

Healthwatch Oxfordshire Board of Directors

Date of Meeting: October 14 th 2014				Paper No: 7		
Title of Presentation: Comments and Issues Report						
This paper is for	Discussion	X	Decision	X	Information	
<p>Purpose and Executive Summary (if paper longer than 3 pages):</p> <p>This report gives the board a breakdown of the comments Healthwatch Oxfordshire is receiving from the public via email, the phone, the website and at outreach events. The number of comments received by the organisation in the period April- September 2014 is very disappointing and the paper therefore proposes actions that could be taken to improve performance in this area.</p>						
<p>Financial Implications of Paper: Some costs will arise in the implementation of the action plan, especially with bus advertisements and the production of speak out cards. These would be met from within existing budgets.</p>						
<p>Action Required: To approve the Action plan on page 5 and note the key issues summarised on page 4.</p>						
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Patient and Service User Feedback Report, April 2014 - September 2014

1. Introduction

This report has been compiled to give the board of Healthwatch Oxfordshire a full breakdown of the issues the staff team have heard from the people of Oxfordshire through the website, by email, by phone and at specific one off outreach events. It reveals that Healthwatch Oxfordshire has received a disappointingly low number of unsolicited comments during this period, limiting the value of the information gathered and reported here. Nevertheless it is important to remember that every one of the comments we receive is at least one person's experience of health and social care, that what they are saying is important, and that these voices only represent a small proportion of the people Healthwatch is engaged with overall through its projects and conferences.

2. Summary of comments received

During the period for which the report relates, Healthwatch Oxfordshire had 117 informal contacts with the public, and gathered a combination of positive and negative comments about local services. These comments were gathered through contact made via our website, telephone calls and outreach activities such as stalls and presentations at events. This report does not include any analysis of comments made by the many hundreds of participants involved in Healthwatch Oxfordshire funded projects, research reports commissioned by Healthwatch Oxfordshire or formal events and conferences hosted by Healthwatch Oxfordshire.

2.1 Comments received by category

All the comments received by the organisation through outreach events and email, web or phone were assigned to one of the following categories:

- GP Services
- Care provided by Oxford University Hospitals Trust and Oxford Health FT (including mental health services)
- OCC Services
- Opticians and Dentistry
- OCCG
- Ambulance Services
- Domiciliary Care and Care Homes
- 111 Service
- Care.data
- Other

Subject Area of Comment	No. of Comments
GP Services	34
OUHT &OHFT	47
OCC Social Services	8
Opticians	2
Dentistry	2
OCCG	5
Ambulance Service	4
Domiciliary care	1
Care Homes	3
111	2
Care.data	3
Other	9

2.2 Source of comments

Type of Contact	No of comments received
Telephone	27
Email	21
Outreach Activity	62
Website	5
Letter	2

The vast majority of the comments received have come from outreach activities. This suggests that we should be attending and organising more community events and stalls to gather people's views on the street, in addition to any work the Communications Officer might do to drive up contact via letter, email, the website and over the phone.

2.3 Comments received by month

Month	April	May	June	July	Aug	Sept
Number	29	41	19	14	11	6

The number of comments gathered in April and May were higher than those achieved in other months because the team ran or attended a number of outreach events in this period. These are clearly the most successful way of Healthwatch soliciting comments from the public about their experience of care. The current September data only includes comments received up to the 17th September.

3. Key issues

Five key issues have been pulled from the comments received in the first six months of the year:

3.1 GP services

The major concern people raised about GP’s is about difficulty gaining access to their services. These comments will be combined into one report with the findings of the Healthwatch Oxfordshire and the Patients Association Access to GP report, the feedback received on primary care at the voluntary sector conference and comments made in all the project funded reports. This will be presented to NHS England, the CCG, the CQC and the local medical Committee for comment and response.

3.2 OUHT and OHFT services

Whilst there are many positive comments about hospitals in Oxfordshire, a number of incidents were reported where care had fallen short of the quality people expect. This issues will be further explored through the Dignity in Care enter and view project in the spring of 2015. Concerns were also raised about the threatened closure of the Complex Needs Services and how that might impact on mental health services in the county as a whole, but we note that OCCG has now invested a further £500,000 in this service.

3.3 Oxfordshire County Council Social Services

Comments suggest that some people are experiencing poor quality care and poor access to assessments. This will be further tested through the dignity in care and Hearsay projects planned for Spring 2015.

3.4 Ambulance Service

Some local people raised concerns about the response time to emergency calls, and Healthwatch will continue to monitor these via the Health and Wellbeing Board and the Health Overview and Scrutiny Committee.

