

# HEALTHWATCH HILLINGDON UPDATE

<b>Relevant Board Member(s)</b>	Stephen Otter, Acting Chairman, Healthwatch Hillingdon
<b>Organisation</b>	Healthwatch Hillingdon
<b>Report author</b>	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
<b>Papers with report</b>	Appendix 1

## HEADLINE INFORMATION

<b>Summary</b>	To receive a report from Healthwatch Hillingdon on the delivery of its statutory functions for this period.
<b>Contribution to plans and strategies</b>	Joint Health & Wellbeing Strategy
<b>Financial Cost</b>	None
<b>Relevant Policy Overview &amp; Scrutiny Committee</b>	N/A
<b>Ward(s) affected</b>	N/A

## RECOMMENDATION

**That the Health and Wellbeing Board notes the report received.**

### **1. INFORMATION**

Healthwatch Hillingdon is contracted by the London Borough of Hillingdon, under the terms of the grant in aid funding agreement, to deliver the functions of a local Healthwatch, as defined in the Health and Social Care Act 2012.

Healthwatch Hillingdon is required under the terms of the grant aid funding agreement to report to the London Borough of Hillingdon on its activities, achievements and finances on a quarterly basis throughout the duration of the agreement.

### **2. SUMMARY**

The body of this report to The London Borough of Hillingdon's Health and Wellbeing Board summarises the outcomes, impacts and progress made by Healthwatch Hillingdon in the delivery of its functions and activities for this period. It should be noted that a comprehensive report is presented by the Chief Executive Officer to the Directors/Trustees at the Healthwatch Hillingdon Board Meetings and is available to view on our website:

(<http://healthwatchhillingdon.org.uk/index.php/publications>)

### 3. **HEALTHWATCH HILLINGDON CHAIRMAN**

Healthwatch Hillingdon would like to formally announce to the Health and Wellbeing Board that Jeff Maslen stepped down as Chairman and Board Member on 31st March 2016, to take up a new role on the Board of Healthwatch Milton Keynes.

As Chairman, and founding member of the Board, Jeff had been at Healthwatch Hillingdon from its inception. Through his leadership, dedication and effort over the last 3 years, Healthwatch Hillingdon has developed into a strong, well respected organisation within Hillingdon and the wider Healthwatch Network.

The Healthwatch Hillingdon Board and Staff Team would like to publically express our sincere gratitude to Jeff and acknowledge his contributions during his term of office. These have been essential to our success and Jeff should be proud in the knowledge that he leaves us on a firm foundation. He will be deeply missed and we wish him all the best in his new role.

We would advise the Health and Wellbeing Board that in accordance with our governance, our Vice Chair, Stephen Otter, will be acting as Chairman, whilst we are recruiting for a new Chairman.

### 4. **OUTCOMES**

Healthwatch Hillingdon would wish to draw the Health and Wellbeing Board's attention to some of the outcomes highlighted by its work during the third quarter.

#### 4.1. **Information, Advice and Support**

During this quarter we recorded 177 enquires relevant to our function.

Table A, gives a breakdown of the number and type of enquiry we have received.

<b>Type of enquiry</b>	<b>Number</b>	<b>% of enquiries</b>
Refer to a health or care service	62	35%
Refer to a voluntary sector service	15	8%
Requesting information /advice	36	20%
Requesting help / assistance	0	0%
General enquiry	64	36%

Table A

Table B shows the source of these enquiries.

<b>Source of enquires</b>	<b>Number</b>	<b>% of source</b>
Shopper	101	57%
Engagement and outreach activity	2	1%
Promotional / Advert	6	3%
Voluntary or health sector referral	48	27%
Website	0	0%
Known/existing clients	5	3%
Other / Unknown	15	8%

Table B

Telephone calls received about the Wheelchair Service in Hillingdon remained the highest reason for use of our signposting and information service. The new service was launched during this period and the main problem has been service users being unable to contact the new provider on the telephone; with the phone either being constantly engaged, or on answerphone. This does seem to be an initial teething problem, as calls are reducing but we are continuing to monitor this and report back to Hillingdon CCG, as the commissioner of the service.

