

**Public Voice Report to the Health and Wellbeing Board  
28 January 2016**

**What are people in Wakefield district saying  
about how we support their health and  
wellbeing?**



**What's good?  
What's not so good?  
What could be improved?**

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<b>Other contributors to this report include:</b>	
Wakefield Council Corporate Policy Team	
Healthwatch England	

Please note that the quotes throughout the document are given as examples of wider themes.

## Introduction

In January 2015 the Health and Wellbeing Board tasked Healthwatch Wakefield and the Community Engagement Partnership to bring them information about what local people are saying about their health and wellbeing.

During the past year the engagement officers from all relevant and willing organisations have collected and shared information from their existing engagement and front line activities. This information includes complaints, compliments, comments and feedback from the public through various mechanisms. The questions below were used to help structure this report.

In relation to their health and wellbeing:

1. **What are people saying they are unhappy about?** (For example can't find NHS dentist, want to lose weight, not enough buses to get out and about).
2. **What is making their lives better?** (For example having some support to do their shopping, cheap gym membership, good social life based around local community centre).
3. **What do they say would make them happier if it were available/done differently?** (For example information about support for depression/anxiety, someone to help them use the internet, easier to book appointments with GP).

Most partners were not able to engage using these questions specifically because of other organisational engagement priorities, but the intelligence gained from their work has been provided to Healthwatch Wakefield and has then been collated to pull out the themes for this report. As a result, the themes are slightly biased towards what people are saying about services, rather than more general information about their health and wellbeing.

The main body of this report has been kept relatively short, with more detail to be found in the appendices. For context, we have also included some information about demographic changes and legislation that will be having an impact on our residents' health and wellbeing in the coming year.

Information about the specific themes heard by individual organisations can be found in the appendices. Please look through these for a summary of engagement activity, complaints and compliments and recommendations for change.

# Nearly 8,000 individuals have contributed to the intelligence themes within this public voice report for the Wakefield Health and Wellbeing Board<sup>1</sup>.

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<sup>1</sup> This figure does not include 49,121 contributing to the Mid Yorkshire Hospitals Trust Friends and Family Test



## Recommendations for the future of this report

As organisations become used to gathering information and passing it to Healthwatch Wakefield every six months, this report should become more rich and detailed. We would welcome more information from social care partners, from local councillors, police, voluntary sector and other partners who have regular contact with the public and who have an excellent understanding of what they are saying about their health and wellbeing.

The opportunity exists for the Health and Wellbeing Board to request engagement around specific themes which can then be added to the general feedback. For the next report we should be able to provide information specific to children and young people's mental health for example, due to the work currently being undertaken by Healthwatch Wakefield through the Future in Mind initiative. Through the Care Homes Vanguard there should also be ongoing information around people's experiences of living in our local care homes.

Good engagement always includes feedback to those people who have contributed, so future reports could include a response from the Health and Wellbeing Board with some information about actions taken, if any, in relation to the intelligence gathered.



## These are some of the good things we heard

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- Compliments for health staff, both at primary and secondary care levels

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*“My friend took ill suddenly on a Sunday afternoon so we took them to A&E at Pinderfields and it was full. There were ambulances queueing up with patients waiting for a bed to become free. It was manic. I was watching all the time though and the staff were amazing with each patient. Even though they were run off their feet they gave you all the time you needed even though they didn’t have the time to give.”*

*“Fieldhead Hospital. I spent some time in there. The staff were brilliant. Really helpful and the staff were friendly. I had my own room. They were always there when I needed them. Fantastic place and people.”*

*“Horbury Health centre. Can’t fault the staff there. They are really friendly, very quick with referrals.”*

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- People are happy about the extended hours GP access now available in some practices

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*“You can generally get straight in and get an appointment. They have early or later appointments. They have started online prescriptions which is good and they also text to remind people which is great. Overall experience has been good.”*

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- Good places locally to get out for a walk
- Most people receiving health and care in their own home rate services as very good or quite good

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*“My wife has dementia. Everything they [Connecting Care team] did I cannot praise them enough, superb service.”*

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- Around half the people receiving Connecting Care services thought that everyone worked well together

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*“The service has been fantastic from everyone involved especially social workers and Alzheimer’s Society.”*

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- 91% of WDH residents are satisfied with the neighbourhood as a place to live
- Compliments for Safer Places scheme
- Cleanliness of our hospitals seen as very good

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*“You might want to tell the CEO that he does provide an excellent service in those areas [urology and CT scan] and the hospital was very clean.”*

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## This is what people said was not so good

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### Health – physical and mental health

- Access to appointments both in primary and secondary care
- Quality of treatment and care, including privacy and dignity
- Waiting times – primary and secondary care
- Staffing levels in hospitals, and to a lesser extent, staff attitudes
- GP opening hours and staff attitudes
- Misdiagnosis – GP and hospitals
- Lack of consistency of provision of services in GP practices

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*“They won’t let you book an appointment in advance and there are never any appointments yet it is never busy and always quiet. You never get to see the same doctor twice, you aren’t even given the name of a doctor when you book. The receptionists are like gate keepers and you are like fighting with them all the time to get anywhere.”*

*Woman took her sister who has learning disabilities to Pinderfields Hospital with a possible neck injury. Her sister was strapped to a trolley (due to the possible neck injury) and asked a nurse if she could go to the toilet. The nurse said ‘yes’ but took no action resulting in her sister wetting herself. This happened again later during the visit. Woman feels that that this shouldn’t have happened and that her sister should have been ‘fast tracked’ due to her mental condition.*

*Woman with two young sons - told two year wait for autism assessment for her younger son (oldest already assessed as autistic). Wanting to know what she’s supposed to do in the meantime, concerned about support that they could be getting to help with his (and her) ability to cope. Both boys exhibit challenging behaviour and mother has ME so finds it hard. Asked for help from Social Care Direct and was turned away quite rudely.*

