

HEALTHWATCH HILLINGDON UPDATE

Relevant Board Member(s)	Stephen Otter, Healthwatch Hillingdon Chair
Organisation	Healthwatch Hillingdon
Report author	Graham Hawkes, Chief Executive Officer, Healthwatch Hillingdon
Papers with report	Appendix A - Healthwatch Hillingdon Reports Update Appendix B - Healthwatch Hillingdon Annual Report 2016-17

HEADLINE INFORMATION

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

RECOMMENDATION

That the Health and Wellbeing Board note 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>)

Healthwatch Hillingdon Annual Report 2016-17

Healthwatch Hillingdon published our Annual Report 2016-17 on 30 June 2017 and formally submit it for consideration to the Health and Well Board as Appendix B.

The report is publicly available on our website and has also been submitted to Healthwatch England, the Care Quality Commission, NHS England, Hillingdon Clinical Commissioning Group, London Borough of Hillingdon, and the Hillingdon External Services Scrutiny Committee.

3. 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 first quarter of 2017-18.

3.1. Changes to GP Prescribing

During this quarter we have been extensively engaged by the NWL CCG Collaborative on their proposed changes to GP prescribing. Through our seats on the NHS Hillingdon CCG and the NHS NWL Patient Participation Group we have been able to challenge the legality of the process, shape the proposals, and the development of the engagement materials, to ensure they were fair and not confusing for the public.

On 12 June 2017, following the general election purdah, the NHS North West London CCG Collaborative entered into a brief engagement exercise with the public on its proposed changes.

Healthwatch Hillingdon is very disappointed that a decision is being taken by Hillingdon CCG to change the way in which it is asking GP's to prescribe after a brief 3-week engagement exercise. Especially as NHS England is carrying out similar prescribing changes and are consulting nationally for 12 weeks and that during engagement people asked for more time to be given to understand the implications of the proposals.

We are however pleased that Hillingdon CCG have agreed that robust communication plans will be put into place prior to implementation and further work will be carried out to support GP practices and patients with behaviour change.

This is clearly needed, as following the initial proposals being shared with GPs Healthwatch Hillingdon saw a sharp rise in the number of calls from concerned residents who had been told by their GP that the over the counter medication they are normally prescribed is no longer available on the NHS.

Further information, including the letter we sent to NHS Hillingdon CCG and their response, can be found on our website. <http://bit.ly/2s8HquS>

3.2. Patient Information Booklet

As a direct result of our hospital discharge project we have worked with Health and Social Care Partners to redesign the 'Working together' booklet at Hillingdon Hospital which provides patients with important information about their inpatient stay, their discharge and ongoing care if required. The new booklet, which now also incorporates a section which will aid communication

for the patient and their families, was rolled out across the Trust in June 2017 and will be given to every patient. Further information on this and other recent recommendations are detailed in section 5 of this report.

3.3. Information, Advice and Support

During this quarter we recorded a total of 96 enquiries from residents into our signposting service.

74% of residents accessed our service through the shop, which remains the main point of contact. Nearly 85% of people contacted us for the first time and 40% of people were either signposted to the voluntary sector, or given information about their services. The following tables give a full breakdown of the activity.

How did we assist?	Qty	%
Signpost to health or care service	28	29%
Signpost to voluntary sector svcs	17	18%
Requesting information / advice	35	36%
Requesting help / assistance	3	3%
General Enquiry	13	14%
Total	96	

How did we receive enquiry?	Qty	%
shop	71	74%
phone	20	21%
email	0	0%
website	0	0%
event	1	1%
Unknown	4	4%
Total	96	

How person heard about us?	Qty	%
shopper	54	56%
known	16	17%
referral	6	6%
advert	1	1%
Other	10	10%
Unknown	9	9%
Total	96	

Signposted to?	Qty	%
Age UK Hill	4	5%
Hill Carers	3	4%
DASH	6	8%
Hillingdon MIND	3	4%
H4All	0	0%
Citizens Advice	7	9%
Other -Voluntary	9	12%
HCCG	1	1%
NHSE	1	1%
GP	10	13%
THH	0	0%
CNWL-MH	5	6%
CNWL-CH	2	3%
Other -CH	5	6%
Optician	0	0%
Dentist	7	9%
Pharmacy	2	3%
LBH - SS	2	3%
LBH - PH	0	0%
LBH - Other	4	5%
CQC	0	0%
POhWER	1	1%
Other Local HW	2	3%
Other	3	4%
Total	77	

3.4. Concerns and complaints

Healthwatch Hillingdon recorded 112 experiences, concerns and complaints in this quarter. The areas by organisational function are broken down in the following tables.

