategic direction.



Mike Wedgeworth

Chair: July 2015 - November 2017



Paul Howes

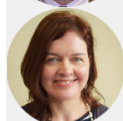
Acting Chair: From December 2017



Karen Cooper



Steve Rigby



Davina Hanlon



John Fell



Naz Zaman



Adrian Leather



Gail Godson



Helen Fairweather



Alex Rocke

Meet our Team:

The operational team is driven, committed and dedicated to ensuring that all people in Lancashire are given the opportunity to have their say and voice their views.

See Appendix 1 for our ‘experience cloud’, detailing our staff expertise.



Meet our Volunteers:

Healthwatch Lancashire recognises the benefit from engaging a cohort of local volunteers who are skilled and experienced in engaging with members of the public.

Our team of more than 45 volunteers are experienced in public engagement, with a wide and varied skillset. We completed a skills map assessment to ensure we are utilising these effectively. We understand that the more we utilise the available assets the more impact we can have within the health and social care sector in Lancashire.



The initial results of the skills map identified that an extra resource was required in data analysis. We felt this was important for impact because improving the way in which we analyse feedback from all sources helps us to identify and build emerging themes and trends. We discovered that one of our volunteers had a background in research and data analysis and was happy to contribute. We will continue to use our skills map exercise to identify other areas where we can utilise our assets.

Our Workplan:

Each year we have an annual work plan which we compile using feedback we receive from the public and in response to local issues. We undertake our activities using a range of engagement tools, including:

Care Circles

We run a programme of Care Circle events taking place with community groups across Lancashire. These Care Circle activities allow us to listen to views from communities and seldom-heard groups which have included older people, carers, those with learning disabilities, those with visual or hearing impairments and young parents.

Pop Ups

We host regular Pop Up events across the county as a chance for members of the public to hear about the work we're doing, share views about areas of health and social care they think we should focus on, meet the team and share any experiences of health and social care in Lancashire.



Patient Engagement Days

Our Patient Engagement Day project was established in 2015 and sees a team approach to gathering feedback from local people about services in order to understand people's experiences on a particular day and to use the information we receive to influence service improvement. We visit health and social care services to speak to people and listen to their experiences.



Enter & Views

Legislation allows local Healthwatch organisations to undertake 'Enter and View' visits in NHS organisations, GPs, dentists, opticians and community pharmacists. We are also permitted to conduct the visits with bodies or institutions which are contracted by local authorities or the NHS to provide health or care services such as adult social care homes or day-care centres. Our innovative programme of 'Enter & View' delivers a 'mum's test' approach, gathering views of patients, relatives and staff to provide an answer to the question: 'Would you want your loved ones to be cared for in this service?'.

Mystery Shopping

Our staff and volunteers visit health and social care providers anonymously, acting as though they are using the service. This enables the mystery shoppers to assess how well the providers perform, in terms of customer service and information provision. Mystery shoppers complete questionnaires after each visit, recording their findings.

Partnership Activities:

PLACE Assessments

Patient-led Assessments of the Care Environment help hospital organisations understand how well they are meeting the needs of their patients and identify where improvements can be made. Our staff and volunteers make significant contributions to providing a patient voice through these assessments.

So Why?

Have We Done This Impact Report

When we engage with members of the public we are often asked what will happen with the information they provide and what difference it will make.

When we feed our reports to decision makers we often wonder how the public voice has been used and how this has impacted on changes to services.

We sometimes learn of ways in which our information has been used but we believe it is influenced in many other ways.



Demonstrate to the public how their voice is heard and raise awareness of the benefits of sharing their experience of Health and Social Care Services with their local Healthwatch.

Find out what impact our reports from April 2015 to March 2017 have had and how the public voice has been used to influence changes.

Work in collaboration with other organisations to develop a robust system for tracking the impact of our future reports.

So How?

Do We Find Out What Matters Most To The Public

From April 2015 to March 2017

We spoke to over **3,600** people during engagement activities including:

162 care home residents

101 members of staff

36 relatives of care home residents

851 patients in GPs

39 patients in dentists

36 mental health service users

1596 patients in hospitals

153 patients and relatives in A&E departments

326 pharmacy users

We visited over **115** services including:

23 care homes

25 GPs

17 hospitals

1 mental health facility

1 dentist

6 A&E departments

We published
82 reports

We shared
156 email
campaigns

This is What we Found Out:

Care Home Enter and View Programme

We visited 22 care homes where residents and relatives told us about things that affected their positive health and wellbeing and quality of life:



- To feel safe.
- A quiet lounge in addition to a more sociable area.
- A garden where they could sit out in good weather, on comfortable seating. They want to be able to use the garden or sit outside with staff available to take them if they need supervision.
- To pursue their own hobbies or interests and regular entertainment trips and outings.
- Chairs that are close enough to be able to talk to fellow residents.
- Being able to join in with housework and day-to-day activities within the home e.g. gardening, DIY and other projects of choice.
- Relatives want to know what activities are going on and that there are enough social activities to engage their relative.

So, what was the impact?

The following are quotes we have received from care home providers:



“We would like to thank the Healthwatch Lancashire team for their honest and constructive feedback. Both myself and the staff value opinions of what we do here.”

