

## HEALTHWATCH HILLINGDON UPDATE

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

### 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 and 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**

- 1.1 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.
- 1.2 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**

- 2.1. 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. GOVERNANCE**

- 3.1 We would advise the Health and Wellbeing Board of changes to our Board of Trustees. Christianah Olagunju, Arlene Jobs and Burns Musanu have been recruited to the Board.
- 3.2 It is with regret we advise that Richard Eason has taken the decision to step down from the Board. Richard has been a Board Member since the establishment of Healthwatch in Hillingdon and we would like to put on record our gratitude to him for his contribution and efforts over the last 4 years.

### **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 final quarter of 2016-17.

#### **Maternity Care in Hillingdon**

Healthwatch Hillingdon have been listening to women who have used Hillingdon's maternity services, to see if the closure of Ealing Hospital Maternity Unit has had any effect on the quality of care that they and their family receive. We published the findings of our engagement programme in our report - "Expecting the Perfect Start" - on Friday 31<sup>st</sup> March 2017, which we formally submit to the Health and Wellbeing Board as Appendix A.

The report, which draws on the experience and views of over 250 women, their families and maternity staff, outlines the comprehensive feedback we have received and gives an in-depth understanding of Hillingdon's maternity services.

Throughout our engagement programme women and families told us about a dedicated workforce who are committed to providing them and their families with compassionate care. We congratulate both the Hillingdon Hospital and the Borough's Children Centres for the very positive response we received.

Within the report, we have made several recommendations to both commissioners and providers, where evidence suggested that service improvements could be made. These have been incorporated into the Strategic Children's Transformation Group work plan and we will be regularly monitoring their progress through our seat on this group.

#### **Online access to prescribed medications**

In quarter 2 our report to the Health and Wellbeing Board highlighted the concerns we had raised with the Medicines and Healthcare Products Regulatory Agency, Healthwatch England and the Care Quality Commission, regarding patients gaining access to restricted, prescription-only medication, via online platforms.

We were therefore delighted to see the regulators and professional bodies acting jointly, to take enforcement action against UK-based online suppliers and launch a high-profile public awareness campaign - to highlight the inherent risks and dangers that off-shore

online suppliers may pose and offer guidance to the public on how to remain safe, when accessing online healthcare services.

<http://www.cqc.org.uk/content/choosing-online-healthcare-service>

Which received national media coverage:

<http://healthwatchhillingdon.org.uk/index.php/2017/03/online-pharmacy-services/>

<http://www.cqc.org.uk/content/online-healthcare-services>

[https://www.theguardian.com/society/2017/mar/03/cqc-warns-online-doctor-services-may-  
pose-risk-to-public](https://www.theguardian.com/society/2017/mar/03/cqc-warns-online-doctor-services-may-pose-risk-to-public)

<http://www.bbc.co.uk/news/health-39134061>

[http://www.dailymail.co.uk/health/article-4276968/Risk-web-chemists-dish-drugs-without-  
checks.html](http://www.dailymail.co.uk/health/article-4276968/Risk-web-chemists-dish-drugs-without-checks.html)

The evidence we had provided Healthwatch England regarding online healthcare was pivotal for them in developing their position, which they were able to outline on the BBC's Today Programme. This demonstrates how Healthwatch Hillingdon can exert effective influence, at both the national and local level to improve the safety of services for the public.

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

During this quarter we recorded a total of 173 enquires relevant to our function. 108 of these were from residents in receipt of our signposting service. 74% of residents accessed our service through the shop, which remains the main point of contact for our information, advice and support service.

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	30	28
Refer to a voluntary sector service	6	6
Requesting information / advice	20	18
Requesting help / assistance	12	11
General Enquiry	40	37

**Table A**

Table B shows the source of these enquiries.