4. Action Plan to increase the number of comments that Healthwatch Oxfordshire receives.

The amount of information Healthwatch receives from the general public is not sufficient to validate its decision making, and we need to increase it substantially by doing more engagement activities as well as promoting Healthwatch Oxfordshire more effectively. It is proposed that we:

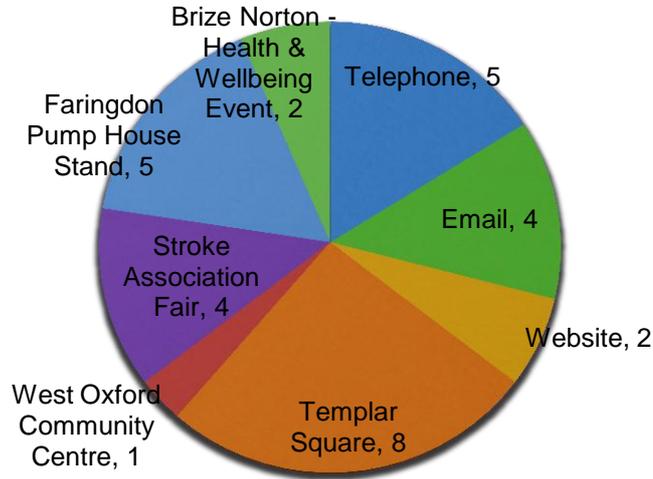
- Develop a calendar of events that Healthwatch Oxfordshire attends, picking target events that will yield high numbers of comments.
- Develop a plan to put up staffed stalls in a range of retail locations across the County on a regular basis throughout the year.
- Ensure every GP practice in the county has received our leaflets for display.
- Place a poster in every ward of the Oxford University Hospitals.
- Run a media, social media and website campaign to encourage people to share their experiences with us.
- Explore the potential for free or subsidised bus and bus stop advertising.
- Develop and circulate a new speak out card to encourage more people to send us information about their experiences by freepost.

Action: The Board is asked to approve this action plan

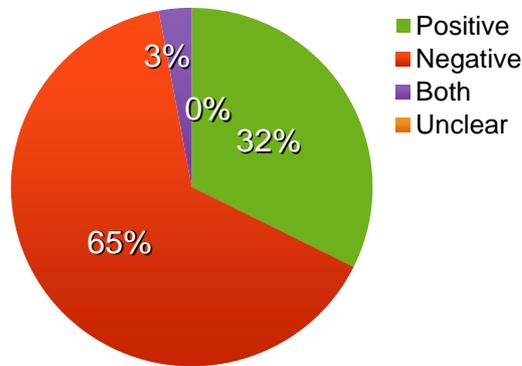
Appendix 1 - the Data

A. GP Services

We had a total of 31 comments concerning GP Services from Outreach Activities, email, phone, website and letters.



There were 11 positive comments, 22 negative comments and 1 comment that was both.

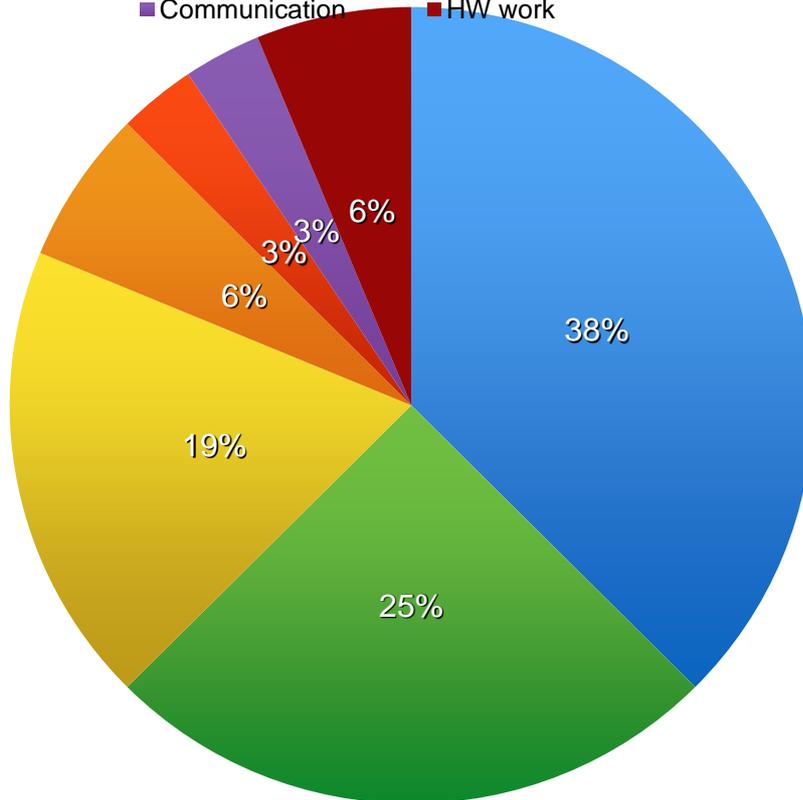


Comments covered the following issues:

Topic	Number of comments
Access to services	12
Diagnosis	8
General Comments	6

Topic	Number of comments
Care	2
Staff	1
Communication	1
Comment concerning HW work and the subject area	2

■ Access to services
 ■ Diagnosis
 ■ General Comments
 ■ Care
■ Staff
 ■ Communication
 ■ HW work



Issues relating to access to GP services attracted most comments, and ¾ of those comments were negative. For example:

“Surgery use a board to invite the next patient in to see the GP -I am blind and some GPs make no allowances for this. They only come out and call me in on the odd occasion despite them being fully aware of my disability”

“Went to GP, received poor service, in terms of referrals and diagnosis. They didn't listen and didn't believe me in diagnosis, I ended up going private to sort it out.”