“The Enter and View visit was very helpful as it has provided us with additional insight into what our residents like and don’t like about the service that we provide, and more importantly, gives them a voice.”

“It was great that the residents were the focus of the visit, which I felt empowered them, both during and after the visit, knowing that their voices had been heard and that their opinions matter.”



Access to Dental Services For Care Home Residents

During our Enter & View visits to care homes, an issue was raised by staff relating to problems in accessing dental care for residents. Therefore, a survey was undertaken to review the provision of dental care for residents in the care home sector, this is what we were told:



“We used to have domiciliary visits but we don't anymore.”

“Residents only have access to dental services when they have got a problem.”

“Only the residents that are mobile have access to effective dental services.”

“The residents have access to dental treatment, however there is currently an 18-week waiting list.”

“For non-dementia residents; yes, they have access to dental services as there are two NHS dental services nearby. For my residents who have dementia or who are cognitively impaired it is difficult especially if there are some challenging behaviours or poor mobility such as hoisted clients; then no they have no access.”



Findings from this project highlighted problems with residents who are unable to leave their home getting access to dental treatment. This is concerning as a lack of dental treatment can lead to other health complications:

Gum disease may increase your risk of all kinds of other health complications, including stroke, diabetes and heart disease. Gum disease has even been linked with problems in pregnancy and dementia.

Chief Executive of the British Dental Health Foundation, Dr Nigel Carter, explains: "The link between oral health and overall body health is well documented and backed by robust scientific evidence. Despite this, only one in six people realises that people with gum disease may have an increased risk of stroke or diabetes. And only one in three is aware of the heart disease link."

(<https://www.nhs.uk/Livewell/dentalhealth/Pages/gum-disease-and-overall-health.aspx>)

Your Voice: GP Surgeries

This report brings together feedback and findings from the 25 individual GP reports that Healthwatch Lancashire conducted during May 2016 to February 2017. The 25 GP services visited were chosen based on feedback from the public through our community engagement activities and via comments left on our website.

Through our engagement with existing community groups, we were aware of some of the challenges patients have faced when attempting to access health care within their GP surgeries. We also found that issues with primary care were frequently raised within engagement activities which is why we set out to explore these issues in more detail by accessing GP surgeries across Lancashire.



We engaged with 851 patients across Lancashire and found that patients:

- Struggle to get an urgent appointment on the same day.
- Are happy with the staff.
- Are very satisfied with the care provided.
- Have not heard of their GP surgery's Patient Participation Group.
- Do not use online digital services.

Out of 25 GP surgeries that we visited 88% responded to their Healthwatch Lancashire report. 91% of those GPs who responded provided Healthwatch

Lancashire with a list of actions to be implemented as a direct reaction to the public voice.

So, what was the Impact?

Surgery managers told us:



“Communication is at the heart of the report. It is important that we get this right to help patients understand our services to be able to access the right one for them.”

“The exercise has confirmed our suspicions that the patients’ perception of the practice differs from our own in some respects and highlights that there is work to do to try and change that perception and also to manage the expectation of what can be provided in a GP practice under the current circumstances in primary care. We acknowledge that we still have work to do and will strive to continue to make improvements to the service and team.”

“The exercise has highlighted that access on the same day is an issue. We have now employed a new GP to help with access and have blocked more appointments of for ‘on the day’ booking. We are in the process of recruiting a new receptionist this will give the surgery the capacity to open another phone line.”

“It has been useful to have an independent assessment of the problems our patients are experiencing in relation to the appointments, however we are well aware of the problems.”



Your Voice: Pharmacies

Over the past four years, we have received little independent feedback regarding public perceptions of pharmacy services. However, the public are increasingly encouraged to use pharmacy services for minor illnesses or ailments, partly to reduce pressures on primary or secondary care services including A&E. As such, the aim of our pharmacy programme was to gather views and experiences from the public about pharmacy services across Lancashire.



Healthwatch Lancashire, Healthwatch Blackpool and Healthwatch Blackburn with Darwen were approached to help Community Pharmacy Lancashire gain feedback on their pharmacy services to the public across Lancashire. The three local Healthwatch collaborated and developed a programme of work which ran from January 2017 to March 2017.

We engaged with 326 people across Lancashire and found that:

- 40% said that they felt attending the pharmacy means they do attend other health services less because they get advice initially from the pharmacy. The majority said it did not make a difference as they would still want or prefer to see their GP.
- The vast majority said they were happy with the service they received.
- The majority said they did not think the pharmacy could improve its services. Those who thought that the pharmacy could improve, cited issues relating to waiting for prescriptions to be dispensed, pharmacies being too busy, not having adequate seating and not having items in stock.
- The majority said they were aware of the different services available at the pharmacy, although most people only mentioned a few of them.

So, what was the Impact?

Community Pharmacy told us:



Community Pharmacy Lancashire would like to thank the teams at Healthwatch Lancashire, Healthwatch Blackpool and Healthwatch Blackburn with Darwen for their support with this project. We are very grateful for the clear and informed picture they have given us from the people who access our services, and we will be using the findings to identify what we can do differently to better meet their needs.