<b>Source of enquires</b>	<b>Number</b>	<b>% of source</b>
shopper	80	74
event	1	1
referral	7	6
promo	2	2
advert	0	0
website	0	0
known to us	8	7
other	2	2
unknown source	8	7

**Table B**

## GP miss-diagnosis

Mrs C is 94 frail elderly lady who lives alone in her own home. She is housebound, but does not require a wheelchair, and has full mental capacity. V is her close friend. V is very concerned about XXX GP practice, V claims that the "Dr likes to do only telephone consultations and rarely comes out to see Mrs C. They do medical telephone consultations with a 94 year old that is hard of hearing and almost?" V gave an example of last April (2016): Mrs C was unwell and V had to call Dr X out numerous times. It was a real struggle to get Dr X to come out. Dr X kept saying Mrs C "has viral infection, don't worry". Eventually, after 10 days, V called 999 and Mrs C was taken to The Hillingdon Hospital (THH). The care at THH was "excellent and staff were caring, the doctors at THH saved her life". At THH it was discovered that Mrs C had suffered a heart attack and had fluid on the lungs and infection. Mrs C was discharged home with domiciliary care provided by LBH social services. V: "we don't call the GP anymore as we don't trust the doctors at the practice. We just dial 999 and go to hospital, have had to do this a few weeks ago when Mrs C felt unwell, we went straight to 999 and hospital"

Patient does not wish to make a complaint, or make a fuss, and we provided some assistance to register at a different GP practice.

## NHS Accessible Information Standards

M has hearing & speech impairment but is able to use British Sign Language (BSL). M had an outpatient appointment at Hillingdon Hospital and there was no BSL support provided. M found the appointment extremely stressful, difficult and frustrating as she was not able to properly communicate with clinical staff. M has another appointment at Hillingdon Hospital at end of March for an operation and M is very concerned and stressed that Hillingdon Hospital made no effort to arrange BSL support for the operation even though she made clear that she needed BSL.

Healthwatch Hillingdon contacted the Outpatient department at Hillingdon Hospital to ensure that BSL support would be made available for the operation. We also expressed our concern with senior management and raised the issue at the hospitals equality board.

## Concerns and complaints

Healthwatch Hillingdon recorded 65 experiences, concerns and complaints in this quarter. The areas by organisational function are broken down in Table C.

Concern/complaint Category	Number	% of recorded
CCG	1	2
Primary care: GP	15	23
Primary care: Pharmacy	3	5
Primary care: Optician	1	2
Primary care: Dental	3	5
Hospitals	24	37
Mental Health Services	3	5
Community Health	3	5
Social Care	8	12
Care Agency	0	0
Care Home	1	2
Patient Transport	0	0
Community Wheel Chair Service	2	3
3rd sector service	0	0

Table C

### Referring to Advocacy

18 referrals were made during this quarter:

2 LBH safeguarding, 10 VoiceAbility NHS complaints advocacy, 5 PoHwer NHS complaints advocacy, 1 DASH benefits advocacy.

### Overview

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

### Hospital Discharge

M is 91 years old, frail elderly with mixed dementia diagnosis. M lives alone. About 4 weeks ago, M fell in her home and broke her arm and damaged her face. M was left lying on floor with broken arm for 8 hours until discovered by domiciliary carers who then immediately called 999 and taken to Hillingdon Hospital. Approximately 2 weeks ago (middle Jan 2017), M was ready to be discharged from Hillingdon Hospital. The consultant doctors and nurses discussed with family the best options for M's on-going needs post-discharge. The consultant doctors advised the family that mum would need nursing home help. The family agreed to this as they were worried about her going home alone. However, London Borough of Hillingdon Social worker assessed M, without involving the family, and informed family that they were "over-riding the doctors, and said your mum doesn't justify a nursing home placement." Family concerned for mum's welfare and are not sure she can look after herself and keep safe and healthy on her home alone: "mum's arm broke last time, what will happen next time she falls, at least in a nursing home there will be someone to look after her and keep her safe."

We advised the family of their rights under the care act and the Family decided to make a formal complaint to the Local Authority.

## GP Out-of-Area Notice Letters

K is in her 70s and has been a registered patient with the Warren Medical Centre GP practice for the past **51 years**. For the past 19 years, even though K was out-of-area GP was OK with her as patient. However last year her usual GP retired and the practice taken over by new GP partners. In Jan 2017 K fell ill and during Jan 2017 made numerous visits to see the new GP at the Practice.