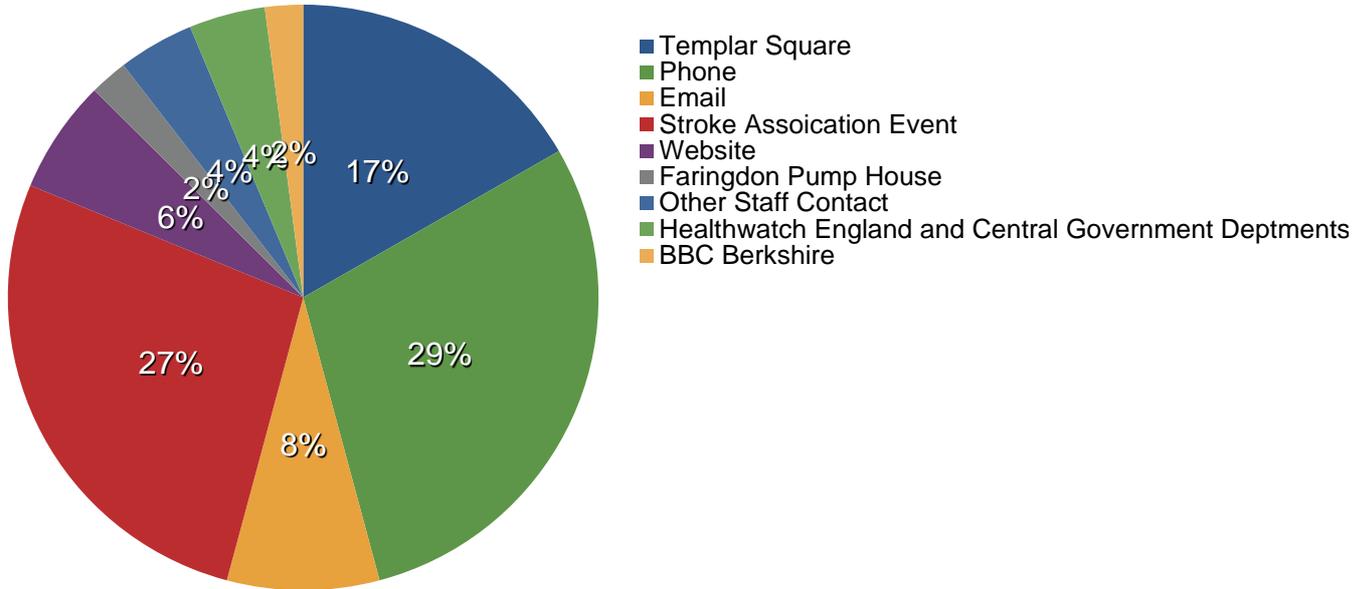
All but 1 of the 8 comments received about diagnosis in primary care was also negative. For example:

“My sister was unwell with severe stomach pain and attended her GP surgery 19 times in one month, her GP kept telling her she had “gas” and prescribed painkillers. She called me telling me she was in a great deal of pain and I suggested she take an advocate with her to explain her symptoms just in case there was a slight language barrier, but the doctor just kept saying she had wind. We told the GP our mother had died of cancer and he replied “you don't need to worry it's not cancer” and he didn't take any blood tests just kept saying its only “gas”. She ended up being admitted to hospital and was diagnosed with cancer that had spread and was in her stomach, pancreas and other places she died five days after diagnosis aged 41years.”

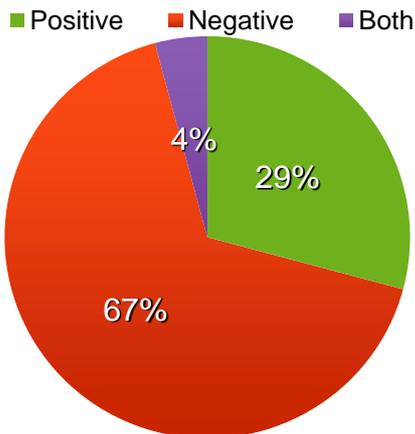
B. OUHT & OHFT services

We had a total of 47 comments about the two big trusts. Most of the comments were about the John Radcliffe Hospital with the majority focused on the quality of care, and split equally between reporting positive and negative experiences.