We would especially like to thank the teams of volunteers who have gone into pharmacies across the area to talk to people about pharmacy services, and of course the 326 people who took the time to share their views with the volunteers.

There are a number of key findings that we would like to briefly comment on:

Service Satisfaction

We are very proud that the vast majority of people said they were happy with the service they received and delighted to read the many positive comments that were shared about the pharmacists and staff, including that they were excellent, friendly and helpful. We were also pleased to note the levels of satisfaction with pharmacy medicines reviews, as this service supports long term conditions management and community pharmacy is well placed to provide this and similar supportive services.

Convenience and Good Service

We were not surprised to find that the majority of people chose their pharmacy due to convenience, using the same pharmacy each time they needed a service. Community pharmacists are the most easily accessible healthcare professionals, and we are pleased that local people value this access.

Service range

Just over half of people surveyed were visiting their pharmacy to collect their prescriptions; it was encouraging to note that included in the other half were those accessing health care advice and getting “over the counter” medication. Although most people said they were aware of the different services available at the pharmacy, many only mentioned a few of them. This highlights the need for improved information and communication to make people aware of services, including additional benefits that pharmacists can offer to patients as part of the NHS. We will certainly consider how we can do more to raise awareness of this both locally and nationally.

Pharmacy workload

There was some feedback around how we could improve, e.g. waiting times, not having adequate seating and not having items in stock. Pharmacies continue to work very hard to offer services to all those people who visit us; despite recent funding cuts and ongoing national issues with obtaining some medicines. We will

continue to try to minimise the impact of this on all those who use our services to ensure we meet their expectations and make a positive difference to their health.

Irfan Tariq
Chair, Community Pharmacy Lancashire

Your Dentist, Your Say

On the 18th May, 2016, we gathered survey responses from patients and relatives at Morecambe Dental Access Centre to obtain the views of people using the service and to observe the environment. The focus of the visit was to gather qualitative intelligence about access to special care dental services and to identify how people felt they may have been able to access services sooner.

We spoke to 39 people at Morecambe Dental Access Centre at Queen Victoria Hospital in Morecambe and found that:

- The majority said that they felt more comfortable accessing the special care dentist rather than standard dentist services.
- People said that they had struggled to access dental services in the past with many stating this is a result of not being able to access NHS dental services quickly enough.
- Service users said that their experience of using the waiting area could be improved with comments stating that the area was not large enough, the lights were too bright, the area was too noisy. Healthwatch Lancashire representatives observed that there did not appear to be sufficient seating.
- A number of service users raised concerns about the telephone system and not getting through to the correct number.

So, what was the impact?

This service responded with an action plan they planned to implement. Five actions were provided.

The practice manager told us:





“We are glad to receive this feedback from patients and are looking at ways to improve - one idea might be to book certain groups of patients on quieter days.”

“Comments about the waiting room and waiting times for appointments were enlightening and given us a focus for improvement.”



Your Voice: A&E departments

A Healthwatch response to Winter Pressures, this report brings together feedback and findings from the six individual A&E reports that Healthwatch Lancashire and Healthwatch Blackpool conducted from December 2016 to February 2017. This programme of work was in response to knowledge of extreme pressures within A&E across the country which may impact on patient experience.



We spoke with 153 patients in A&E departments and found:

- Few people said they did not speak to any other medical professional prior to attending the A&E department.
- The majority of people who did speak to a professional prior to attending told us they had been advised to attend their A&E dept.
- The majority of people said they were happy with the service they had received.

All the hospitals provided Healthwatch Lancashire with a response. Four out of the six provided us with an action plan they planned to implement.

So, what was the impact?

Hospitals told us:



“The report is really useful in that it identifies that a number of patients who were questioned did not need to be seen in an Emergency Department, this information could be the basis for an evidenced piece of research which could actually help avoid hospital attendance as it is apparent there is still a lot of education to be done with our patient population. Thank you for the feedback regarding the good care our patients received and we will ensure that the staff working within the department has full access to this report.”

“It is great to receive feedback from our patients regarding their attendance. The value in regularly communicating wait times is evident from the information provided.”

“We learnt to increase awareness of the Patient Participation Group, not just relying on our website and Facebook page.”

“Car parking was a consistent issue throughout the report but park and ride was not seen as a positive alternative. We will investigate further with potential patient rep groups.”

“The issues of concern in the report reaffirmed historic Trust concerns, and we can use these findings to support our proposals to address these matters.”



The Harbour Conversation in Blackpool Project

The current project was to review The Harbour’s service offered since its opening in 2015 and to gain insight and experience from the service users and their family members, friends and carers.

We spoke to 22 service users and 14 family members, friends and carers and found:

- Half of the service users did not feel listened to and safe and had experienced delays in their care and treatment.
- Over half said they were not enough activities on offer but the staff were caring, supportive and open with them and treated them with kindness and compassion.
- Around half said they did not know or understand their care plan but that they felt optimistic about their care.



This service responded to Healthwatch Lancashire with an action plan they planned to implement. In total 29 actions were provided.

Calderstones Project

We spoke with service users across Calderstones Partnership NHS Foundation Trust to review their experiences and gain insight into their care. We felt it was an important time to do this engagement as it corresponded with a challenging transitional period for service users as the service was closing.



