

## Health and Wellbeing Board

24 April 2017

### Healthwatch Walsall Update Report

#### 1. Purpose

1.1 The Purpose of the report coming to Health and Wellbeing Board is to update the Board members on the activities of Healthwatch Walsall since the last report was tabled in Jan 2017

#### 2. Recommendations

2.1 That the Health and Wellbeing Board notes the content of this report

#### 3. Report detail

3.1 Healthwatch Walsall published two reports in February 2017.

3.2 One report was about GP Performance across the Borough.

#### Findings

Overall patient satisfaction was high with 84% of respondents saying that their practice was either excellent or good. 78% of respondents also said that they would recommend their GP practice to friends or family members.

64% of respondents said that they were able to get an appointment when they felt that they needed one and there was better availability of appointments for nurses than doctors. On the day appointment availability could be problematic but so could the availability for routine appointments within the next few days with long waiting times meaning that some patients were taking emergency appointments when it was not really necessary just to secure an appointment. 22% of respondents also reported that they had used A&E when they had been unable to get a GP appointment. Being able to get through by telephone to make an appointment was also cited as an issue for some respondents as was waiting for a call back from a GP to see if they needed an appointment when a practice operated a triage system. 84% of respondents said that they were always treated with respect by the staff at the practice and 89% said that their doctor was good. However, there were some comments made about the doctors seeming to be rushed and not allowing time for patients to communicate with them. Nurses attracted positive comment about their care and compassion.

Reception staff were also reported to be excellent or good by 82% of respondents although there were negative comments particularly in relation to attitude. Comments were also made about there needing to be more reception staff in some practices

and them being more reflective of the local population such as more people from BME communities.

Some participants reported that it could be difficult to see the same doctor when there was an ongoing medical issue due to a lack of appointments being available. It meant that either they had to wait longer for an appointment or they'd have to see a different doctor and lose the continuity of care.

Opening times for surgeries were considered by 86% of respondents to be acceptable however, there were some comments about needing hours to be more flexible for those who worked or had to go to school and these generally centred on appointments being available early in the morning or later in the evenings.

The surgery environment attracted some comments in relation to privacy at reception with one suggestion that there should be a privacy sign at reception to ensure that people are given enough space to be able to speak to reception in confidence. However, 60% said that they considered the privacy at reception to be excellent or good at their practice.

Facilities for children in waiting rooms was also discussed with comments being made about the lack of provision of toys for children and these were attributed to infection control measures. However, there was also a comment that where toys were provided they could prove to be a source of risk for people elderly or less mobile patients when children were not kept under proper control.

HWW has devised the following recommendations based on the findings:

- While the majority of people appear satisfied with their GP services there remains a sizeable number that have poor or very poor experiences. HWW feels that this is a concern and that there ought to be a specified threshold of satisfaction set for key aspects of service for all practices e.g. using the average of the upper quartile showing the highest satisfaction levels. Practices falling below this threshold should then be asked to develop action plans in collaboration with their PRG for presentation to Walsall CCG to improve patient experience.
- We would like to see a pilot project developed in collaboration with the CCG, NHS England and of course PRG's to focus on a few GP practices that are not scoring well and set up a working group to evaluate results, explore factors affecting those results and jointly arrive at solutions.
- As there were concerns raised regarding the length of time taken to answer calls, where telephone queueing systems are in use review the average waiting times and potential cost impact to patients of being left on hold.
- In respect of comments about reception staff and attitudes consider introducing customer service training for reception staff and where there is a role for reception in determining urgency of need for appointments ensure that reception staff have undergone recognised triage training relevant to that role.
- Review the availability of early morning and later evening appointments for people who have school, work or caring commitments.
- Review the availability of routine appointments in order to enable appointments to be available within a few days and reduce pressure on urgent appointments.

3.3 The second report is about communications in the A&E Dept. at the Manor Hospital.

### **Findings**

- The waiting area for A&E is shared with the Urgent Care Centre and for some respondents this was a cause of confusion with people being re-directed to different reception desks from those that they initially approached.
- Waiting times were a key area for comment with the length of waits being mentioned by a high number of respondents. Being kept informed of waiting times was an area of concern for some but a relatively high number of respondents were happy with the level of information that they received. For those that commented there was a general feeling that there wasn't enough information and that their wait in A&E would have been better if they had been kept informed of progress.
- Communication with patients and between medics were commented on although respondents generally felt that they had been communicated with well by staff. However, there were some comments about the need for interpretation services and also tailoring communication to the needs of the patient to ensure that vulnerable patients were properly involved in their treatment.
- Although most respondents agreed that they had been treated with dignity and respect there were some comments about the need to protect patient privacy more particularly in relation to hospital gowns, and people being able to change without being exposed when doors or curtains were not closed. Being able to maintain personal care was also pinpointed as an area for concern with there not being staff to assist patients with personal care.
- The standard of care was generally seen as being very good and words such as excellent were used. However, they were often prefaced with comment about waiting times and this suggests that waiting times have a negative impact on the overall sentiment about A&E services.