*“I had a support worker from the Community Mental Health Team. But they have stopped that service for me (I think due to cuts). I now have gotten worse. I have had to use the emergency crisis team many times. In order to get to see the emergency crisis team (at Baghill House, Pontefract) you have to be referred to them by a GP. This is usually really difficult to get, not least because you cannot get to see a GP quick enough. I feel abandoned, I have no one to contact if I am in crisis. There is no one.”*

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### Social care

- Dissatisfaction with decisions made by council relating to care
- Difficult to access assessment for care needs
- Scepticism about the benefits of the Care Act within the context of austerity and social care budget cuts
- Raised concerns about care homes

## Integrated care

- Discharge issues, more recently including problems related to fast discharge but to an inappropriate place of further care
- Communication – within large providers and across multiple providers, especially for people with learning disabilities, mental health issues or other vulnerabilities

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*“XX lives on the border of Wakefield and Dewsbury, pays Council Tax to Wakefield but GP is in Dewsbury. She states that her care coordinator transferred her package to Wakefield but she hasn’t received any services, her GP has said that he will refer her to Wakefield but nothing has happened. XX has not received any services for over 18 months and wanted help to try to resolve the problem. She also has a problem with Accent Housing Authority from whom she rents her property as they state that she does not have mental health issues even though she has been diagnosed as such. She wants a support worker to help her sort these issues out. She was sent a letter from social worker in Feb 2015 which states that she is in need of care but from mental health services and not social care, after she had requested an assessment. Social services did request further information from her GP which was sent to them. XX states that Kirklees mental health services won’t help as she lives in Wakefield.”*

*“I have a complaint to make about my doctors. Last week I tried to kill myself. My support worker wants to refer me for a social worker or more help but because I am with a doctor at Fieldhead, my doctor said he can't do anything and that the doctor at Fieldhead would have to agree, but I not got an appointment with him for another 2 months. So when I came out of doctor's yesterday, I felt there's no support there and don't understand why my doctor at his surgery can't do anything apart from giving me more tablets.”*

*“Mental Health Services. My daughter suffers from mental health issues. After many months or trying to get help, she eventually got into the system and was attending Horbury Health Centre to see a doctor. In the information leaflets we received it stated that you would always see the same doctors (3 appointments so far, 3 different doctors). These appointments were an interim period, up to her getting seen by a psychologist. When I chased this up, I found out that she had been dropped out of the system. Don't know why. She can only have her prescription prescribed on a monthly basis which costs a lot of money, but she has to be assessed monthly but this only ever happens on the phone. Shouldn't she see a doctor? Can they see she has put 4 stone weight on - no!”*

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## General

- Concerns about the future, especially availability of employment
- Lack of green space in Pontefract
- Fear of crime
- Poor public transport links in the district

## These are the main things that people said we could do differently

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- More information should be made available– both about services that are currently available and changes to services. People also said that information about expected waiting times for services would be useful.
- When receiving care from a number of services people often report that there is a lack of general oversight of their condition / situation – no one professional has the full picture apart from the person receiving care or their carer.

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*“Following admittance of my mother to hospital two months ago, onset of Alzheimer’s discussed. Patient sent home now ten times worse. Doctor is only now referring her to a memory specialist. Phone call assessment made of my mother by social services a few days ago. I don’t feel this is good enough and there is no link to them and her doctor. I feel no help is being given to a vulnerable person because no proper assessment has been done by social services or by mental health and no one person is seeing her deterioration over a very short period.”*

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- Advocacy is needed for vulnerable people in navigating health and social care systems and complaints.

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*“If you don't know what your rights are, you don't get the help.”*

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## How Wakefield demographics are changing

Wakefield is a more ethnically diverse place than it was ten years ago and age profiles of some minority ethnic groups are very much younger than the majority white British population. For example, 30% of the South Asian ethnic group are aged under 16 years of age, compared to 18% of the white British ethnic group.

Registrations for National Insurance numbers by overseas nationals shows a large increase in immigration from the EU Accession states from 2004 onwards. This flow of migrant workers, principally from Poland, slowed during the economic downturn but has risen again since to around 1,900 registrations per year. Immigration of workers from Asia, the Middle East and Africa has slowed since changes to immigration policy came into effect in 2011.

### Ethnicity:

- 92.8% of people in the District describe themselves as white British
- The remaining 7.2% of people comprise of:
  - Other white 2.6%
  - Asian 2.6%
  - Black 0.8%
  - Mixed heritage 0.9%

### Disability:

- 16.9% of people who work in the Wakefield District are disabled
- 49,500 people aged between 16 – 64 are disabled which is 24% of this age group

### Forecast:

The population is forecast to grow by over 5% over the next 10 years, including around 4,100 more under 16s and 13,000 more over 65s. 18% of the Wakefield District population are aged 65 or over. The expansion of the European Union in 2004 has produced an increase in economic migrants coming to the Wakefield District especially from Poland.

## The main legislative changes that will impact on residents of Wakefield District in 2016

- **Welfare changes** – from April 2016  
The amount by which a tax credit claimant's income can increase in-year compared to their previous year's income before their award is adjusted will be reduced to £2,500.  
The total household benefits payable (the 'benefits cap') will be reduced from £23,000 to £20,000 (£13,400 for single person households).  
Universal Credit work allowances will be reduced to £4,764 for those without housing costs, £2,304 for those with housing costs, and removed altogether for non-disabled claimants without children. Housing Benefit family premium will be withdrawn for new claims from April 2016.
- **Austerity** – continuing impact of ongoing changes to legislation and funding levels for public services. Wakefield Council has to make another £30m of spending cuts, on top of the £100m already made since 2010. By 2019/20 the Council will half the size it was in 2010. 70% of Council's spend goes on adult care and children's services. Likely to lead to both increasingly reduced council services (all the back office 'fat' has been removed since 2010) and increasing fees and charges for council services to residents.