We spoke to 19 service users at the former Calderstones hospital. They told us:

- They were happy with the cleanliness and facilities and the views of service users were used to improve the service.
- There were enough staff to deliver a safe service and staff treated them with respect.

- There were enough activities on weekdays but not enough to do at weekends.
- The majority said the food was average or poor.
- They had experienced delays in their care and treatment for reasons which were not their own fault.
- Restraint was always used appropriately and as a last resort and most said they felt supported following a restraint incident.

This service responded to Healthwatch Lancashire with an action plan they planned to implement. In total 12 actions were provided.

Mystery Shopping Report: Accessing Hospitals With a Visual Impairment

We completed a mystery shopping activity to test the accessibility of hospitals across Lancashire for people with a visual impairment and found:

- Signage was very important, small text, positioning of the signs and the contrast of colours were the main issues identified.
- Assistance is valuable, although the volunteer sometimes struggled to get assistance from hospital staff or volunteers.
- Low level lighting in Ormskirk Hospital’s toilet facilities meant that the volunteer struggled to find the hand dryer.
- At Burnley General Hospital, the volunteer used a lift to access the eye clinic. They found that the lift did not speak the floor it was on.



Service responded to Healthwatch Lancashire with an action plan they planned to implement. In total 11 actions were provided.

Access to Mental Health Services

In December 2016, Healthwatch Lancashire published its report 'Listening to those who are homeless and living in deprivation in Lancashire'. One of the findings from this project was that 31% of the 99 people who took part said their mental health was poor. Therefore, Healthwatch Lancashire identified a need to explore this further.



We engaged with 219 people across Lancashire and found:

- Most people said they had a good understanding of what mental health means, that they had been affected by mental ill health and they would turn to their GP for support.
- Over half of people said they had been affected by self-harm, did not find information on mental health accessible or helpful and that it is easier for some groups or communities of people to get support with mental ill health than others.
- The majority of people said it would be helpful to have more online or app support with mental health.

The objective of this project is that the intelligence gathered will feed into and inform the Healthier Lancashire and South Cumbria mental health work stream over the next five years, as well as other mental health services and wider services.

We shared this report with:

- Mental Health lead for Healthier Lancashire and South Cumbria Change Programme
- Greater Preston/Chorley and South Ribble Clinical Commissioning Groups
- Mersey Care Foundation Trust
- Lancashire Care Foundation Trust
- NHS England

Screening and Immunisations

There was a need identified by NHS England to undertake public and patient engagement to support potential changes to service delivery regarding uptake of screening and immunisation programmes, with the aim of increasing uptake in identified community groups and geographical areas. Healthwatch Lancashire used their skills to work with the NHS England to engage with specific seldom and never heard groups.



We engaged with 314 people across prisons, the Traveller community and through targeted engagement with women and found:

- Around half of offenders we spoke with said screening and immunisations were very important to them and they had not received any screening or immunisations in prison. Less than half said they had not been asked about their screening and immunisations history on arrival to prison.
- Around half of Traveller women said they had not attended a screening but had received a flu jab because it was offered during pregnancy.

The majority of women across Lancashire said they were aware of the purpose of Cervical Screening and that it was very important to them.

NHS England responded to the report:



“NHS England North (Lancashire and South Cumbria) asked Healthwatch Lancashire to carry out this work on our behalf, in order to develop a better understanding of the barriers to people taking up screening and immunisation”

“We would like to thank Healthwatch Lancashire for producing this report, which will be used to learn lessons and improved the delivery of screening and immunisation services for residents of Lancashire and South Cumbria.”



Listening to Those Who Are Homeless or Living in Deprivation

According to Lancashire County Council, Lancashire has some very severe deprivation issues in various urban locations in Lancashire that are among the most deprived areas in England. The county has a large number of areas in the 10% most deprived localities in England.



This report summarises the feedback collected from homeless people and those living in deprivation about to how they use the health and social care services and how they feel about them. The information was gathered by volunteers and members of the Healthwatch Lancashire team through engagement activities by attending foodbanks and homeless charity organisations during the months of August, September and October 2016.

We engaged with 99 people who are homeless or living in deprivation in Lancashire and found:

- Some people relied on smoking, drinking and taking drugs to make them feel better, even though they know it is not good for their health, they felt they had no choice and this was their only way to cope.
- Nearly a quarter of people we spoke to said they do not feel listened to last time they visited a health care service.
- Most of the people we spoke to said they turn to local voluntary organisations and groups as they do not feel supported by the council, the NHS or the government.

So, what was the Impact?

Providers told us:

“This report is useful for highlighting the work of our organisation and could be beneficial for us being successful in attracting health care professionals to come to our centre and get an idea of how things really are for homeless people and those living on the edge of society.”

Communications and the Media

We also produce intelligence-based reports from our findings which we share with the public and other organisations using a variety of methods:

- Regular quarterly newsletters.
- Comprehensive websites.
- Social media channels such as Facebook and Twitter.
- E Bulletins.
- Online campaigns and surveys.
- Links with the local media.
- Through our large contacts database.
- Signposting members of the public who call or email us to other organisations.