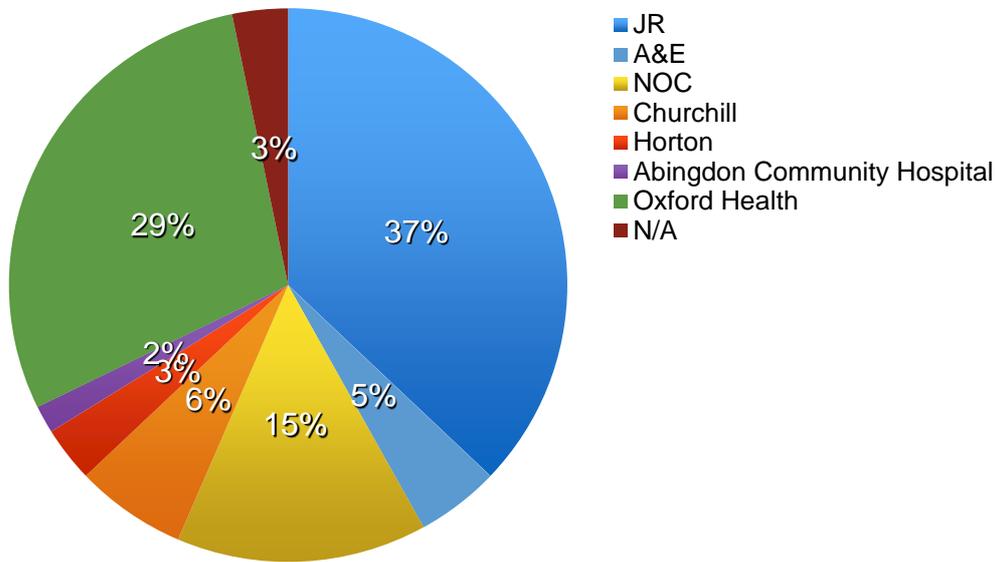
Comments were gathered from the following sources:



We received 14 positive comments on the Trust’s services, 32 negative and 2 that were both.

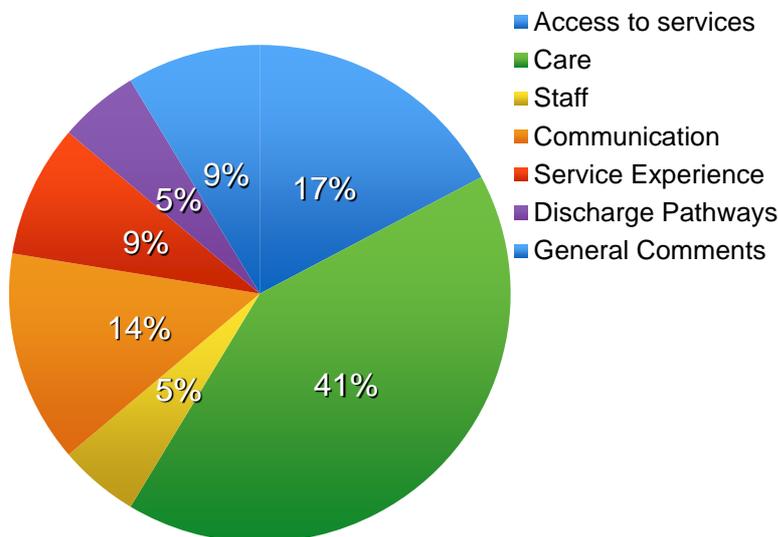


Most, but not all, comments received related to services provided on the JR hospital site:



Comments covered the following issues:

Topic	Number of Comments
Access to Services	10
Quality of Care	24
Staff	3
Communication	8
Service Experience	5
Discharge Pathways	3
General Comments	5



i) Quality of Care

Some of the positive comments received on quality of care included the following:

“I had a fall seriously injuring myself two years ago. The support from the hospital helped my recovery greatly, they reassured me and helped me return to a “normal life”.”

“Is supported by the Mental Health Team in Thame and has fortnightly visits. The coordinator rings him on a regular basis to see how he is and if necessary increases his visits. Felt the service was responsive to his needs.”

“Had a stroke and the treatment had at the hospital in Oxford was excellent as were the rehabilitation services.”

“Took my son to the JR with a suspected broken ankle, service was excellent, we saw the triage nurse, had an x-ray and saw the doctor all within 2 hours and fifteen minutes. Happily just a bad sprain.”

However, we also received some negative feedback. For example:

“I had to attend the eye hospital, I had blood tests but they lost the results and I had to go back and have some more”

“I saw a consultant in March who referred me for a scan. No appointment arrived after six weeks so she contacted secretary who advised she would send the request immediately, after three weeks still no appointment, so spoke to secretary again who said my records had gone back to archives and that she would chase it up. Really unsatisfactory as I have a follow up appointment with the consultant which will be a waste of time as she will not have my scan results.”

“Taken to JR by ambulance as unwell, then discharged in the dark at 5 in the morning with no money or way to get home. Would have liked to have been shown a safe place to wait until daylight as I felt frightened”

“My mother, who is 96 Years old, went to the JR in an ambulance, there wasn't enough spaces, was put in corridor on trolley bed between 4 other trolley beds on one side a drunk man and the other someone who didn't have anybody with them. No one took any details, manned by three teams of paramedics, who needed to be getting to other situations. I was there from 4 - 11 pm, asked for commode, not enough space between beds, paramedics had to shift every one. I overheard a paramedic telephone someone “people are dying down here, help”. They kept juggling beds, until 11:30, finally we went through to cubicle in A&E. My mother had to get changed without any help except from family. Going on midnight she was admitted to medical assessment ward, 1:30 I was told I couldn't stay with her, so was shown to a waiting room, there was nowhere to sleep. I

slipped in about 3am to see my Mother, she was awake and crying, saying that she had been left alone. Next morning, Dr asked about DNR before saying what was wrong. I said I would ask her relatives and mother about it. She was then asked about DNR and intensive care again in the middle of the ward by a nurse, which she felt was inappropriate. Other nurses couldn't have been nicer. She died later that day."

ii) Access to trust services

The second most commented on issue in this category was access to mental health services, with all comments being negative, at least in part. Typical of those comments are:

"I self-referred to the mental health team and will have to wait over 5 months for an initial appointment (the New Year). Ridiculous, I am so angry, they are clearly segregating the rich from the poor cos' I can't afford £60 a week for therapy! So angry!"