Based on the patients sharing their experiences HWW has set the following recommendations:

- **Waiting times-** ways of communicating better with patients in the waiting area should be considered to update them about the length of time they will be waiting. This includes making sure that information screens are working. It is appreciated that individually updating people in the waiting room is not possible but giving them an indicative waiting time when they register at reception may be a possibility. The TV needs to be on at all times with a dedicated banner running across the bottom of the screen at all times or a separate digital information screen running continually.
- **Interpretation services-** consideration should be given to how to ensure that interpretation services can be more accessible for patients whose first language is not English.
- **Communication needs assessments-** ensure that individual communication needs are assessed and acted upon to ensure that vulnerable patients are able to be properly involved in their treatment.
- **Dignity and respect-** it is acknowledged that the department is short of space, however, staff should be reminded of the need to treat patients with dignity at all times including shutting cubicle doors and ensuring that there are enough staff available to assist with personal care tasks.
- **Appropriate clothing-** The practice of making patients wear hospital gowns whilst waiting in general areas where other patients are fully dressed should be reviewed so that patients are not left feeling vulnerable.
- **Customer care-** whilst there are many positive comments about staff, the negative attitude of some staff should be addressed. Customer care training, including refresher courses should be mandatory for all staff dealing with

patients, and managers should monitor and address any issues of poor attitude which impact on patient care.

- **Combining reception** – consideration ought to be given to combining the two receptions for urgent care and A&E so that trained receptionists can direct patients to the appropriate service rather than patients having to make that distinction themselves. This would reduce the amount of complaints arising from being passed from one window to another and having to repeat all your information and make sure people are dealt with in a timely manner.

### 3.4 Healthwatch Walsall has also successfully recruited a new Advisory Board.

In consultation with the new Chair, John Taylor, of the HWW Advisory Board a recruitment campaign was devised for the recruitment of the Advisory Board Members. The advert went out by Social Media, through our network of stakeholders, via One Walsall, as a press release, on our website and with share request to all major stakeholders to request they share through their own communication channels.

HWW interviewed eight following a rigorous shortlisting exercise to ensure all met the standards required of the positions and asked to be demonstrated in the application forms.

All eight applicants, following a detailed interview that followed a standardised set of questions designed to test peoples experience and involvement in boards/committees set within a voluntary sector, business or professional setting, were offered a position on the Advisory Board. A lay member, Mike Able, from Walsall CCG was again involved in the recruitment process to ensure stakeholder involvement to ensure processes were followed appropriately.

All eight advisory board members bring a wealth of diverse experience to the table that will enrich the advisory board and enable it to look at priorities and issue that crop up with great insight.

The following Advisory Board members were appointed:

1. A'isha Khan
2. Maureen Cornish
3. Teresa Tunnel
4. Prof Lucy Land
5. Sylvia Bailey
6. Sarah Lloyd
7. Ross Hicklin
8. Andrew Brown

3.5 Finally, the report lists the feedback from the Priorities public event about the scoping of the top five main priorities the public would like Healthwatch Walsall to look to focus upon over the next 12 – 18 months.

## **Healthwatch Walsall – priorities – scoping exercise at the ‘What next for health services in Walsall?’ held on 15 March**

### **A&E**

1. Communication – very negative communication when in A&E; need to change to positive communication; access to refreshments when waiting for long periods
2. Physical environment of A&E – co-location of urgent care and A&E leads to confusion and difficulties to access refreshments for eg
3. Capacity – implications of closure of Sandwell
4. Better pathways and treatments – at peak times it’s a struggle but people do have positive experiences

### **GP Access and GP Out of Hours Access**

1. Opening hours – availability including weekends sat and Sun
2. Triaging – more appropriate use of skill mix of staff – signpost to appropriate service
3. Education and communication – for communities i.e. help communities know where they can go before going to Dr when its not critical such as pharmacy/opticians
4. Work with patient groups at each GP Surgery

### **Mental Health**

1. Preventative work – identification of services ie when people at partner services and exhibiting MH issues – knowing where to refer
2. Simplification of complexity around services and access to – important a person centred approach is used and simplified approach for individual
3. Cross agency education – support all groups to understand what each other’s do rather than trying to be the expert on something that they’re not – regularly share knowledge around all groups and raise awareness

### **Social Care**

1. Access to Social Workers – consistent workers; training; knowledge of local area; aware of culture they are in (funding)
2. Speed – delays can be months; rapid assessment processes; funded services not being used; simplification of jargon and pathways
3. Equity of access to services

3.6 This results of the public event and the findings of the two reports that are due for publication will then be discussed at the Healthwatch Walsall Advisory Board to plan a programme of work taking account of the public priorities but also needing to retain capacity to look at other significant impacts for example the need to address issues such as the STP for the Black Country and West Birmingham and the Walsall Together agenda.

## **4. Implications for Joint Working arrangements:**

Healthwatch Walsall will always seek to work collaboratively with commissioners and providers of health and social care services. The results of Healthwatch Walsall’s work will be shared with the relevant commissioners and providers of services with the aim of contributing to service improvement and delivery.

## **5. Health and Wellbeing Priorities:**

The current priorities remain as Infant Mortality and Diabetes until the new Health and Wellbeing Strategy is published.

The top 2 priorities of Healthwatch Walsall are A&E and GP Access and Out of Hours. Any research and engagement work that Healthwatch Walsall undertakes that leads to recommendations for service improvement will have beneficial impacts for people that fall within the two Health and Wellbeing Board priority areas. So too will any research and engagement work into the provision and delivery Adult or Children's social care, which is Healthwatch Walsall's third priority area.

### **Background papers**

Healthwatch Walsall GP Performance Report February 2017.

Healthwatch Walsall A&E Communications Report February 2017.

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