This has resulted in:

£155,913.46 worth of media coverage between August 2016-June 2017

Over **21,000** new visitors to the Healthwatch Lancashire website

Over **100** new Facebook likes, taking the total up to over **700**

Over **300** new Twitter followers, taking the total up to over **2,500**

So What?

Is the Difference we Make on Your Behalf

We make sure that the public voice is listened to by those who manage and run local health and social care services.

We report concerns to the health regulator, the Care Quality Commission, and feed intelligence on a national level to Healthwatch England.

In addition, we:

- Represent the views of the public via Health and Wellbeing boards set up by local authorities.
- Report concerns about the quality of health care to Healthwatch England, which can then recommend that the Care Quality Commission takes action.
- Identify local and national trends and raise awareness of these to the relevant organisations.
- Signpost members of the public to services in Lancashire including information services, Clinical Commissioning Groups, complaints and advocacy services.
- Work in collaboration with health and social care providers in Lancashire and Blackpool to ensure comments are listened to and promote best practice.
- Develop creative projects and activities to capture the views of vulnerable people in society or those who are seldom heard.

We also have access to a variety of meeting and forums where we share your experiences, such as:

- Care Quality Commission.
- Clinical Commissioning Groups.
- Health Scrutiny Committees.
- Health and Wellbeing Boards and partnership groups.
- Healthwatch England and regional Healthwatch forums.
- Hospital Trusts.
- Local Authorities.
- NHS England.
- Safeguarding Boards and their subgroups.

So, What Has Changed as a Result of the Public Voice?

During the period, April 2016 to March 2017 Healthwatch Lancashire visited 22 care homes as part of their Enter and View programme.

One recurring observation was the lack of provision in care homes who stated that they were “not dementia specific” however, of the 22 homes visited, 17 advertised that they cared for the needs of people affected by dementia. Some provision was lacking or fragmented, for example:



“Bathrooms were indicated by a written notice but these were not pictorial or of contrasting colour to aid those with dementia. One downstairs toilet had raised colour coded seats and the majority had handrails.”

“In several bathrooms representatives noted that the hot and cold indicators were missing from the very top of the taps making it difficult for residents to predict water temperature.”

“We observed that corridors were uniformly and neutrally decorated which may hinder navigation. Representatives evidenced adapted seats, rails and specialist equipment but these were not colour coded.”

“Some corridors were rather dark.”

“Very few of the residents’ doors had been personalised and it was planned to have all the doors painted white.”

“The floor surface was uneven at different levels of the building”.

“Communal bathrooms were accessible to the lounges and dining room and were identified with a written notice but lacked pictorial signage and were not dementia friendly.”




Case Study: Revisit and Review

A care home was chosen for a review visit as a case study to assess if our feedback and report had supported any improvements for a more dementia friendly environment within the home.

Here is a summary of notes from original reports that affected the score (only those points that relate specifically to those affected by dementia in the home have been included here):

- Staff wear different coloured uniforms, but not name badges nor is there a staff name board to make identification of staff easier. We were told by staff that this is being reviewed.
- It was observed that the home needs some dementia friendly adaptations including bathroom adjustments, picture signage, orientation to time and day, and clearer navigational points around the facility.
- The main and only lounge had seating that could promote better social interaction.
- An activity schedule was available to show what was on offer but this was not dementia friendly.
- It was noted that there did not appear to be much in the way of personalised resident doors, memory boxes or memory trees for example. At the time of our first visit the manager and the owners appeared to receive our report positively and stated in their response that they intended to use the information to make improvements to benefit their residents affected by dementia:

 *“The Healthwatch Lancashire visit feedback session was very helpful. The representatives mentioned some fantastic points to help us going forward.... We are (in the process of) bringing the home up-to-date and creating a much more dementia friendly environment.”* (Liaison Manager) 

A revisit was undertaken to observe the improvements made following our observations and report.

At our re-visit, we observed:

- That the care home had purchased and placed a dedicated ‘key staff’ notice board and were in the process of populating it with photographs and details of key staff.
- Low profile beds had been purchased for patient safety.
- A large landscape wall mural had been purchased to aid orientation in corridors.
- Colour contrasting crockery was now in use.
- The facility had scheduled the repainting of corridors and handrails in a colour coded manner to aid orientation.
- Dementia Friendly signage had been placed on public doors which was colour coded, written and pictorial.
- Person centred signage was in the process of being placed on resident’s doors that wanted it. This indicated pictorially in colour and in writing the residents name and the purpose of the room.
- Staff had begun to encourage socialisation in the lounge by varying the seating of residents in relation to each other.
- The liaison manager had conducted self-directed research in respect of a dementia friendly environment and showed us an updated bedroom with soft colour and representations of birds and flowers.
- A chalkboard in the lounge displayed orientation to day and date.
- A pictorial dementia friendly activity schedule was being created by residents with the support of the activity coordinator. In addition to this, the manager told us of other non-specific related improvements including improved exterior signposting, wheelchair friendly enhancements to the garden and general improvement in décor including replacing floor covering. This case study demonstrates the impact of the Enter & View programme of work to help identify and support providers to make positive improvements for the benefit of their residents, whilst also highlighting and sharing the good practice already undertaken within the sector.