Primary Care / Other Services	Qty	%
Community MHT	4	8%
Community Nursing	1	2%
Continuing Care	1	2%
GP Services	30	57%
Other	6	11%
Pharmacy	3	6%
Rehabilitation Services	1	2%
NHS 111	2	4%
Equipment Services	5	9%
TOTAL	53	

Social Services	Qty	%
Nursing Care Home	1	4%
Assessment	1	4%
Aftercare	1	4%
Residential Care Home	1	4%
Assisted Living	1	4%
Children Services	1	4%
Care at Home	9	35%
Care Assessments	2	8%
Drug & Alcohol Services	3	12%
SS - adult physical disability	1	4%
Other	5	19%
TOTAL	26	

Hospital service	Qty	%
A&E	3	9%
Acute Care	1	3%
Cancer Services	3	9%
Care of the Elderly	3	9%
CAMHS - NHS	3	9%
Ear, Nose & Throat	1	3%
Gastroenterology	3	9%
Haematology	2	6%
MH - Ward based	2	6%
Minor Injuries Unit	1	3%
Neurology	1	3%
Occu Therapy	1	3%
Orthopaedics	3	9%
Outpatients	1	3%
Renal Medicine	1	3%
Urology	1	3%
Other	3	9%
TOTAL	33	

3.5. Referring to Advocacy

Advocacy Referrals	Qty
SEAP (Bucks NHS Complaints Advocacy)	1
AvMA (Action against Medical Accidents)	1
LBH Safeguarding	1
NHS Safeguarding	0
H4All Wellbeing Service	7
PoHwer (LBH NHS Complaints Advocacy)	14
TOTAL	24

3.6. Overview from data

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

Staff Attitude

The attitude of staff remains one of the highest reasons for complaint reported to us by the public. This account is on the extreme but similar are recorded where patients feel they are spoken at and their views ignored.

"I was very disappointed with my appointment at the surgery with Dr. S on xxth April 2017. It was our first meeting! I had been worried about a pain in my right side abdomen, and possible ovarian cancer risk. I was given an examination and then the doctor proceeded to bombard me with questions regarding my repeat prescription medication - I was shocked and tried to explain why I had been prescribed various drugs that were on there. He was very aggressive towards me and argumentative. He then accused me of being controlling and a strong woman. I felt upset and stressed by this point - this is totally the wrong way to deal with a patient - I was under attack!! I constantly had to remind him why I had come because of the pain I had and what was he going to do about it. He then organised various blood tests and an ultrasound.

He then discovered I had not had a blood pressure test for 2 years even though the last recorded test had been high and my cholesterol levels were also high. Without hesitation he announced that everything on my repeat prescription was cancelled. This man doesn't know my history or reasons why I'm on those drugs. I think this is a very dangerous way to behave. By this time I was extremely upset! I got the impression that the GP was only interested in cost of medication rather than me as a patient. I no longer have any confidence in that GP and don't want to ever see him again."

In this particular case the patient wanted to make a complaint and they were referred to NHS Complaints Advocacy and advised to consider moving to a different GP practice.

Patient De-registration

During this quarter we heard from a number of patients about GP practices who were de-registering "out-of-area" patients. This included a vulnerable patient with mental health issues and a husband and wife in their 80s, who both had multiple long-term conditions and had been registered with their current GP for the past 50 years.

Evidence suggested that these patients were randomly selected, rather than it being a uniform process applied to all "out-of-area" patients. It was also apparent that the correct NHS England procedures had not been adhered to, as patients were notified in a terse letter, given an arbitrary notice period, and were not supported to find an alternative GP Practice.

Healthwatch Hillingdon raised these incidents and the increased occurrences with NHS England and Hillingdon CCG, who spoke to the practices in question to ensure they acted within the law and followed best practice.

We are pleased to note that since this intervention reports to us of "out-of-area" de-registration has stopped.