The above figures include the results from our Saturday opening on December 12<sup>th</sup>. Planned to purposely coincide with one of the busiest shopping days of the year, staff donned festive Christmas jumpers, and encouraged shoppers to come and speak to us, offering free coffee and mince pies. Although numbers were fairly small, staff overwhelming felt it was a positive day. It was very pleasing to be able to have the opportunity to help a young couple dealing with the effects of mental health and a gentlemen struggling to find appropriate care for an elderly relative. We also heard some very positive stories from residents. Will, who is disabled and has learning difficulties, told us of the excellent experience he had during his recent 1 month stay in Hillingdon Hospital and of the great care he has from his GP. We also heard from a couple who look after a 96-year-old lady, to live independently at home, who could not praise enough the excellent support and advice they receive from Hillingdon Carers.

### Concerns and complaints

Healthwatch Hillingdon recorded 64 experiences, concerns and complaints in this quarter. The areas by organisational function are broken down in Table C.

<b>Concern/complaint Category</b>	<b>Number</b>	<b>% of recorded</b>
CCG	2	3%
Primary care: GP	16	25%
Primary care: Pharmacy	1	2%
Primary care: Optician	1	2%
Primary care: Dental	3	5%
Hospitals	18	28%
Mental Health Services	6	9%
Social Care	5	8%
Public Health	2	3%
Care Agency	3	5%
Patient Transport	1	2%
Voluntary Sector	1	2%
Patient Equipment	1	2%
Community Wheel Chair Service	4	6%

**Table C**

7 referrals were made during this period to support residents to raise their complaints. 4 to VoiceAbility (independent NHS Complaints Advocacy), and 1 each to Action against Medical Accidents (AvMA), MIND Legal and POWher, the Independent Mental Capacity Advocates.

### Overview

The following is to note from the analysis of the recorded concerns and complaints data this quarter.

### Patient Transport

Mr B, a resident of London Borough of Hillingdon, is frail elderly and has chronic COPD and cardiovascular condition. Mr B was referred to Charing Cross Hospital (Imperial College Healthcare NHS Trust) by his GP. His GP advised him that he would need patient transport to take him there as he was unfit to use public transport due to his condition. Mr B attempted, without success, over a 2 month period to arrange transport to Charing Cross Hospital including 1 missed appointment. Finally, he contacted Healthwatch Hillingdon with a request for help. Our intervention with Imperial College Healthcare NHS Trust resulted in Mr B being assigned patient transport and he was able to attend his next appointment. Additionally, Healthwatch Hillingdon raised a number of concerns with Imperial College Healthcare NHS Trust regarding their patient transport policy. This included the need to take into account clinical need for patient transport. In response to these concerns, Imperial College Healthcare NHS Trust have now revised their patient transport policy, advising us:

**“The previous methodology for assessing if a patient is eligible for patient transport was primarily based on mobility and how the patient currently managed their daily activities... Our revised assessment involves a new series of specific questions that assess a patient’s medical need.... rather than the previous set of questions that may not have identified all of the patients that truly needed patient transport.”**

This positive outcome should mean more patients across London (and nationally) will have fairer access to Imperial’s patient transport service.

### Primary Care

As the Health and Wellbeing Board will be aware, we have been working to assist residents who were being refused registration at a GP practices. In addition to working with the CCG locally we also formally recommended to NHS England that the guidance to GP Practices on registration be strengthened and escalated our concerns to Healthwatch England. As a result of the increasing evidence of patients finding it difficult to register, on 16th November NHS England published new guidance for all GP Practices in England.

<http://healthwatchhillingdon.org.uk/index.php/publications/?did=1732>

## 4.2 Engagement Overview

We would ask the Health and Wellbeing Board to note that our community engagement officer moved to a new job in October. We have recruited a replacement who commenced their post in late December. We have slightly changed the position to reflect a need to recruit and retain volunteers, with the new post responsible for outreach and volunteering.

Our engagement this quarter is therefore down on previous quarters. However due to the nature of the 5 events attended, we still directly engaged with over 250 residents. At Harefield Hospital we presented on the work of Healthwatch to a packed auditorium at the 9<sup>th</sup> Annual Live Primary Angioplasty Conference and spoke at the inaugural Carers Assembly in Hillingdon.

Following our presentation to the Parkinson's Group in November, a number of the group attended our shop to ask for help in accessing treatment.

One of the issues raised with Healthwatch Hillingdon was access to a Parkinson's medication called apomorphine; which is recommended by NICE for Parkinson's Disease, as a second line of treatment where other medications have proved ineffective.