"My son has been referred to the mental health team but the waiting list is so long, it may take until next year for him to be seen. When I complained my GP said I live in the wrong postcode!"

"Waiting time for children's counselling services over 1 year"

iii) Communication

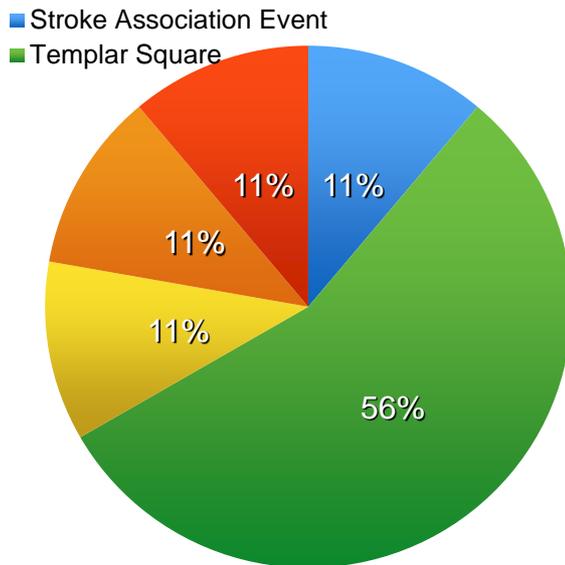
Problems with communication was also a recurring theme. The comments made range from the booking of an appointment to the communication between departments after an operation or test. For example:

"Overdose of insulin while in hospital, family not informed by hospital but by care agency supporting their client who has Downs Syndrome"

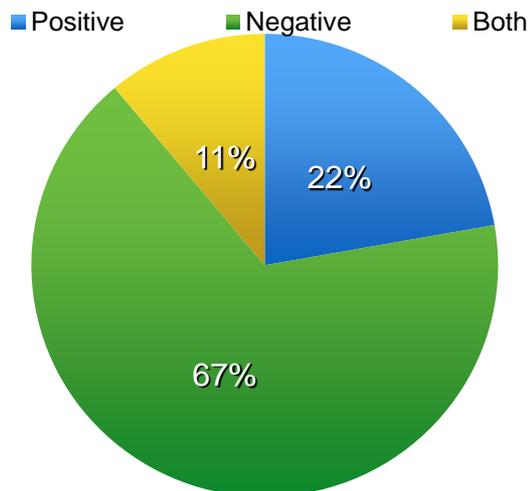
"99 year old discharged from JR after being admitted following a fall which resulted in a sprained ankle. Discharged home where she lives alone, despite her having mobility difficulties she was discharged without the appropriate mobility aids. I rang Social Services and they told me to call the hospital, the ward told me it was not their problem as it was 4 days post discharge. I rang social services who told me to go online and complete the form - none of which is helping this 99 year old mobilise and remain safe in her own home."

C. OCC Social Services

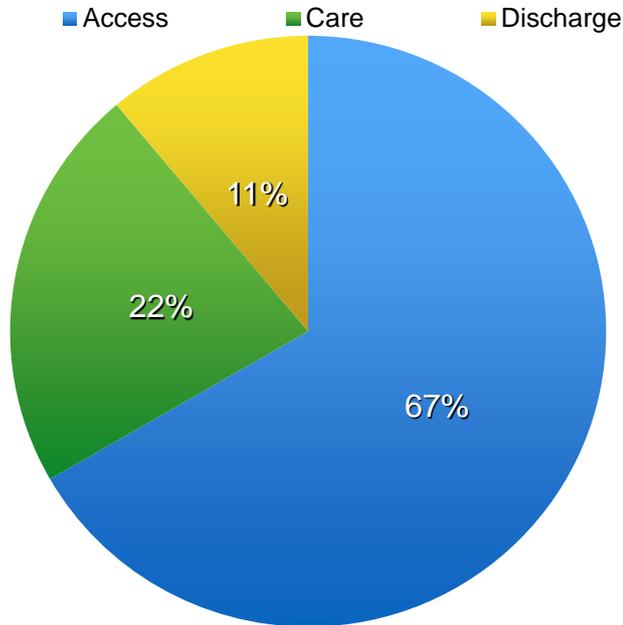
A total of 9 comments were recorded about social care, most concerning access to services. Comments were gathered from the following sources:



2 comments were positive, 6 negative and 1 both



The issue most commented on was difficulty accessing the assessments people need for care or equipment.