The failure to plan the de-registration of the patient with mental health issues has been very expensive and resource intensive for the NHS. They went into crisis after receiving the de-registration letter and had several interactions with health professionals, including London

Ambulance Service, NHS 111 and Hillingdon's A&E. This is particularly disappointing as the individual contacted us shortly after receiving their letter and the GP Practice would not listen to our requests for a planned handover. We have now supported the patient to register with another GP practice that can meet their needs.

In the case of the husband and wife, Healthwatch Hillingdon supported the couple to find and register with another GP practice that had good disability access. The couple have since fed back to Healthwatch Hillingdon that they are "really happy with the new GP practice, it is much better than their previous GP practice and we should have moved years ago!! Thank you for your help".

Treatment Refused for Being a Hillingdon Resident

We were contacted by a mother whose son had been refused an assessment for autism at Northwick Park Hospital because they did not live in Harrow. Their GP had correctly offered the mother a choice of hospitals for the assessment and the family had chosen Northwick Park Hospital however the Consultant had written back to advise "Unfortunately, this child does not live in Harrow and would need to be referred to Hillingdon Hospital".

The mother was very worried about the delay in referral as son is missing out on school and wished to know whether her son had a choice to which hospital to be referred to and if they did, how the family could exercise their son's right to choice.

Healthwatch Hillingdon wrote directly to NHS Hillingdon CCG - who commission the service - to request that the child's right to choose hospital for the first outpatient appointment is delivered as set out in the NHS Constitution. Within 2 weeks the child was offered an appointment at Northwick park Hospital and the family were very grateful for Healthwatch Hillingdon's prompt intervention to ensure that the rights of their child were protected.

Poor Discharge

A patient with bowel cancer was admitted to Hillingdon Hospital with a bowel blockage. Following treatment, nurses promised the family that they would make sure that a home care support package would be put in place on the day of his discharge. However, patient was discharged at 10pm and sent home by ambulance, without a package. The patient's wife contacted the hospital but could not reach anybody who knew about the care package and contacted ourselves. We were able to support the family to ensure the appropriate care package is now in place. This however is further evidence that serious consideration be given to a proposed single point of access for discharge, as we recommended in our hospital discharge report.

Wheelchair Service

We have continued to hear from people about long delays in the wheelchair service. This has been raised with NHS Hillingdon CCG and Opcare, who provide the service for Hillingdon residents. As a result the delays are being actively addressed by the service provider.

During this period NHS England also published new NHS Wheelchair Service Specifications for commissioned wheelchair services, amid national data (Q4 2016/17) that showed around 25% of children are waiting over 18 weeks for a wheelchair and 17% of adults. We will be looking at how these specifications can be embedded in the current contract to improve the quality of service delivery locally.

4. STRATEGIC WORKING

4.1. Children and Young Peoples Mental Health (CYPMH) Transformation Plan

Healthwatch Hillingdon are disappointed by the results of the co-production work announced at the recent conference. Concerns had been raised by ourselves and partners at the Children and Young Peoples Mental Health and Wellbeing (CYPMHW) Steering Group, that this work could potentially duplicate previous engagement. We therefore found it extremely frustrating that the reported findings and the subsequent recommendations were virtually the same as the Healthwatch Report published in July 2015.

Since the findings were revealed, we have been approached by a number of the voluntary sector organisations and the parents involved in the work. They have all expressed their disappointment and their concern, that not only was the work a duplication, but as it came to the same conclusions as the Healthwatch report, a realisation that early intervention services are the same as they were 2 years ago when the Healthwatch report was published. This concern was exacerbated by the discussions held at the conference, which outlined that to be able to implement the early intervention services identified, funding would need to be released from the Acute CAMHS Service.

It is Healthwatch's view that with demand increasing for CAMHS, and treatment within 18 weeks of referrals running at 57% in July, the redistribution of funding to early intervention seems very unlikely in the short term. Healthwatch Hillingdon have therefore made a recommendation to commissioners to undertake an evaluation of the membership of the CYPMHW Steering Group, to strengthen the governance and put in place a new Year 3 plan, which clearly identifies:

- the required workstreams and actions
- the appropriate time scales
- the responsible officers
- the agreed funding for each workstream

We believe this recommendation is in the best interest of all partners and the delivery of the CYPMH Transformation Plan.