The resident, who suffers debilitating stiffness and tremors, was due to have a clinical assessment for this treatment at Charing Cross Hospital (Imperial College Healthcare NHS Trust, ICHT). However, they were informed by the Trust that the commissioners had decided this treatment was no longer available for Hillingdon residents and cancelled the consultant appointment.

Following investigation, it transpired that ICHT had unilaterally decided to withdraw this costly treatment option to patients with Parkinson's, as it was not a directly commissioned service.

The NWL CCG Commissioners were of the view that ICHT should have provided 6 months' notice before decommissioning this treatment. The NWL CCG Medicine's Management unit wrote to ICHT with Healthwatch Hillingdon's concerns regarding patient access to apomorphine. This resulted in ICHT agreeing to re-instate patient access to apomorphine (where it is clinically appropriate), pending final negotiations on the commissioning of this service.

We are pleased to say that the resident is due to have the assessment shortly and we hope the apomorphine treatment will help control their condition and bring about a positive outcome for them.

Although analysis shows we receive little, or no feedback, via our website, the site continues to be accessed regularly, with over 14,000 different addresses visiting the site, producing over 200,000 hits this period. Statistics show that this mainly remains the accessing of information and the downloading of documents.

With 833 people now following us on Twitter, our social media coverage also remains on the increase.

## **5. PROJECT UPDATES**

### **5.1. Children's and Adolescent Mental Health Services (CAMHS)**

NHS England announced in mid-November that North West London had been successful in its bid and had been awarded full funding. For Hillingdon this will mean 5 years recurrent funding of over £5m per year to develop robust services which meet the need of our residents.

As part of the Children and Young People Mental Health and Well-being Board we will continue to work with and challenge partners on the delivery of the transformation plan, to ensure services are appropriately planned and the children and their families or carers are involved in the process.

In December we presented on our CAMHS work and the 'Seen & Heard – Why not now?' report to The Children and Young People's Mental Health Coalition (CYPMHC) at the Mental Health Foundation. They were very complimentary about our work and specifically admired the Healthwatch role in signing off the Hillingdon Transformation Plan at the Health and Wellbeing Board. Through this presentation we are now looking to facilitate the

CYPMHC attending the Hillingdon Children and Young People's Mental Health and Wellbeing Board, to inform on the work they are focussed on in schools.

We would also advise that we will be presenting on our CAMHS work at the National Service Change Conference in March. Facilitated by the Leadership Centre, the conference will be focussed on how the public sector can work together during service change programmes.

## 5.2. **Maternity Care**

### NHS England Maternity Care Review

The consultation period for NHS England's review of maternity care came to a close at the end of November 2015. Healthwatch Hillingdon have shared the feedback we have gathered from mothers of their recent maternity experiences with the review team.

We also facilitated for 2 families to attend a direct consultation session with NHS England, specifically held for "parents who experienced complications in pregnancy, labour or birth affecting the health of mother or baby, including admission to neonatal care".

### Shaping a Healthier Future (SaHF)

The principle aims of the SaHF maternity service transformation - including the closure of Ealing Maternity Unit in July 2015 - was to improve the clinical outcomes for mothers and new born babies and improve the quality of maternity services across North West London (NWL).

To achieve this, a commitment was made to ensure that consultant presence on maternity wards would be increased to the levels recommended by the Royal Colleges. We were concerned that the 168 hour target was not being achieved and wrote to SaHF and lead commissioners with a set of recommendations. (Appendix 1)

SaHF have responded positively to these recommendations and committed to improving the consultant presence on maternity wards, to meet the Royal Colleges standards. This positive result will help ensure that the clinical outcomes for mothers and new born babies will be improved for 29,000 mothers per year across NWL.

However, there is still more to be done and Healthwatch Hillingdon will continue to monitor the delivery of these commitments.

## 6. **ENTER AND VIEW ACTIVITY**

### Central North West London Riverside Mental Health Inpatient Unit

A member of the team joined with other service users and CNWL staff, from other boroughs, to carry out an internal quality audit of the care and services provided at Riverside Mental Health Inpatient Unit in Hillingdon.

The results from the audit have been formulated into action plans and the progress is being monitored by the Acute Mental Health Pathway Task Force Board, of which Healthwatch Hillingdon is a member.

### Ashwood Care Centre

In December 2015 members of our Enter and View team carried out an observation on the mealtime provision at Ashwood Care Centre in Hayes. A draft report has been submitted to the manager of the care centre for response prior to publication and will be published on our website.