- **Housing and Planning Bill** - includes measures to extend right to buy to housing association tenants, introduce “pay to stay” charges for tenants in council houses earning more than £30,000 per household a year, and the forced sale of high value vacant local authority properties. Described by many experts as ‘the end of affordable social housing’
- **Immigration Bill** - creates a new offence of ‘illegal working’ and allows immigration officials wide ranging powers to seize property, to seize earnings, to close down businesses, to enter and search properties, and focusses on small businesses such as late-night takeaways, off-licenses etc. Landlords will be liable for a fine or for imprisonment for up to five years if they let out a property to a migrant without the ‘right to rent’. The Bill significantly restricts asylum support from asylum seekers whose claims have been rejected. Only those with a “genuine obstacle to removal” will be entitled to support. Families who previously were supported after their asylum claim was refused will not be entitled to support automatically.
- **Cities and Devolution Bill** – will establish ‘Mayoral Combined Authorities’ across council areas (e.g. Leeds City Region/West Yorkshire – local boundaries still to be decided) and directly elected mayors. May include devolution of health funding and greater involvement of combined Authorities in Health – this is set to take place in greater Manchester and may be rolled out to other areas.

## Top five issues identified by Healthwatch England for 2016

Collected evidence from Healthwatch England showed the following to be the main priorities for local Healthwatch for 2016:

### 1. Mental health services

Access to and the quality of mental health services has been raised as a priority by more than half of local Healthwatch, making it the number one issue for 2016. Collectively local Healthwatch highlight a range of concerns, citing reports from the public about lengthy waiting times for treatment referral, GPs ‘not understanding’ their mental health needs and a lack of community and crisis care.

### 2. Primary care services

Although mental health came first, it was closely followed by last year’s top issue which was primary care, in particular access to GPs and NHS dentists, with 76 local Healthwatch continuing to highlight it as a key issue for next year.

### 3. Social care services

58 local Healthwatch named social care services, including the quality of care homes and home care services, as a key priority for 2016.

### 4. Services working better together

At number four, people told local Healthwatch that they would like to see health and social care services working better together so that they receive a more seamless service.

### 5. Hospital discharge

Ensuring people are discharged at the right time and are provided with the right support to recover effectively remains one of the public's top priorities in health and care.

## Conclusions

This is the first time that all the information collected by engagement activities in Wakefield district has begun to be summarised in one place. Although this first report has gaps as previously described, we hope that the headline findings, along with the more detailed submissions at the back, will prove an interesting and useful resource. We hope that it will provide information both to capture what people are saying now but also, as subsequent reports are provided over time, that it will offer an ongoing measure of what people are telling us about how we are supporting their health and wellbeing locally.

It is likely that the main themes described in this report are not surprising for most commissioners and providers of health and social care. In a time of austerity one would expect that people are finding it more difficult to access services and support for themselves and their loved ones. We have an ageing population and a significantly poorer one, which means that people's ability to cope is under pressure. There is strain on our urgent care services, both in emergency departments and in mental health which is having repercussions for people, both staff and recipients of care, throughout the system. Our social care system has been burdened with significant cuts alongside an increase in its responsibilities towards our vulnerable people.

However, there are several new initiatives taking place in Wakefield district with the specific aims to improve the health and wellbeing of our residents. The work taking place within the Connecting Care service, the new Vanguard models of care and a focus on early intervention and prevention should start to produce some good outcomes for our residents. There is a greater inclusion and acknowledgement of the voluntary sector as contributors to people's health and wellbeing which will hopefully begin to reverse some of the losses we have seen in the sector in recent years. There are other initiatives, too numerous to mention, that aim to support our residents throughout their lives.

The most frequent compliments we hear in relation to people's health and wellbeing are about the caring and kindness of the staff who support them. Recent CQC inspections of local providers of health and care often rate the caring nature of the service as 'good' even when other aspects are less positive. Other positive feedback includes good experiences for people who are receiving services that are meeting their needs and keeping them in their homes and out of urgent care. These are good things to build on, and supporting our workforce into the future has to be a priority.

Good work is being done all the time by many local organisations, statutory and voluntary, to connect and engage with the public. This report embodies the start of a process that aims to integrate and share the intelligence we gather and put the public voice more firmly at the heart of debate and decision making within our local health and wellbeing economy.

## Healthwatch Wakefield

### What are people saying they are unhappy about?

Top three areas of complaint from stories / feedback to Healthwatch Wakefield:

#### Quality of Treatment

- Care whilst in hospital *"I found my mother laying across the bed, grey colouring, busted nose, dried blood on face and vomit on herself and clothing. Dressing gown covered in vomit had been thrown in bag with fruit and chocolate. My mother will NEVER be going there again."*
- Misdiagnoses and delays in diagnosis, both in hospital and GP practices
- Difficulty in accessing support whilst registered with a service, e.g. ophthalmology, autism services *"I have three autistic boys. They have been diagnosed and now they get nothing, no help whatsoever especially now they are getting older (eldest is 16)."*
- Discharge – lack of after care and being discharged too early and to an inappropriate place (e.g. too expensive to be sustainable)
- Mental health support for children and young people *"My experience has been rather up and down. The first time I was referred [to CAMHS] it was a pleasurable and helpful experience. The second time I returned it felt like it had changed, I waited for just over a year for an appointment, they would contact me every three months. By the time I got seen I felt my original problem was worse."*
- Missed fractures at Pinderfields and Pontefract hospitals