4.2. Healthwatch Hillingdon Reports

This year Healthwatch Hillingdon have presented 2 reports to the Health and Wellbeing Board, Safely Home to the Right Care and Expecting the Perfect Start.

Healthwatch strategically monitor the recommendations made within these reports to determine if they have been adopted by health and care partners and where implemented, the progress being made.

We have recently submitted a report to the NHS Hillingdon CCG on the progress being made on the recommendations and submit it to the Board for Members information. (APPENDIX A) Additionally, we would advise that both reports have been presented at the Hillingdon External Services Scrutiny Committee. In April we presented our discharge report to The Hillingdon Hospital NHS Trust Board at their Board seminar and on 25 May 2017, we presented our maternity report to the NWL Quality Safety Group (QSG).

The Report was warmly and widely welcomed by the QSG and there were many comments on how balanced the report was and that we had taken the time to involve midwives and consultants in the project.

The report was acknowledged “as best practice” in undertaking a review of people’s experience of maternity services.

The NWL QSG Chair noted the “great recommendations” in the report and highlighted that they will expect that all the Healthwatch Hillingdon recommendations be implemented and monitored.

The London Maternity Clinical Networks (NHS England) were very keen to provide us with an opportunity to present our report to them and we have subsequently been invited to present on engagement at the London Maternity Voice Partnership Event.

We have also accepted an invitation to present the discharge report to the NWL QSG at a later date.

5. ENGAGEMENT OVERVIEW

This quarter we directly engaged with 220 residents and patients through 13 community events, talks, presentations and information days attended by over 900 people.

Throughout the period, Healthwatch Hillingdon attended a number of community events and groups across Hillingdon. They included the Alzheimer's Cafe, the Older People's Assembly, Parent Carers Group, Hillingdon Carers Fair and a Dementia awareness event hosted by Yeading Library.

Events such as the Older Peoples Assembly and Hillingdon Carers Fair are regular fixtures in the Healthwatch Hillingdon events calendar and during this quarter’s events we reached out to over 50 members of the public.

By attending these events we had the opportunity to inform the public of our work and of the services we offer, however the format of these events, made it quite difficult to gather individuals feedback about experiences of services.

Our attendance at the Alzheimer's Cafe at Hayes & Harlington Community Centre and the Dementia Awareness event at Yeading Library, although comparatively smaller in terms of the attendees, proved to be more conducive. With the groups being smaller it allowed for more interaction, open group discussions and an opportunity to talk to a member of the Healthwatch team about their concerns or issues in a quiet and confidential setting away from the main event.

For instance, at the Alzheimer's Café we spoke in some length with a local resident who had waited several months to get the right prescription from her GP. The delay had negatively impacted on her health. She also informed us of the difficulties she had encountered with her local Tesco pharmacy as they continued to prescribe her with medications she no longer wanted. Despite their error they refused to accept the medicines back which she considered to be very wasteful.

As with most months; the main themes to come out of this quarters engagement included access to GP appointments, dental care and difficulty obtaining repeat prescriptions. This quarter we also heard from several visually impaired residents about the barriers they faced when accessing services. Several complained about missing their GP appointments because they were not informed by the GP receptionist when it was their turn to be seen because their surgeries only used digital boards to display resident’s names.

Volunteering

Healthwatch Hillingdon volunteers gave around 540 hours of their time this quarter and volunteered in a variety of roles including governance, inspection, outreach and engagement, social media and website redesign.

During April/May 2017 we were represented on the patient meal procurement panel at Hillingdon Hospital by an experienced member of our PLACE Assessor Team, as the Trust went out to tender for a new patient meal provision.

In June, we were delighted to welcome Alison Nieves to the team who has been tasked with revising the content for our revamped website. Alison has several years of editorial experience which makes her an excellent choice for this role.

To mark this year's National 'Volunteers' Week, we hosted two Open Day events in Hillingdon to recruit volunteers for Ambassador and Board Member roles. The events gave anyone interested in volunteering the opportunity to come along for an informal chat with staff and existing volunteers. These events generated quite a bit of interest from members of the public and we had at least 2 local residents express an interest in joining the Healthwatch Hillingdon Board.