Topic	Number of Comments
Access to services	6
Care	2
Discharge	1

Comments received included:

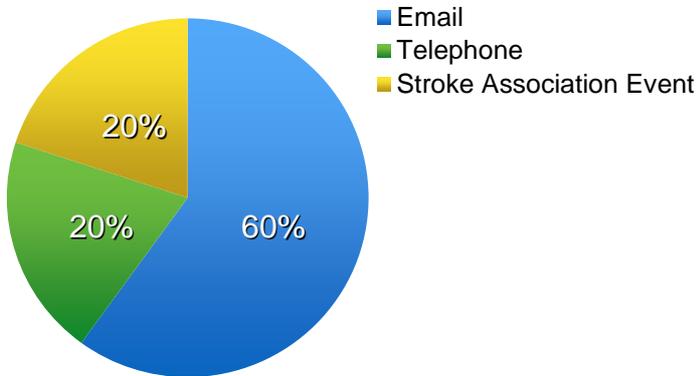
“Waiting lists for major equipment- e.g stairlifts about 12 months.”

“My older brother has special needs and we are trying to get an assessment but it's not clear. We are getting passed around.”

“99 year old discharged from JR after being admitted following a fall which resulted in a sprained ankle. Discharged home where she lives alone, despite her having mobility difficulties she was discharged without the appropriate mobility aids. I rang Social Services and they told me to call the hospital, the ward told me it was not their problem as it was 4 days post discharge. I rang social services who told me to go online and complete the form - none of which is helping this 99 year old mobilise and remain safe in her own home.”

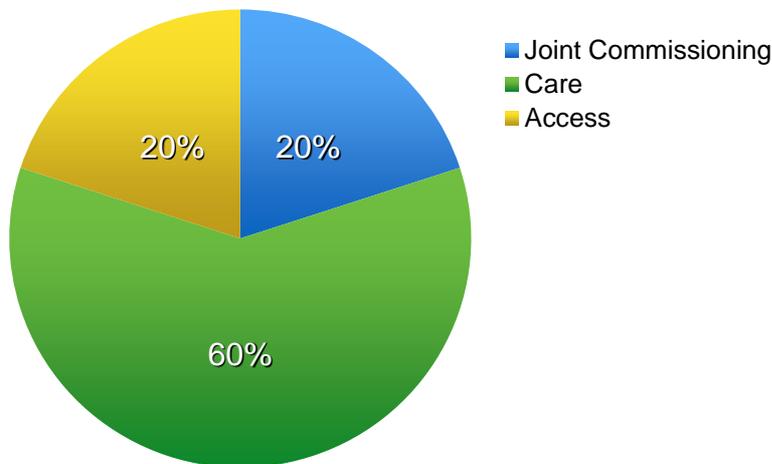
D. OCCG

A total of 5 comments were received concerning OCCG from the following sources:



Issues commented on included:

Topic	Number of comments
Joint Commissioning	1
Care	3
Access	1



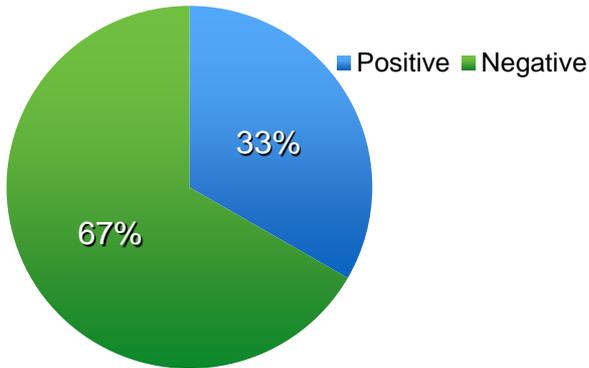
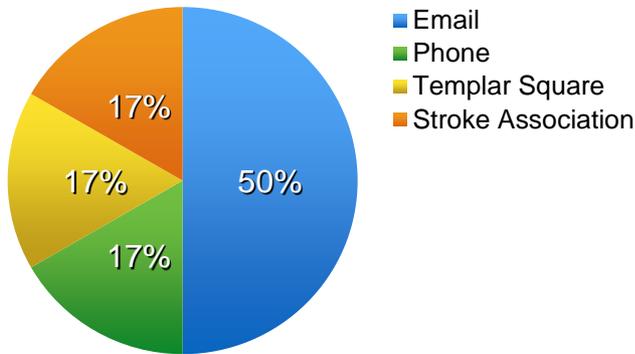
2 comments were about the Oxfordshire Complex Needs Service, from service users concerned about the loss of this service. The other comments were about services OCCG should commission, questions about individual funding requests and concerns about the better care fund.

“The service users are unhappy that the funding for the Complex Needs Service has been withdrawn by NHS England and responsibilities for funding transferred to the OCCG who have committed only 30% of the actual budget to fund the service going forward. I am a service user of the Oxfordshire Complex Needs Service.”

“The NHS plans to move £5billions over to LA’s to pool budgets to improve social care. I believe that this means that Oxfordshire Clinical Commissioning Group will be giving over £100 million of its £650 million for this purpose. The problem is, how will the Oxfordshire Clinical Commissioning Group police/inspect the expenditure of this money by the OCC and ensure that the money is used for the designated purposes and not frittered away on other council expenditure? I hope that HWO will keep a very close eye on this over the next year. Frankly County Councils generally have a poor record at using extra moneys for the purposes expressed and OCC is “strapped for cash.””