#### Access to GP

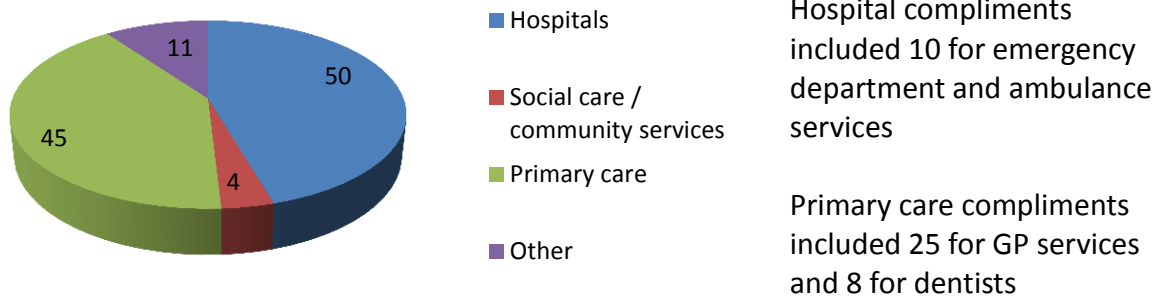
- Difficulty getting appointments and long waiting times on phone *"I had phoned at 8am, every morning for a week and couldn't get an appointment. This made me late for work each day. So reluctantly I used the King Street walk in centre which was excellent and convenient. Just what I needed"*
- Prescription difficulties *"When medication was missed off prescription, told to go and collect. When got to chemist meds not ready, told to return 5 hours later. As 94 year old lady, to walk through Lupset is not safe."*
- Concerns about closures / reduction in opening hours of small branch practices, particularly Kinsley & Fitzwilliam and Netherton
- Staff attitudes *"Sometimes the receptionists are quite rude and abrupt."*

#### Privacy/Dignity

- In hospital, e.g. woman being bathed by male nurse, curtains being left open during procedures that are undignified, people in soiled clothing or bedding
- At GP reception desks, being asked to share information in an open area *"Receptionists should not be asking people inappropriate questions about personal stuff. It is none of their business. It is not right that they ask personal questions in public. They are not medical staff."*
- Excluding family or carers for appointments with consultants despite the expressed wish of the patient, particularly when patient has some impairment e.g. hearing or dementia *"My husband has cancer. When he goes to the Day Surgery Unit at Pinderfields I am not allowed to go in with him to talk with the doctors. He is also deaf and I really need to be with him especially as he mishears what people say. Staff weren't very pleasant with me, one time I insisted I had to come in the room with him and they didn't like it. I was told there was no room and I would have to sit on a bin – that is exactly what happened, they made me sit on the bin."*

## What is making their lives better?

110 compliments were received during the period, broken down by provider as follows:



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*“Autism Services Pontefract Hospital. Fantastic. They are so brilliant. They know how to handle my son. They put him at ease. He (my son) opened up to doctor there within 20 min of being there. He was never like that at home with us. My son never opens up! He was diagnosed straight away. It was a bit poor for waiting times to get to see use the service. We were warned however that this would be the case. It is a 2 year wait for CAMHS and a 6 month wait for Autism Services. This is not good “*

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*“I have a permanent irregular heartbeat. I go regularly to get my bloods taken at Phlebotomy and go to the Warfarin Clinic at Pinderfields. Every week they tell me what I need to do, give me my next appointment and medication. It is a brilliant service. I have never waited any longer than 5 minutes, I am straight in and out with the meds I need and everything! It is 1st class.”*

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*“College Road Surgery Ackworth. They are very good. They come out to see me when I need them, in fact the doctor came out last week just to see how I was. Great service, they communicate well with me and tell me all the information I need and clearly.”*

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## What do they say would make them happier if it were available/ done differently?

### Access to support

- Improve access to support
- People need confidence boosting pathways and interventions
- Speech and Language Therapy and support in school needs resourcing
- Consistency of provision of access for children and young people – some practices are good, some less so
- Early intervention and care for the elderly generally
- Mental health access for children and young people

### Support and advocacy

- Advocacy availability for all vulnerable people needs improving
- The need for advocacy for people trying to access care and support, especially social care and complaints

### Communication and information

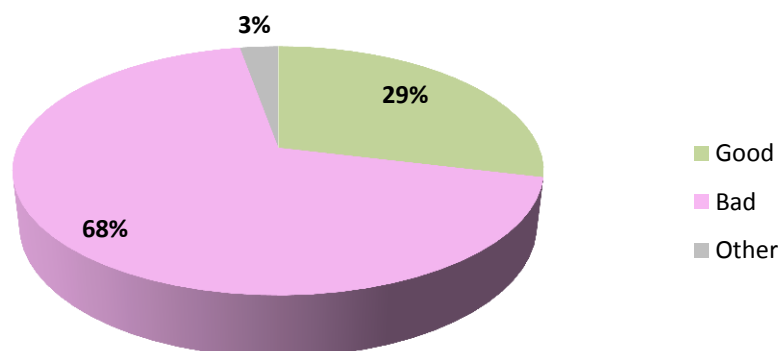
- Better communication between nursing staff and parents/carers
- The need for accurate, accessible and clear information about the Care Act
- We need more learning disability and autism champions – on the Clinical Commissioning Group Board, in general practice, at the council and other providers of health and care services

### General

- Reasonable adjustments for people with learning disabilities and hidden impairments should be included and enforced within all health and social care contracts
- Pharmacy opening hours need to be longer at the hospital and people should be able to fulfil hospital prescriptions at other pharmacists if more convenient
- Reduce stigma associated with mental health problems