K subsequently received a letter from the GP practice which, in curt, basic, terms, informed her that as she was an "Out-of-area" patient she could no longer be seen by the practice and was given 3 weeks to leave and find a new GP practice nearer her home.

K was extremely upset at how she was treated by the practice and believes that the letter was sent in "retaliation", or in response to her numerous recent GP appointments and following her last conversation with the GP. "This letter has caused me really a lot more stress when I am already quite ill, it was the tone of the letter that I found to be rude". K has now no interest in remaining a patient of the Practice and has now registered with another local GP practice. K does feel that the letter was not nice, she has been "forced out" would like to know how to make a complaint "so that they don't treat other patients the way that I was treated".

We advised them of the complaints process and referred them to PoHwer for NHS complaints advocacy.

In recent months Healthwatch Hillingdon has become aware of a number of these "Out-of-Area" letters being sent to patients. We have escalated this to Hillingdon CCG and NHS England, as although GP Practices are within their contract terms to give patients notice who are out of their catchment area, we would question the methodology and equity of recent decisions.

## **5. STRATEGIC WORKING**

In 2016-17 Healthwatch Hillingdon attended 289 health and social care meetings and 53 voluntary sector and community meetings, covering a wide range of subjects.

Our involvement keeps us well informed on all matters and gives us the opportunity to challenge and seek assurances on behalf of our residents. It also ensures that the lived experience of our patients and public are clearly heard and are influencing decisions and improving health and social care in Hillingdon.

### Hillingdon Hospital NHS FT – Appointment to the Council of Governors

Healthwatch Hillingdon have been appointed by the Trust to the Board of Governors. We thank the Trust for our appointment and look forward to working with the Trust and our fellow Board Governors, to ensure the views and experiences of the Trust members and wider public are duly represented.

### Delegation of primary care commissioning

In February the membership of the Hillingdon CCG voted on whether they would become a level 3 delegated commissioner of Primary Care. Healthwatch Hillingdon oversaw the voting process as an independent observer.

Healthwatch Hillingdon have been invited to attend the Hillingdon Primary Care Board in a non-voting, observer capacity, with speaking rights, and attended the inaugural Board in April 2017.

#### Fertility Services – Department of Health response to ‘IVF’ report

We submitted our ‘IVF’ report to all members of the Backbench Business Debate on the disparity of IVF provision across England, secured by Steve McCabe MP.

In response, MP Nicola Blackwood MP, the Parliamentary Under Secretary of State for Public Health and Innovation, wrote to confirm the Government’s commitment to fund three cycles of IVF and outlined proposals to explore the recommendations made in our report, to have a national commissioning framework and tariff for fertility services.

At their March 2017 Committee Meeting, Healthwatch England publicly recognised the contribution Healthwatch Hillingdon has made to the development of a national IVF tariff and national guidance on IVF. [https://healthwatch.public-i.tv/core/portal/webcast\\_interactive/266414](https://healthwatch.public-i.tv/core/portal/webcast_interactive/266414). This again demonstrates how Healthwatch Hillingdon is being effective in influencing policy, at both a national and local level.

## **6. ENGAGEMENT OVERVIEW**

This quarter we engaged with 669 residents and patients through 17 community events, talks, presentations and information days. Events attended this quarter include the Health Fair at Uxbridge Library, Uxbridge College Volunteers’ Fair, Parkinson’s Group Coffee Morning & Hillingdon Carers Forum.

The key highlights for the current quarter was our attendance at Hillingdon Carers Café at Hayes and Harlington Community Centre.

Carers at the Hillingdon Carers Café were extremely vocal about their experiences of services. Below is a snapshot of the comments we recorded.

“To book an appointment with the GP is scarce, not to mention the delay in appointment times”

“Receptionists are too laid back and not attentive enough and do not pass information onto patients”

“More training is needed for frontline staff, especially receptionists”

Carers also expressed concern and anger about the miss-communication and disconnect between health and social care services.