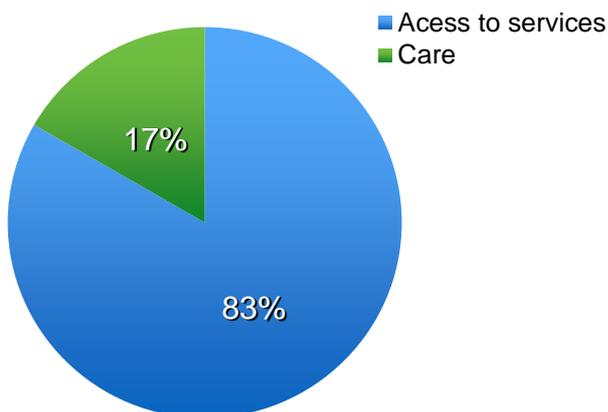
E. Ambulance & 111 services

6 comments were received about the South Central Ambulance Service and the 111 service, which it provides. These were gathered from the following sources, and were largely negative:



Issues of concern included:

Topic	Number of comments
Access to services	5
Care	1



3 of these comments were about the response times of ambulances, all of which were in the south west of the county. One of the comments was about an incident where it took 80 minutes for an ambulance to arrive at a road traffic collision.

The 1 comment about care was positive. It praised the paramedic that had been called to a 96 year old women's home after she had fallen ill.

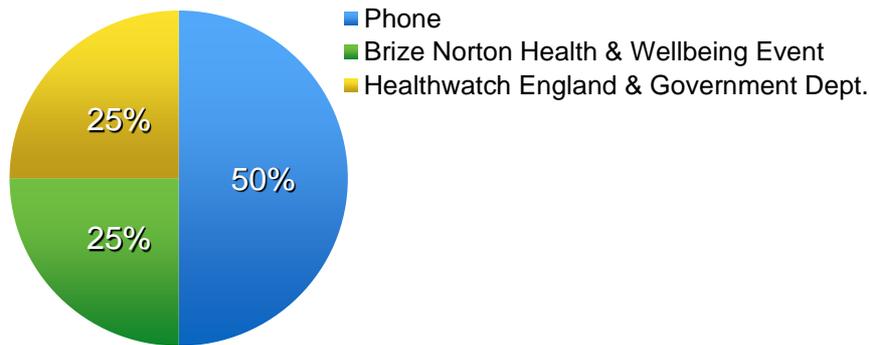
There were two comments about the 111 services, one of which was positive and the other negative.

“Excellent service when I called them as I was unwell called an ambulance and kept talking to me to reassure me”

“Phoned the 111 service on behalf of a friend, whom ended up being sectioned, the services took her round and round in circles because there was not any physical symptoms. There didn't seem to be a trigger for mental health issues. It took a very long time between that first point of contact and the doctors arriving.”

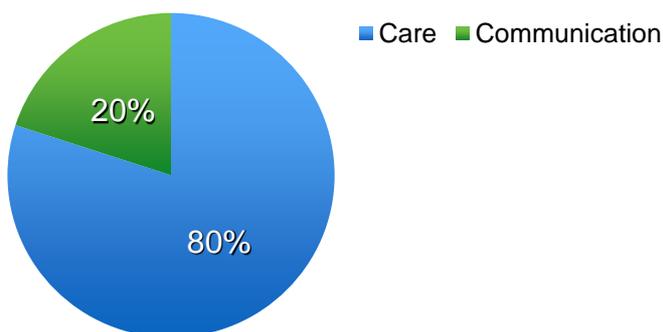
F. Domiciliary Care & Care Homes

4 comments were received concerning domiciliary care and care homes. All comments gathered were negative. Comments came from the following sources:



Comments concerned quality of care and communication.

Topic	Number of comments
Care	4
Communication	1



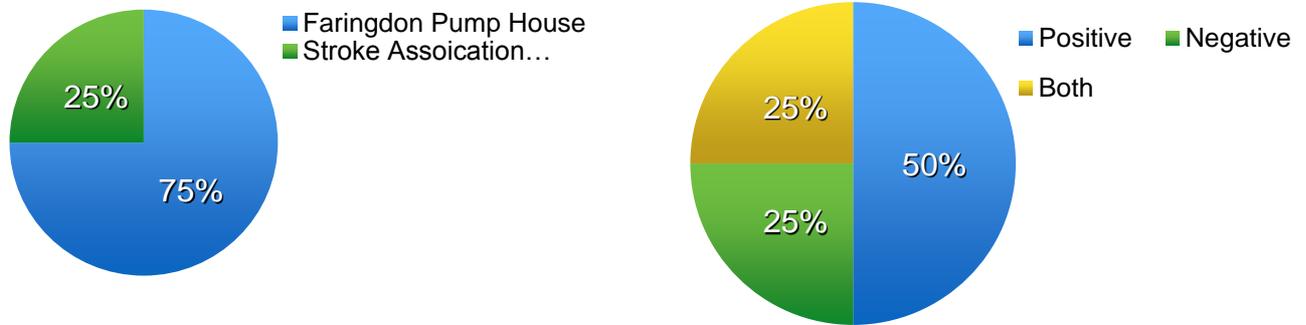
“Father discharged from hospital and into Watlington Care home while mother was in Townsend house (Headington) and family in Witney. We tried to get him closer to home in Madley Park but were told no vacancies. When my father died in the care home, we had to start paying for my mother but we were later advised that we should have been entitled to continuing care because of her condition (dementia.) We had to sell our home.”