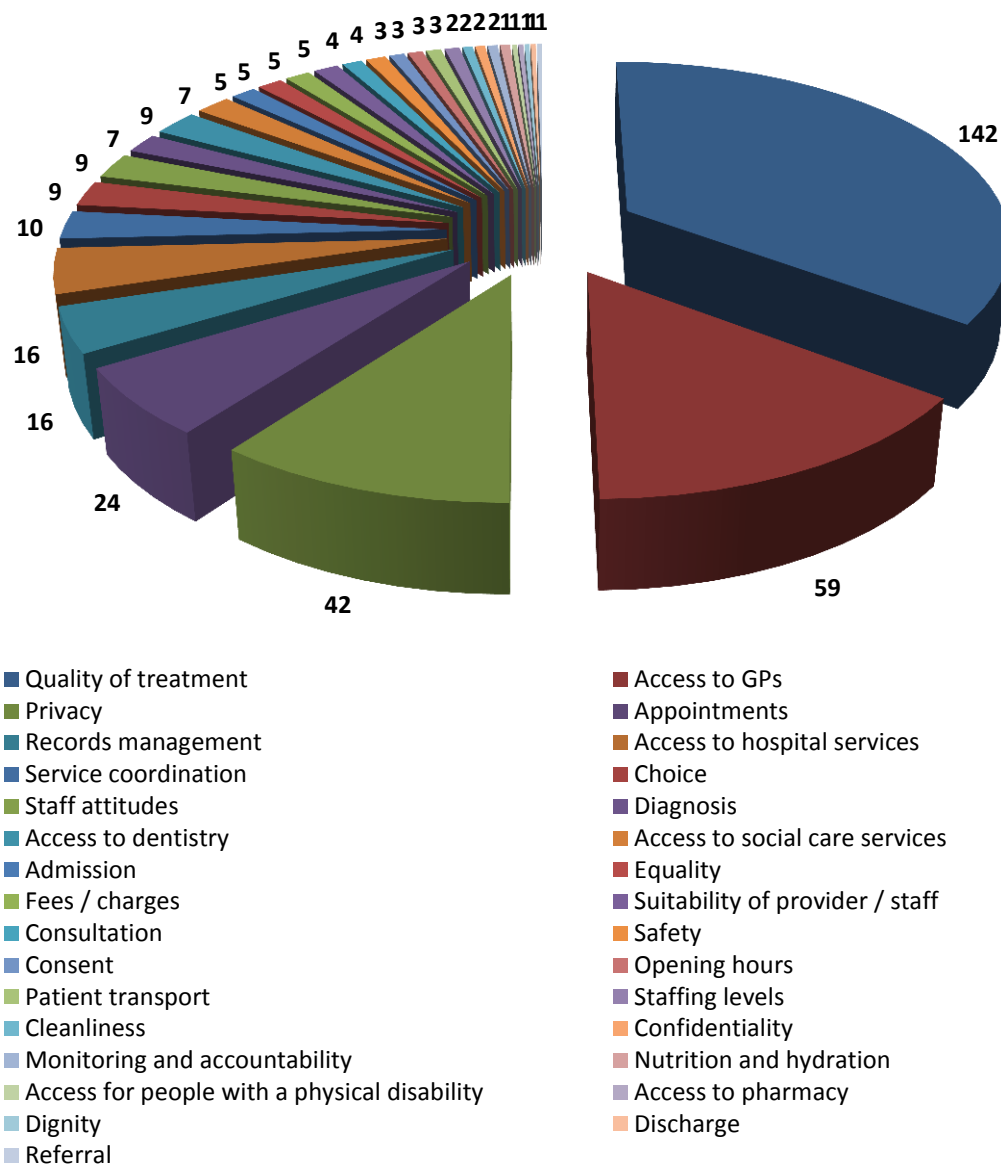
### Information about numbers of people engaged with and specific events/engagement reports/reviews

In the six month period to the end of 2015 Healthwatch received approximately 400 stories or issues from members of the public, which are broken down into good (compliment), bad (complaint or concern) or other (e.g. signposting).



MAIN THEME	Compliment	Concern or complaint
	What's good	What's not so good
Quality of treatment	59	85
Access to GPs	14	33
Privacy	10	33
Appointments	6	19
Records management	0	16
Access to hospital services	3	14
Service coordination	3	8
Choice	1	8
Staff attitudes	2	7
Diagnosis	0	7
Access to dentistry	1	6
Access to social care services	1	6

The issues are categorised below by the theme of the main element of the compliment, complaint or concern (most stories we hear have multiple issues from more than one provider)



**Events / reports**

- Healthwatch Wakefield information event (40 people)
- Learning Disability event (100 people)
- Young Healthwatch Enter and View to Children's Ward at Pinderfields
- Young Healthwatch survey on young people's experiences of their GP practice (1531 young people)
- Patient experience survey at MYHT (153 people)
- Elderly care - enter and view on Gate 43 at Pinderfields
- Why we should care about the Care Act event (90 people)
- Pinderfields Acute Assessment Unit - patient experience report (94 people)

Around 2500 people in total

Completed by Nichola Esmond and Helen Watkiss      December 2015

## Mid Yorkshire Hospitals Trust

### What are people saying they are unhappy about?

Formal complaints suggest people are unhappy about:

- Quality and coordination of care
- Waiting time for inpatient and outpatient care

Access and waiting also attracts the highest number of negative comments on NHS Choices website

A significant number of PALS contacts have raised issues regarding car parking charges

### What is making their lives better?

Friends and Family test (national question)

- Outpatient care (96.7% would recommend to family and friends)
- Community services (97.8% would recommend to family or friends)
- Inpatient and day services (97% would recommend to family and friends)
- A&E services (95% say they would recommend to family and friends)
- Maternity services (98% would recommend to family and friends & compared to other Trusts: Mid Yorkshire was significantly better on 11 questions in the national survey)