#### Parent Carers Forum – Mental health Event

In March 2017 we organised and hosted an evening event for the Parent Carers Forum on mental health. The event was well attended and the presentations from, Hillingdon

Council, Hillingdon CCG, CNWL CAMHS, Hillingdon MIND and ourselves were well received.

### Uxbridge College

Following a presentation to students at Uxbridge College in March we have been invited to carry out a focused piece of work with a small group of students currently studying Vehicle Mechanics at the Uxbridge Campus. This is an excellent opportunity to obtain the views and experiences of young men aged 17-19 who we don't often engage with our service. We have discussed delivering a project on the subject of mental health and plan to start delivery in May. Dates have yet to be confirmed.

### The NCS Challenge

We have been approached by The NCS Challenge to facilitate a group of up to 12 young people aged 15-17 from Hillingdon to undertake a one-off volunteer day.

The 'Volunteer Day' will take place in early August and the plan is to get the young people to develop and conduct a mental health survey with members of the public in and around Uxbridge Town Centre. The results of the survey will support the ongoing work we are undertaking on mental health services.

### Volunteering

Volunteers contributed 516 hours of their time during the last 3 months.

During the current quarter, we provided work experience placements for 3 students from Uxbridge College and Barnhill High School. They shadowed staff at meetings and helped to man stalls at engagement events at Uxbridge College and across the borough. The feedback we received from them regarding their placement was very positive and it was a pleasure to work with them.

### Recruitment Drive

Since the start of the new year some of our long-standing volunteering have sadly left Healthwatch and have moved on to other pathways including paid employment. This is reflected in the fall in volunteering hours for engagement volunteers from previous quarters.

We are therefore planning a drive to recruit new volunteers for Healthwatch. As part of the Volunteers' Week celebrations in June we are planning a volunteer open day event at the Healthwatch office and a recruitment day in the Pavilions Shopping Centre. We will be promoting both events via social media, our website and we will be distributing leaflets at public venues across the borough.

### Digital Engagement

Below are our social media stats and metrics for quarter 3. The figures show an overall increase in engagement on both platforms month on month, with a significant increase in activity in March.



	January 2017	February 2017	March 2017
Twitter Followers	1066	1077	1084
Twitter Impressions (in 1,000)	9824	13,000	17,400
Profile Visits	641	555	1050
Facebook Likes	402	401	404
Facebook Post Reach	175	369	636
Facebook Post Engagement	9	14	21

As we reported in previous quarters, we are now using Instagram as an engagement platform. We have now reached 100 followers, adding an additional 30 new followers in the last quarter.

## 7. ENTER AND VIEW ACTIVITY

### PLACE Assessments

2 Place Assessments were carried out at Hillingdon and Mount Vernon Hospital during this quarter.

## 8. FINANCIAL STATEMENT 2016-2017

Income		£
Funding received from local authority to deliver local Healthwatch statutory activities		175,000
Bought forward 2015/2016		20,050
Additional income		500
Total income		195,550
Expenditure		
Operational costs		26,612
Staffing costs		149,683
Office costs		12,724
Total expenditure		189,019
Balance brought forward		6,531

## **9. 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.

## Key Performance Indicators 2016/17

KPI no.	Description	Relevant Strategic Priority	Monthly Target 2016-17	Q1			Q2			Q3			Q4			Accumulative Totals	
				2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	2014-2015	2015-2016	2016-2017	Target	Actual
1	Hours contributed by volunteers	SP4	525	692	550	637	732	625	522	583	462	491	637	729	516	2100	2166
2	People directly engaged	SP1 SP4	300		354	434		333	270		250	634		354	347	1200	1685
3	New enquiries from the public	SP1 SP5	125	124	232	177	126	402	296	96	241	173	98	227	248	500	894
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	12	15	14	8	18	7	1	12	7	18	N/A*	39
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	68	49	93	68	60	69	87	54	69	112	72	58	200	289
6	Consumer group meetings / events	SP1 SP7	10	62	22	16	48	25	15	42	10	15	89	22	22	40	53
7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0	0	0	0	1	0	0	0	0	N/A*	0
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	3	2	4	3	4	3	2	2	7	2	N/A*	10

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