Case Study: Health

We undertook a number of visits to GP surgeries in Lancashire who had taken part in our Patient Engagement Days or Enter and View programmes. We revisited or contacted a range of GP surgeries; some that scored highly and others that scored below average, based on the feedback gained from patients across a sample of 25 GP surgeries. In total seven GP surgeries were contacted.

On the visits, we spoke to the practice manager, and had a discussion about the following:

- Why they felt the surgery scored particularly well or particularly poorly (in terms of access to appointments, quality of care or both).
- Has the surgery completed/fulfilled their commitments to improvements provided in their response to the Healthwatch report?
- What they Healthwatch could have done differently to have more impact?

The findings to these questions are detailed below:

Question 1: Why do you think your GP surgery scored well above average?

One practice manager said that having external audits has helped, stating that it made the staff work as a team and look reflectively on quality standards. They also said that: ***“None of our staff are worried about discussing problems with management. If something wasn’t right we would look at it as a team.”*** Another said they felt it was because of having a low number of patients: ***“Because we’re small we can give patients what they want, which is to get appointments on the day and still have that flexibility. We can give 15 minute appointments as well. We are not overwhelmed by patients.”*** Another said they felt it was because they are a single-handed practice: ***“We are a single-handed practice so the relationship is good between patients and staff. It’s like a family here. We have open access appointments in the morning. It is more traditional rather than clinical. We try to involve patients as much as possible. We have Facebook for it now which has been good, particularly with young people.”***

Question 2: Why do you think your GP surgery scored well below average?

Lots of challenges were raised with regards to why surgeries have struggled to meet the needs of their patients. One practice manager felt that they received a lower score than others because their patients were particularly demanding:

“People’s perceptions are far worse than the reality. Our patients want on the day appointments. In other countries people pay for healthcare but get appointments on the same day. The demand is so much higher at our practices than the national average.”

It was also stated that patients from different ethnic backgrounds are more traditional in their wish to see a doctor rather than another healthcare professional or pharmacist. They also talked about patients needing more education on health services and appropriate use, and that although they had asked for support from their Clinical Commissioning Group, they had not received it. They discussed that although the practice has tried to meet the needs of their population by developing activities and interventions, this had not improved patient experience: ***“Unfortunately, our patients don’t recognise all of the support and things we are trying; our patients only talk about complaints. You won’t find all of the efforts we go to in most practices, we are trying to deal with our patients.”***

Another GP surgery that performed well below average on access to appointments, said that one of their main issues was that they are under doctored. They said this may be due to their appointment system which is different from many others, as rather than having a morning surgery, significant break in the afternoon, followed by a late surgery, the practice operated with small breaks throughout the day. When asked what they felt was the main issue the practice manager said: ***“The issue we have here is capacity and resource - we have one doctor to every 2,000 patients. Funding is an issue as they go off quality indicators. Some are weighted on deprivation but not much.”***

They also talked about having a lot of care homes in the area which increased demand, and additionally, that telemedicine was not being used enough by care homes which would reduce the amount of home visits and appointments. They discussed that they are limited in their capacity to signpost patients elsewhere and suggested some of the barriers to this: ***“The way that services are commissioned***

means we can't say to go to the pharmacy instead of seeing a GP. There is the Minor Ailment Service which is where patients could receive treatment from their pharmacist; however, no receptionist has the time to learn three pages of who is eligible and what medication is available. Chemist's funding is being cut as well, plus they don't always want the responsibility of deciding on medication to be prescribed and often the pharmacist is not at the pharmacy so people are signposted to somewhere but can't see anyone. Also, DNAs ('do not attend's) and easy appointments for minor ailments are liked by doctors because it means they can catch up or have a mental break from far more complex and challenging patients."

Another practice manager said they felt their main issue was that they have a lot of patients reattending appointments due to mental ill health, social issues and drug use. They said that this was a lot more difficult than treating someone for physical conditions.

Question 3: Update on responses and what has been done to meet the needs of patients since our visit:

The GP surgeries which scored higher said:

Publicising and increasing Patient Participation Groups: *"We still have the big poster up in reception. We did try to target specific groups but I think the problem is that our patients don't have any gripes. We talked about what we could do at our last meeting and we have targeted groups in the village. We are now more aware that patients don't know about our Patient Participation Group, which has meant we have tried different ways to engage with our patients. We now write the details on the bottom of any complaints forms."*

The GP surgeries which scored lower said:

Developing changes to improve access to appointments by reducing demand or inappropriate use of services: *"We are doing lots of things to meet the needs of our population but we get no extra funding to do these things. We are going to pilot triaging every appointment request. So the patients rings up, call handlers try to filter at that stage, beyond that the patient is put onto a list on a computer and contacted by a nurse within two hours. They then book the appointment for them if it is deemed appropriate with either a nurse, doctor,*

physiotherapist, pharmacist etc. But patients don't want this. We now have an extended clinical resource team, which is made up of a range of people including paramedics and nurses that look after people that are vulnerable, complex, high risk of hospital admissions or palliative care. They will facilitate all care including housing and social."