## **7. KEY PERFORMANCE INDICATORS (KPIs)**

To enable Healthwatch Hillingdon to measure organisational performance, 8 quantifiable Key Performance Indicators (KPIs), aligned to Healthwatch Hillingdon's strategic priorities and objectives, have been set for 2015-2017.

The following table provides a summary of our performance against these targets.

### **Exception Report**

For the majority of our KPI's we are on track to meet, or exceed, our yearly targets.

In quarter 3, we did not meet the targets for KPI 1, 2 and 6. The predominant factor for this was the reduction in engagement activity during the period, whilst we recruited a replacement member of staff.

With the new Outreach and Volunteer Officer in place we fully expect KPI 1 and 2 to recover in quarter 4 and to finish the year on target.

KPI 6 will not reach its original target by year end. Besides it being unlikely that there would be the activity to recover, whilst having no engagement officer, we have had to carefully choose the events and meetings we attended. This has led to us working in a smarter way, which we have adopted as company practice.

We have decided not to adjust the target to reflect this change, until the new financial year.

## Key Performance Indicators 2015/16

\*Targets are not set for these KPIs as measure is determined by reactive factors.

KPI no.	Description	Q1		Q2		Q3		Accumulative Totals		Impact this quarter	Relevant Strategic Priority
		Target	Actual	Target	Actual	Target	Actual	Target	Actual		
1	Hours contributed by volunteers	525	550	525	625	525	462	1575	1637	<ul style="list-style-type: none"> <li>Enter and View team carried out observation in care home</li> </ul>	SP4
2	People directly engaged	300	354	300	333	300	250	900	937	<ul style="list-style-type: none"> <li>Resident with Parkinson's disease given opportunity to access life changing medication</li> </ul>	SP1, SP4
3	New enquiries from the public	125	232	125	402	125	241	375	875	<ul style="list-style-type: none"> <li>Imperial College Healthcare NHS Trust revised their patient transport policy</li> </ul>	SP1, SP5
4	Referrals to complaints or advocacy services	N/A*	9	N/A*	14	N/A*	7	N/A*	30	<ul style="list-style-type: none"> <li>4 residents given advocacy supported to make complaints about their care, 1 resident supported with their care and 2 provided with legal support</li> </ul>	SP5
5	Commissioner / Provider meetings	50	49	50	60	50	54	150	163	<ul style="list-style-type: none"> <li>SaHF committed to improving the consultant presence on maternity wards, to meet the Royal Colleges standards.</li> </ul>	SP3, SP4, SP5, SP7
6	Consumer group meetings	25	22	25	25	25	10	75	57	<ul style="list-style-type: none"> <li>Attendance at Parkinson's Support Group led to resident being given opportunity to have additional treatment</li> </ul>	SP1, SP7
7	Statutory reviews of service providers	N/A*	0	N/A*	0	N/A*	1	N/A*	1	<ul style="list-style-type: none"> <li>Enter and View team carried out observation in care home</li> </ul>	SP5, SP4
8	Non-statutory reviews of service providers	N/A*	7	N/A*	4	N/A*	3	N/A*	14	<ul style="list-style-type: none"> <li>PLACE visits carried out at Hillingdon &amp; Mount Vernon</li> <li>Involvement in CNWL internal quality audit</li> </ul>	SP5, SP4



3<sup>rd</sup> December 2015

Mark Spencer, Chair, NHSE and SaHF Medical Director;  
Tim Spicer, Chair of Hammersmith and Fulham CCG and SaHF Medical Director;  
Mike Anderson, SaHF Medical Director;  
Mohini Parmar, Chair of Ealing CCG;  
David Finch, NHS England Area Medical Director;  
Dr Ian Goodman, Chair Hillingdon CCG;  
Ceri Jacob, COO, Hillingdon CCG;

Dear Mark,

As you may recall, Healthwatch Hillingdon previously raised the firm commitments that SaHF, NWL CCGs and NHS England gave to the Independent Reconfiguration Panel (IRP), the Secretary of State for Health and the residents of North West London regarding the changes set out in SaHF.