2 other comments were about care someone's mother had received at a care home in Abingdon. We received this via Buckingham Palace and Healthwatch England. As a result safeguarding concerns were raised and the CQC informed, plus a complaint was raised.

The only comment we have received about domiciliary care was about the continuing care service. The caller's mother had had continuing care approved in November, it was finally put in place on the 31st March, and on the 14th April she was reassessed, even though it had been three weeks. She had shown improvement so they scaled back the mother's service. She has dementia and collapsed vertebrae and many other conditions. She now has care from two different care agencies one for daytime and another for 24 hour care, her mother wasn't eating, her pads were not being changed regularly, so complaints were raised and the caller got apologies but nothing has changed.

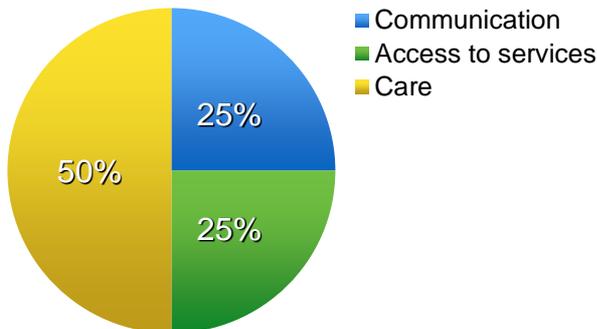
G. 10.0 Opticians & Dentistry

4 comments were gathered about opticians and dentistry. All the comments were received via outreach activities instead of in office contact.



Comments were positive and negative and issues covered included:

Topic	Number of comments
Communication	1
Access to services	1
Care	2

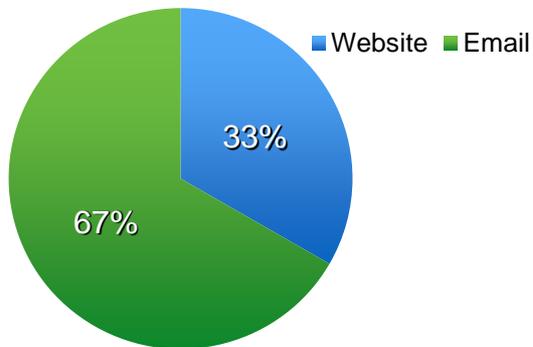


“I had an eye test and glasses from Boots they were very good the service was excellent and I would recommend them.” -

“The dentist asked me to sign the form for free treatment, they didn’t explain about entitlement to free treatment. I then received a fine of £100 as they said I was not entitled to free treatment. As I am 65 I thought it was okay as I got free treatment at 64 because I was on benefits.”

H. Care.data

3 comments were received on this topic and they all came direct into the office.



Although all the comments received were negative in part about the care.data programme, they all recognised the potential benefits of the programme or thought that the programme should go ahead, but only if certain things were put in place.

“ I am heartened to read your clear position statement on the care.data programme, a programme which too few patients still know anything about. I do not have a problem with my patient data being used by the NHS for vital research and essential planning, to improve care and services. However, I have opted out of the programme because firstly, this proposed database will not be available to medical staff in GP surgeries, hospitals, A&E and out-of-hours services; secondly, I have not been reassured that my personal data will be unidentifiable (considering the number of personal identifiers that are required to be uploaded, my data can hardly be called anonymised), and thirdly, private health insurers, providers and pharmaceutical companies will have access to it, for so-called secondary purposes. Something which troubles me greatly, given the acceleration of NHS contracts awarded to commercial companies, which are largely unaccountable to the public, claiming commercial confidentiality when resisting Freedom of Information requests. Another concern I have is the lack of statutory oversight. It is apparent that there are insufficient safeguards in the legislation to protect patient confidentiality.”

I. Other

A small number of comments were received that did not fit into any of the categories. They included:

“My daughter is coeliac and all we get on prescription is bread and flour. In other counties they get much more”

“I have MS and use a wheelchair, my carer is my 90 year old mother. When we looked into giving her some help it was agreed that she needed some but she was better off having her pension. Is this right? It doesn't seem fair”

Simon House - “Unprofessional staff, no care, no compassion, excessive fees (£1600 a month. I am fasting for Ramadan but still having to pay for food)”

“I'm a carer and there's not much for my young son to do or to join in. He's restricted at home and I don't get much help as a carer” - Brize Norton Health & Wellbeing Event

2 Comments/reports were also received about health care in prisons and detention centres, in particular Campsfield house and HMP Bullingdon. These reports are feeding into Healthwatch Oxfordshire's work lobbying commissioners to improve services in prisons and detention centres.

1 comment was received about the internal workings of Healthwatch Oxfordshire, and another asking for information on how to change someone's medical records.