Additional questions on Friends and family tests

- 90% of respondents said the right amount of information was provided
- 90% had confidence in nurses
- 87% had confidence in doctors
- 85% had enough emotional support
- 94% felt treated with dignity and respect

### What do they say would make them happier if it were available/ done differently?

Complaints and Friends and Family Test

- Length of time waited for hospital treatment
- Staff levels in hospital
- Quality of hospital food
- Scheduled times for visit by community nursing
- Better compliance with process for collecting documentation and property for deceased patients

National maternity survey

- Choice of where ante natal checks take place (65%)
- Help from staff within a reasonable time after birth (46%)
- Information about where to have the baby (39%)
- Midwife's awareness of medical history (38%)
- Midwife's awareness of mother's emotional state (38%)
- Information about recovery after birth (35%)
- Postnatal care at home/help and advice about feeding 35% of people felt length of hospital stay after birth was too long or too short – this was the only areas where the Trust performed worse in the national maternity survey compared to last year and compared to other Trusts



Interviews with upper gastro intestinal cancer patients (12 patients)

- Sensitive communication of bad news
- Telling patient when results could be expected
- Offer of sedation for biopsy
- Raised GP awareness of GI cancers
- Clinical nurse specialist to provide ongoing contact and signposting
- Improved wait for phlebotomy
- Patient support group
- Signposting to financial information
- Personal patient diaries
- District nurse understanding of catheter lines for long term chemotherapy
- Patient awareness of routine bloods
- Patient awareness of what to expect at first visit to chemo unit

Improvements being developed in response to previous feedback from patients and visitors (all services)

- Improved booking of clinics and one stop clinic for dermatology
- Optimum use of capacity in fracture clinics
- Phlebotomy area in children's outpatient department
- Patient information display screens in all areas
- Cancer information pod at Pinderfields
- Rapid Elderly Assessment Care Team developed
- Listening to You posters in all care areas to tell patients how feedback is being used to improve service – e.g.: extra diabetes clinics, improved seating in reception area, team photo displays

### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

Data relates to Quarter 2 (July to September) 2015 and summarises:

- 225,328 patient contacts across the trust during the period; 21.8% of all patients responded to Friends and Family questionnaire
- 357 formal complaints
- 138 respondents to national maternity survey (of 357 surveyed)
- 968 PALS contacts (including 629 information requests)

Completed by: Ruth Unwin, Associate Director, Stakeholder Engagement. November 24 2015

## **NHS Wakefield CCG**

### **What are people saying they are unhappy about?**

**Patient Advice and Liaison Service** on behalf of NHS Wakefield CCG: Of the 248 contacts received from April 2015 – October 2015, approximately 40% centred on access to appointments, predominantly at MYHT. These are spread across the specialties. It should be noted that this is a small proportion in relation to the overall number of appointments which take place at MYHT. Access to GP appointments also gets raised frequently. Again, this is a very small percentage in relation to the total number of GP appointments which take place each week.

### **Patient Safety Walkabouts**

Nurse staffing levels is the most common area for improvement suggested by patients on Patient Safety Walkabouts undertaken at MYHT in the past 6 months. Patients praised the attitude of the staff, but they can see there are instances when staff are very busy.

### **Engagement about extending primary care access**

Although 76% of people surveyed were happy with their length of wait for an appointment, comments lead us to believe that people expect quicker access to services at their GP practice. This is reinforced by that fact that 25% of those surveyed said they were not happy with GP practice opening hours.

People use A & E and walk-in services if their GP practice is not open or they can't get an appointment.

### **Engagement around diabetes services** found the following:

There is a perceived lack of consistency in respect of the way patients' condition are managed and the messages being given upon diagnosis. The majority of patients were not aware of having a care plan.

Access to resources, information and courses is seen as positive and helping to self-manage, but more awareness about how to access these is needed.

Feedback received states that the diabetes service does not work as well as it could. This included information given out not being consistent and attitude of staff. Communication both between professionals and with/to patients was also raised.

The majority of patients did not access any class or education sessions. Those who did predominantly used DESMOND.

### **Commissioning Decisions**

At 3 events during November and December attendees realised how difficult it is to increase spending on prevention and self-care as they would wish to do because this would mean taking money from another service "robbing Peter to pay Paul".

It was also mentioned that the walk in centre is not acceptable for patients in Pontefract/Knottingley areas.

### **Older People's Patient Experience**

In this quarterly themed report patients commented that communication was poor both on the ward and in appointment letters and also that there were long delays in getting appointment via letters.

Some patients indicated that staff were slow to respond to buzzers or help with feeding and also did not always listen or explain things to them or their carers.

**Perinatal mental health survey**

62% of respondents had developed their mental health condition 0-2 months after giving birth. 19% felt that it was caused by other stresses such as financial or relationships. Of those who had not sought help 35% had not done so because they felt too ashamed.

**What is making their lives better?****Patient Safety Walkabouts**

The caring attitude of staff is the most common positive theme from all the Patient Safety Walkabouts undertaken at MYHT in the past 6 months. Although patients recognise that staff are busy, the general consensus is that they are excellent. This is important as being in hospital can be an anxious time for some patients.

**Engagement about extending primary care access**

Respondents were happy about the additional practice hours available in the West Wakefield area. They were also pleased with the Nurse Triage service provided at Trinity Medical Centre. People mentioned that telephone consultations were available for some people and that these were a good idea.

**Engagement around diabetes services**

NHS services involved in the care of patients were seen as good, with the retinal screening especially noted for providing excellent service.

For the majority patients have reported a positive experience of using the local service whether the service was accessed via a GP or the hospital.

Being able to access advice and support, and discuss treatment in person is valued by patients.