"We now have community navigators which look after a cohort of patients that frequently use GPs for non-clinical reasons so they get referred to the navigators who try to reduce more social issues like social isolation, deprivation and so on."

"We will soon be piloting care navigators. These are receptionists that when answering the telephone to patients they will determine whether alternative treatment or advice could be provided, such as going to the pharmacy, seeing the nurse instead of doctor, they might need emergency care or self-help. If the patient accepts the advice and signpost elsewhere they will use that service instead. However, there is no funding for any extra receptionists, phone lines or staff. Receptionists are worried in case they get something wrong and the patient is affected. Wakefield was a vanguard site and are selling the programme. They had a lot of money thrown into it which is probably why it has been so well received by patients."

"We are trying to look at different things rather than doctors as the norm. Doctors should be seen as more specialist."

"We are going to pilot triaging every appointment request. So the patients rings up, call handlers try to filter at that stage, beyond that then put onto a list on computer and contacted by nurses within two hours, then book in for them if needed with nurse, doctor, physio, pharmacist etc."

"We are going to mosques to support people during Ramadan who have diabetes which is going well. Our nursing team set it up, doctors are involved as well, one thing they have spoken about is female genital mutilation and domestic violence. We are able to speak to the mental health team straight away as we are part of a pilot, so it is quicker than the 16 weeks that other patients get. The Women's Centre came to our practice to speak to patients about chronic diseases, such as COPD, diabetes - they come to the families and talk to them about what they should expect. Traditionally also patients like to see the doctor, but we have been trying to get them to see the pharmacist or recently been trialling a

physiotherapist first rather than seeing GP then being referred, so it is quicker. But patients don't want this. Many of our patients are from Pakistan and we have taken all the Syrian refugees that were located here."

"When I started in this role, we were getting one complaint per week, now we have not had a complaint in 8 weeks. I have a customer care background and I am training the staff to be better at this, such as explaining why the answer is no and why this is important. We have done a survey asking how long were you in the queue today. We have booked another phone line but we are still waiting. The phone lines very busy between 8.30am and 9.30am. I am slowly changing the culture; before staff were very angry with patients. I have said to them that if patients are angry with you I can do something about it, but if you are angry back I can't and you will be in trouble. I told them that if things are getting too much on the phone, to give the call to someone else and have a break from it. I'm very hands on so I have sat in reception and spoke to patients, answered phone calls etc, so I've heard patients' complaints. I get a good sense of patient experience."

"We are piloting something with prescription requests because we used to get a lot of appointments for people that had run out of medication. The pharmacy used to be very strict on the 48-hour rule of ordering prescriptions and picking up."

"One doctor a day now does triage calls. If urgent they are offered a call back and the GP gets them an appointment if they believe they need it."

Improving reception experience:

"We have changed the telephone system so there's a doctor speaking on the answer phone message, asking patients to speak to the receptionist about what they need an appointment for."

"We are trialling having one of our doctor's voices when patients are in the queue."

Increasing or improving the use of online booking:

"I was worried about putting all our pre-bookable appointments online but it has worked really well and hasn't meant that appointments are being snapped up any

quicker. I'm surprised that very few patients use it, for example, parents who have been awake with their babies through the night can go online and book an appointment before the phone lines have opened, they are available earlier than the phone queue and open at 7.30am so it would be great for mothers and babies."

"We are fluctuating the number of same day appointments and pre-bookable. We don't want to turn into urgent care. Some 'same days' aren't appropriate for GPs."

Question 4: What could Healthwatch do to have more impact?

"The patient poor uptake of bowel screening - help with that and ask them why there is a poor uptake. All other screening uptake is fine. It is a national bowel screening programme."

"You came quite soon after a CQC visit. It would have been better for us to be more spaced out. Also, I'm not sure if coming to the surgery is the best place to speak to people, have you considered going to supermarkets to get a broader perspective?"

"Looking at what national decisions have come up and challenging these. We have no issues with how we run, very unassuming. It's finding a way that this information is fed back. For example, the CCG ran a survey about opening 8 while 8 for information they wanted....."

It is useful to have an independent survey for funding purposes. It helps to justify the cost based on the quality that is provided and shows the CCG that quality costs more. It is important to note that yes our patients look more expensive per head, but we do need the service out here (rural and isolated) and the quality that is created shows what can be achieved."

"We need to know if we have done it wrong or right or if it needs tweaking.... Helping us gather data to see if we can get it right. We can do things but we don't know if it will work, if it is good or bad for the patient..... There is some work to be done on changing perceptions as we are known to be difficult means we struggle to get recruitment...."

It would be good if HWL could come back in around 6 months' time to see if our activities have worked."

"GP practices are private so there isn't good practice of sharing good practice. We have no links with Preston or Skelmersdale..... Education for people particularly children, e.g. for self-treatment and minor ailments....."

When we're speaking to patients it would have been good to have someone from the PPG there at the time, so that when questions or issues are raised by patients, there is a liaison person to have a chat with or call back later."

It's not all bad news! We also see some great things too!

It is important we share good practice so providers can learn from each other's success.