Healthwatch Hillingdon are disappointed to note that SaHF, CCGs and NHS England appear to be weakening the commitments previously made. Specifically, we would draw your attention to the following commitments made to the IRP (2013):

*Section “4.15.5 The SaHF team confirmed to the Panel that, under the Shaping a Healthier Future maternity standards, obstetric units **will be required** to be staffed to provide 168 hours (24/7) of obstetric consultant presence on the labour ward”.*

*Section “5.5.6 Major hospitals - maternity and paediatrics in common with the clinical case for change and associated standards for A&E services, Shaping a Healthier Future **proposes to implement standards** for the presence of senior clinicians in obstetric units and paediatric units. These standards - 168 hours per week in obstetrics and **112 hours per week in paediatrics** - are recognised by the relevant professional associations and will lead to better outcomes”.*

#### **IRP RECOMMENDATION**

“The NHS must use the next period to achieve a **shift in approach from communicating what they are doing to involving and engaging people** in the challenge of improving services through co-design, evaluation and change”.

Since many of these commitments are aimed at improving the outcome for patients and quality of care (see **Note 1**), Healthwatch Hillingdon believes that it is important that these commitments are delivered to the residents of North West London. Healthwatch Hillingdon are disappointed that current progress to meeting the 168 hours of obstetric consultant presence is not progressing at the pace that we had anticipated (see Note 2).

Therefore, it is the duty of Healthwatch Hillingdon to make the following **formal recommendations** to all relevant organisations:

(NOTE: Where Healthwatch Hillingdon have made a formal set of recommendations, the receiving organisations are formally required (by legislation) to provide a written response setting out what they will do or why they are unable to follow the recommendations or provide alternative course of action. Legislation sets out that a formal response will be required within 20 working days).

- (1) That each receiving maternity unit publishes clearly defined timeframes for delivering the commitment to provide 168 hours (24/7) of obstetric consultant presence on the labour ward.
- (2) That progress to meeting the 168 hours obstetric consultant presence against agreed timeframe for delivery is reported on a regular basis to each relevant Health & Wellbeing Board and local Healthwatch.
- (3) That the revised Paediatric Reconfiguration proposal includes the following requirement and target: 112 hours senior clinicians in paediatrics per week with clearly defined timeframe for delivery. Progress to meeting this commitment should be demonstrated before any changes to Paediatric services are implemented.
- (4) That SaHF undertake significant further work to identify these inequalities in access for Ealing residents to paediatric services and ensure robust plans are developed to address these challenges before any changes are implemented.
- (5) The NHS demonstrates how it will achieve a shift in approach from communicating what they are doing to involving and engaging people in the challenge of improving services through co-design, evaluation and change.
- (6) As a **minimum** that the views of 5% of people who currently use paediatric services across NWL are sought and those views are used to inform the development of the paediatric reconfiguration plan. These views and resulting plans should demonstrate how the views of these people have been incorporated into the plan. This analysis should be published before any paediatric proposals are developed or implemented.
- (7) The proposed Review of the Maternity Transition should also incorporate the gathering of views and experiences of mothers from other areas in NWL including the London Borough of Hillingdon. Many local NWL Healthwatch are also working on this, therefore we recommend that the maternity review supports the work of local Healthwatch rather than duplicating the work which is neither efficient nor cost-effective.

(8) That the Maternity Quality dashboard reports on the age, ethnicity and postcode for each maternity booking to ensure equality of access to maternity services (see **Note 3**).

## Notes

- (1) The IRP and London Maternity Standards as well as the four Royal Colleges of Obstetricians and Gynaecologists, Midwives, Anaesthetists and Paediatrics and Child Health have all recommended the 168 hours consultant cover as essential to reduce mortality and improve outcomes for mothers and new born babies.
- (2) Maternity Consultant cover (reported Nov 2015): (168 hours required).

NWL Hospital	116 hours
St Mary's	98 hours
Queen Charlotte's	98 hours
Northwick Park	98 hours
West Mid	164 hours
Chelsea & Westminster	115 hours
Hillingdon	118 hours

- (3) Healthwatch Hillingdon appreciates that at times it may be difficult for Trusts to get equality information such as age and ethnicity. However, it is far from impossible - Healthwatch Hillingdon routinely asks for this information from the public and at least 90% of the 100's of people we have spoken to have willingly provided this information. The reason why this information is essential, Healthwatch Hillingdon has previously expressed our concern (which remains) that women from certain age groups and ethnic background may face inequality in terms of getting booking of their first choice. As you may recall, it was agreed that this information would be gathered to ensure equality of access. Without this information it will be impossible to identify whether any of these groups of women face inequality in access to maternity services.

I look forward to receiving your response in due course,

Yours Sincerely



Graham Hawkes  
CEO, Healthwatch Hillingdon