Digital Engagement

We continue to use our existing social media channels to promote the work of Healthwatch Hillingdon, engage with the public and get involved in the local community.

This quarter, we used our social media platforms to publicise both our Maternity Care Report and Annual Report plus key news stories. We engaged with the public to participate in the CCG's consultation regarding the planned merger of Hayes Town Medical Centre and the Orchard Medical Practice and we have been promoting our engagement events via these channels.

6. ENTER AND VIEW ACTIVITY

PLACE Assessments

April and May are a busy time for our PLACE Assessors. They worked over 4 days at Hillingdon Hospital to help assess 10 Wards, 6 Outpatients, the A & E, communal internal areas, external grounds and undertake 3 ward food assessments.

They also worked with Central North West London NHS FT to assess the mental and community health care environments at Colham Road and the Riverside and Woodlands Centres.

7. FINANCIAL STATEMENT

Quarter 1 - 2017-2018

Income		£
Funding received from local authority to deliver local Healthwatch statutory activities		41,563
Bought forward 2016/2017		6,531
Additional income		0
Total income		48,093
Expenditure		
Operational costs		1,210
Staffing costs		28,276
Office costs*		7,231
Total expenditure		36,717
Surplus to c/f		11,376

*Rates and Insurance paid in month 1 for whole year.

8. KEY PERFORMANCE INDICATORS

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 2017-2019.

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

KPI no.	Description	Relevant Strategic Priority	Quarter Target 2017-18	Q1			
				2014-2015	2015-2016	2016-2017	2017-2018
1	Hours contributed by volunteers	SP4	525	692	550	637	540
2	People directly engaged	SP1 SP4	375		354	434	220
3	New enquiries from the public	SP1 SP5	175	124	232	177	208
4	Referrals to complaints or advocacy services	SP5	N/A*	19	9	12	24
5	Commissioner / Provider meetings	SP3 SP4 SP5 SP7	50	68	49	93	62
6	Consumer group meetings / events	SP1 SP7	15	62	22	16	26

7	Statutory reviews of service providers	SP5 SP4	N/A*	0	0	0	0
8	Non-statutory reviews of service providers	SP5 SP4	N/A*	5	7	3	5

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

UPDATE ON HEALTHWATCH HILLINGDON PUBLISHED REPORTS 2016-17

Graham Hawkes, Chief Executive Officer

Summary

Healthwatch Hillingdon published 2 reports in 2016/17, *Safely Home to the Right Care* and *Expecting the Perfect Start*. These looked at discharge from hospital and maternity care respectively.

The following report gives an overview of the recommendations made in these reports and where they have been adopted by health and care partners, the progress being made in implementing them.

Safely Home to the Right Care

Introduction

The Healthwatch Hillingdon Discharge Project engaged with older people who had recently been discharged from Hillingdon Hospital. We followed their journey from hospital back into the community, to gain a better understanding of the discharge process and the care and support provided to patients when they are back home.

In February 2017, we published the results of the engagement with 172 patients, carers, family and staff from over 20 organisations, in our report - [Safely 'Home' to the Right Care](#)¹.

Based on the evidence attained we made 9 recommendations to commissioners and providers on how the patient experience could be improved.

8 of the recommendations have been adopted by health and social care partners and now form part of the Better Care Fund Plan 2017/19² and the Discharge Improvement Programme within Hillingdon; which are monitored by both the Health and Wellbeing Board and A&E Delivery Board.

Recommendations

1. The Hillingdon Hospitals NHS FT (The Trust) has a booklet titled 'Working together'. This was a trust wide initiative which commenced in September 2014 with the aim of issuing this booklet to all admitted patients. The booklet would then be filled in during the inpatient stay, and would be completed on discharge complying with many of the details listed in the NICE requirements.

We recommended that this booklet be reviewed and updated to produce a 'Patient Journey' booklet that keeps patient/carer fully informed during the inpatient stay and outlines the details of the follow-up care and support arranged.

¹ <http://bit.ly/2vzIMBy>

² <http://bit.ly/2wkO2a0>

This would then act as a clear method of communication between patient/carers and professionals in hospital and in the community.



We worked with Health and Social Care Partners to redesign the 'Working together' booklet³ to include the areas patients and their families told us were required. In March 2017 a final draft was agreed and 35,000 copies were produced. The booklet was rolled out across the Trust in June 2017.