Good practice identified in care homes

We produced our good practice findings in two documents:

Choosing a Care Home: The 'Mum's Test' Checklist, which assists those undertaking their own 'Mum's Test' when seeking a suitable nursing or residential care home for themselves or a loved one, and; *The Mum's Test: Good Practice Observations from Lancashire's Residential Care & Nursing Home Sector*, which aids providers, managers or owners of residential care or nursing homes in comparing best practice if they desire to make changes.

We were able to provide this information as part of our innovative 360- degree evaluation of the Enter & View programme through funding provided by the



Innovation Agency, the Academic Health Science Network for the North-West Coast.

The evaluation focussed on whether the Enter & View visits achieved its objectives to provide insight into the views of people residing in care homes across Lancashire, maintaining the programme's philosophy of being inclusive and providing independent, constructive feedback that supports service improvements.

Innovation Agency Chief Executive, Dr Liz Mear, said: *“Care homes are an important part of the health system and the aim of the work we carried out with Healthwatch is two-fold; to help families find the best care for their relatives; and to drive up standards in the quality and safety of services for some of the more vulnerable people in our community.”*

We were successful in winning an award from East Lancashire Clinical Commissioning Group in relation to our work in Care Homes.

Choosing a Care Home: The ‘Mum’s Test’ Checklist’ and ‘The Mum’s Test: Good Practice Observations’ from Lancashire’s Residential Care and Nursing Home Sector are available to read and download on the Healthwatch Lancashire website at: www.healthwatchlancashire.co.uk/reports

So What?

Can we do Better

On reflection, we are really pleased with the success of our hard work and dedication to the public voice.

We would, however, like to make sure health and social care organisations can listen, reflect and react to the views we share with them. In order to strengthen this, we decided to work on developing our relationships and understanding of each other and confirming our communication channels by embarking on a process of completing Memorandums of Understanding (MOU's).

These MOU's will be completed in collaboration with others to agree on a common pledge to each other. The MOU will detail:

- The relationship between Healthwatch and other organisations.
- The method of sharing annual work plans.
- Agreed means of communication.
- Healthwatch's responsibility such as sharing public voice or presenting reports.
- The organisation's responsibility such as informing us when they have used our intelligence or responding to reports.



In addition to this, we are planning to host an impact event around January 2018. This event will give us an opportunity to showcase our impact report and to invite the public and other organisations to learn more about their local Healthwatch.

The event will also be a great opportunity to:

- Consult with the public and other organisations about the development of our 2018/19 workplan.
- Find out what other people's priorities are for the future.
- Discuss how we ensure the public voice feeds in to the Sustainability and Transformation Partnership and aligns with the Five Year Forward View (for more information on these please see Appendix 2).
- Include and involve the Voluntary, Community and Faith Sector.
- Gain a better understanding of why the public are reluctant to share their experiences.

- How we can support the Health and Social Care sector to be better at engaging with the public and listening to the public voice.

We also understand that we are a small resource with limited funding covering a vast area, therefore we need to work smart to maximise our assets to best meet the needs of the commissioners.

You can find out more about the work and impact of Healthwatch in our ‘Your Local Healthwatch’ film, available on YouTube here:
https://www.youtube.com/watch?v=5xT_7PcmZ9E

Sheralee Turner-Birchall, Chief Executive’s statement:

Myself and the team here at Healthwatch Lancashire and Healthwatch Blackpool hope that you enjoyed reading our impact report. We would like to thank the public and all the other organisations who were involved in making it a success.



I have intentionally left this page blank as I would like your reflections on the work of your local Healthwatch. Please complete leaving your lasting thoughts and return to: *Freepost RTGA-CKSC-XXJS, Healthwatch Lancashire, PO Box 377, Leyland, PR25 9EU*

Name	Organisation	Email
<div style="border: 1px solid black; padding: 5px;"> <p>Feedback:</p> </div>		

Appendix 1



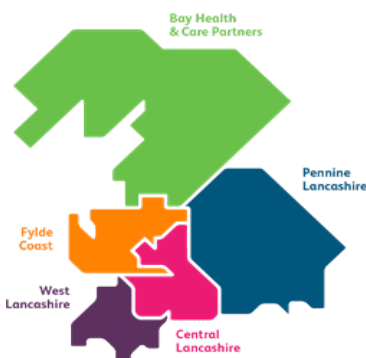
Appendix 2

Reference for the reader - STP and LDPs explained

The Healthier Lancashire and South Cumbria Sustainability and Transformation Partnership, also known as the STP, is a group of organisations including Local Healthwatch who work together to improve health and care in our region. For more information, visit: www.healthierlsc.co.uk

Information in this report is provided to organisations within the STP to ensure that the public voice is used to influence change in service improvement and redesign.

Map of Local Delivery Plan area



Below are the LDP areas in Lancashire:

- **Bay Health & Care Partners:** Lancaster and Morecambe
- **Pennine Lancashire:** Burnley, Pendle, Rossendale, Hyndburn, Ribble Valley and Blackburn with Darwen
- **Central Lancashire:** Preston, Chorley and South Ribble
- **West Lancashire:** Ormskirk and Skelmersdale
- **Fylde Coast:** Blackpool, Fylde and Wyre

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