Again this was appreciated by both those who access their care at a GP practice or the hospital.

Regular check-ups and/or access to the service when needed were also an aspect which patients rated positively, finding it both useful and reassuring.

Being able to get appointments, having information and access to additional support services was also noted as positive by patients.

**Commissioning Decisions**

One positive discussion at the events told us that the Connecting Care Hubs are good at keeping people out of hospital by caring in the community.

**Older People's Patient Experience**

Patients frequently commented that staff were friendly, caring and helpful and that older people were treated with empathy, dignity and respect.

The patient transport service provides a valuable service for older people.

Some patients indicated that food on the ward area was good and that their surroundings, particularly waiting areas were comfortable.

**Perinatal mental health survey**

72% felt able to tell someone and 25% had received support from their family.

## **What do they say would make them happier if it were available/ done differently?**

### **Engagement about extending primary care access**

People would be happier if they had quicker access to GP practice services and also if it were easier and faster to make an appointment at their GP surgery.

People also said that if practices offered appointments at other times e.g. evenings and weekends it would be better.

Conversations and feedback told us that people would like direct access to a nurse, pharmacist or physiotherapist as this would save the time of GPs and patients and carers.

83% of respondents said they would use phone consultations.

72% would like to use online appointment bookings.

90% would use a helpline run by nurses (nurse triage).

People would value a walk in service that was available "locally".

79% of people supported putting primary care doctors and nurses in A & E venues.

People would like the Connecting Care Hubs to open 7 days a week with an easy to remember phone number.

### **Engagement around diabetes services**

Patients would appreciate having information about the condition as well as an explanation of it. The discussion group made a suggestion of a process to be developed whereby patients are given information at the time of diagnosis and their understanding being 'checked' to ensure that they are ready for self-managing diabetes. Support would need to be provided where patients would like to have a discussion about aspects of care/lifestyle.

Training for professionals was seen as positive but a wider cascading of learning by GPs within practices was noted to increase opportunities of recognising diabetes signs.

The survey asked patients about their requirements for information. Although leaflets were the most noted way of getting information, when asked further about what would be useful, patients noted leaflets, magazines and books most, together with those specifically noting help with diet/recipes and health lifestyle. Overall across the survey and discussion group, information about diabetes and how this can be managed was a strong theme.

The use of information was important but equally, patients noted the opportunity to discuss it with someone as key to using this. Again this strongly linked to the feedback and suggestions made by the discussion group in respect of giving patients information, supporting them in interpreting it and allowing an opportunity to discuss this with someone.

In terms of the aspects that could be improved, this included more information, more screening, convenient appointments and contact with the service as part of care.

### **Commissioning Decisions**

At the Commissioning Maze events people often saw the benefit of stopping the spending on things like paracetamol, cough mixture and even gluten free foods to release money to spend on other NHS services.

People wanted to build on prevention and self-care in Wakefield e.g. helping carers, social prescribing to prevent isolation

### **Perinatal mental health survey**

Respondents felt that training for GPs about perinatal mental health and how to spot the signs would help. There were comments about receiving information prior to birth and a debrief about the birth afterwards being beneficial if they were available.

**Information about numbers of people engaged with and specific events/engagement reports/reviews**

PALS – 248.

9 Patient Safety Walkabouts have taken place since June 2015 at MYHT hospital sites. On each visit teams speak to approximately 15 patients. (Approximately 135 patients)

Improving access to primary care survey 1,237, discussion groups 160.

Diabetes survey – 130, discussion group – 6.

Commissioning Maze events 26 members of the public.

Older People's patient experience 1,057 patient comments from a range of sources

Perinatal mental health survey 39

**Total – 2,878**

Completed by: Andrew Singleton, Dasa Farmer & Jeanette Miller Date: 14<sup>th</sup> December 2015

## **South West Yorkshire Partnership Foundation Trust**

### **What are people saying they are unhappy about?**

The Trust is a provider of mental health and health and wellbeing services in Wakefield (and Barnsley, Kirklees and Calderdale). Service users and carers are encouraged to give feedback to the Trust via the Customer services function.

The most frequently raised issues in the last quarter that people told us they were unhappy about was communication, followed by access to treatment, staff attitude, clinical treatment and admission and discharge.

### **What is making their lives better?**

Our friends and family survey results for the Wakefield Business Delivery unit show that 96% of people said their care plan was helping them and 91% knew how to contact the service if they needed help (98 responders). Care plans are specific to individuals and detailed the care and support which has been agreed between the individual and their key worker.

### **What do they say would make them happier if it were available/ done differently?**

- Through engagement with service users, carers and Trust members about service change (our transformation programme) we asked people what was important to them. They told us:
- I want services which keep me in the centre and which focus on my potential
- If I choose to make use of technology, I want it to be available
- I want all organisations, both big and small, to work together so I don't see the joins
- I want people to recognise early on that I'm beginning to have problems and to help me
- I want you to offer me as much choice as possible and help me understand those choices
- I want you to support my family and carers.
- During this engagement over 450 voices were heard. We held events across our geography with people selecting the event they attended. A breakdown of attendance at each event is not readily available.

### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

Numbers are included in the information above. In respect of output, the following service principles are now underpinning the implementation of new models of service.

- Safe and person centred
- Encourage greater control for individuals
- Emphasise recovery and positive outcomes
- Improve quality at reduced cost
- Increase links to alternative community based services, promoting partnership working
- Optimise the use of technology
- Use evidence based best practice (reduce clinical variation)
- Reflect the organisation's quality priorities

Completed by: Bronwyn Gill Date: 14 12 15

## Quality Intelligence Group NHS Wakefield CCG

### What are people saying they are unhappy about?

- Accessing GP appointments
- A&E waiting times
- Waiting times for hospital appointments and procedures
- Discharge issues – after care, patient transport
- Autism assessment delays
- ENT clinic waiting times
- Misdiagnosis of fractures

### What is making their lives better?

- Some compliments received about certain GP practices
- Compliments about staff at Mid Yorkshire Hospitals – busy but kind

### What do they say would make them happier if it were available/ done differently?

n/a

### Information about numbers of people engaged with and specific events/engagement reports/reviews

QIG meetings held every month, 411+ issues received Sept to Dec 2015

Completed by: Nichola Esmond from QIG collated intelligence reports      December 2015

## **Learning Disabilities Patient Engagement Group**

### **What are people saying they are unhappy about?**

- Difficulty when renewing bus passes
- Service bus withdrawals, especially 148 route
- Upheaval and concerns about changes to Clinical Waste Service
- Not all GP practices offer health checks
- Not everyone with LD knows about available services and don't get support
- Need improved communication within the hospitals (patient had a problem re medication). GPs need to give better information to hospitals when referring patients
- Improved 'joint working' with professionals from Horizon Centre
- Bus services – more routes to more places
- Having to wait for GP appointment – running late
- Lack of hydrotherapy services – time limited/cost
- Landlord/housing issues – not responding to repairs quickly, chasing up responses from housing

### **What is making their lives better?**

- Home improvements
- Walking – Nice places to go for a walk – Bretton – local countryside, Farmer Copleys
- Better access to healthcare from reasonable adjustments from Mid Yorkshire
- Internet access
- Support to visit mum
- Animals – stroke animals
- Speaking to the right people
- PEG Group – easy read information, pathways
- Accessible swimming at Sun Lane Pool
- Ponty Pirates football
- Involvement in my own care plan.
- Drama group Pontefract Family Centre
- Gala Bingo
- Inclusive groups like PEG/Millennium

### **What do they say would make them happier if it were available/ done differently?**

- Accessible swimming sessions (sometimes people have refused access to pool for LD clients)
- Better bus services
- Increased 1-to-1 support to do things 'I want to do'

### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

We regularly engage with carers and people with learning disabilities at Partnership Board and also in our Patient Experience Group. There are normally 3 or 4 carers and 4 or 5 people with learning disabilities in the meetings.

Completed by Sara Pearson, Partnerships Coordination, Adults, Health and Communities, 8 December 2015



## **Communities and Partnerships, Wakefield Council**

### **What are people saying they are unhappy about?**

The majority of residents stated that they are worried about the future for themselves and their families.

People were saying that they were most concerned about crime and safety within their local area. Some residents were saying they were unhappy about the lack of employment opportunities. Residents were unhappy about the greenspace in the Pontefract area, along with crime.

### **What is making their lives better?**

Many residents liked having adequate greenspace, leisure facilities and good schools within their local community.

Residents were saying they liked the community cohesion and state environment in their area. Other residents were happy with how safe they feel in their local community and housing opportunities.

### **What do they say would make them happier if it were available/ done differently?**

People felt that more facilities are needed for young and old people in their local area.

Residents would like to see more police presence within their local community.

Residents wanted to see more community events and community groups in their area.

### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

23 residents were engaged with at the Normanton Christmas Light Switch On Event.

15 Residents were engaged with at Castleford Light Switch On.

33 Residents were engaged with at Pontefract Light Switch on and Stay and Play group.

Completed by: Shelly Hick (Engagement & Outreach Officer)

Date: 04/12/2015

## **Adult Integrated Care Services, Wakefield Council**

### **What are people saying they are unhappy about?**

During the last quarter (September – December 2015) the themes to complaints were:

- Service users being dis-satisfied with a decision that had been made; and
- Communication issues and promotion of appropriate information.

### **What is making their lives better?**

During the last quarter (September – December 2015) the themes of compliments received regarding Adult Social Care were as follows:

- Professionalism and interpersonal skills of Social Work teams;
- Polite, friendly and helpful Carers;
- Excellent Reablement Service; and
- Professionalism and service provided at Adaptations Service.

### **What do they say would make them happier if it were available/ done differently?**

- Improved and clearer information and literature.

### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

During the last quarter (September – December 2015) there were 25 complaints at stage 1 of the Adult Social Complaint process;

Completed by: Vicki Whyte

Date: Jan 2016

<b>Wakefield District Housing</b>	
<b>What are people saying they are unhappy about?</b>	
<b>What is making their lives better?</b>	
<ul style="list-style-type: none"> <li>• Satisfaction with Neighbourhood as a place to live at 91%.</li> <li>• WDH listens to tenants' views and acts upon them at 76%.</li> <li>• Safety and security in the home and community.</li> <li>• Being treated fairly as a customer.</li> <li>• The way WDH deal with repairs.</li> <li>• Keeping promises and commitments</li> <li>• Helpfulness of staff.</li> </ul>	
<b>What do they say would make them happier if it were available/ done differently?</b>	
Joint working with Healthwatch Wakefield to undertake a survey of residents in WDH ILS who receive care.	
<b>Information about numbers of people engaged with and specific events/engagement reports/reviews</b>	
WDH customer satisfaction survey 2014	
Completed by Gerard Maguire, WDH	November 2015

If you would like to discuss this report or our findings, or would like to volunteer to help Healthwatch Wakefield in our work, please get in touch:

By email       enquiries@healthwatchwakefield.co.uk  
By telephone 01924 234007 or 01924 787389  
By post        11-13 Upper York Street, Wakefield WF1 3LQ  
By drop in     Citizens Advice, 27 King Street, Wakefield WF1 2SR  
By website    www.healthwatchwakefield.co.uk  
By Facebook   Healthwatch Wakefield  
By twitter     @healthywakey

**Every voice counts**