2. We would recommend that patient/carers are provided with written information about social care and continuing health care assessments in line with the Care Act. This should clearly outline, entitlement, assessment process, financial implications and support and information to make decisions on the selection of private care.



Summary information and useful reference points were included in the 'Working together' booklet.

Further provision is being developed to ensure consistent independent advice and support is given to patients. Once in place this will outline the options available for both public funded and self-funded post discharge and ensure patients can make informed choices.

3. We recommended that where an individual has substantial difficulty in being involved in the assessment process and their onward care provision, that an independent advocacy should be provided.



There are a number of actions being currently proposed for this recommendation and it is hoped these will be in place towards the end of 2017.

These look to develop an independent advocacy service for patients who have capacity. Ensuring patients have access to appropriate provision and are supported. Early scoping work is currently being undertaken and implementation is likely to be late 2017.

To ensure patients interests are represented and their choice is protected, where applicable, staff at THH will also be undertaking training on the provision of Independent Mental Health Advocacy and Independent Mental Capacity Advocacy.

4. We recommended that the hospital looks to standardise the discharge process across all wards. A compulsory uniform process could provide many benefits to improve the patient and staff experience.



It has been acknowledged by the Trust that discharge processes need to be uniform across their wards. The Trust is working closely with all partners and have invited support from the NHS Emergency Care Improvement Programme (ECIP).

³ <http://bit.ly/2wu3svt>

A standard discharge approach has been adopted called Red2Green. This will be fully implemented across the Trust by October 2017. This approach is used to reduce internal and external delays as part of the SAFER⁴ patient flow bundle and expected to make a real difference by reducing unnecessary delays.

5. We recommended a review of the discharge lounge be carried out, to assess how effective it is in meeting the needs of patient/carers who are waiting there. Without any pre-emption of this assessment, we suggested that the scope included looking at facilities/amenities available to patients, food and drink, and timely information on their medication or transport.



The Trust acted swiftly to address the issues we had found in the discharge lounge. They now provide hot food, and water for waiting patients and are reducing the amount of time that patients wait for their transport.

There has also been a review of the use of the discharge lounge and whether it could be relocated to optimise its use. This work is ongoing and no time scales have been set.

6. We recommended that in addition to written instructions for those patients being prescribed multiple medications, that the hospital also looks to provide Dosette boxes, or blister packs. This will mitigate against possible unintentional overdose, improve patient safety and could avoid some readmissions.



To date there has been no progress on this recommendation. The Trust are unable to provide Dosette boxes and it remains the responsibility of the GP to prescribe. Further work is required to understand the processes and look at possible solutions.

7. We recommended that when discharging an older person that it becomes standard practice to proactively refer to Hillingdon Carers for further support.



This recommendation has been adopted and is incorporated into the Better Care Fund Scheme 2 (An integrated approach to supporting Carers). Processes are in place at the Trust to identify carers and they are publishing a new carers strategy to ensure carers are supported at admission and discharge.

8. We recommended that serious consideration is given to the proposed 'single point of access for discharge'.



It has been agreed by partners that having a single point of access for discharge would improve communication between partners.

⁴ <http://bit.ly/2vBdWoO>

A single point of access is being developed for end of life services and conversations have taken place to look at expanding this as a possible solution for discharge. There are also options being discussed to utilise the community health contact centre and the possibility of an information hub for discharge.

9. We recommended an evaluation of the Integrated Discharge Team. To review membership and effectiveness.



A full review of the integrated discharge function was completed in July 2017. Space was found for social care staff at the Trust and it is planned that the numbers present be increased by October 2017.

The Home 2 Access programme is currently being piloted. This work will enable partners in the integrated discharge function to work closer together. Embedded as Scheme 4 of the Better Care Fund, it is hoped that by October 2017, a Joint Discharge Policy will be ratified by all partners, joint discharge procedures will be in place and trusted assessor arrangements established.

Expecting the Perfect Start

Introduction

Ealing Hospital's Maternity Unit closed in July 2015 under the NWL Shaping a Healthier Future reconfiguration programme. It was expected that an additional 600 women from Ealing would give birth at Hillingdon Hospital's Maternity Unit in 2016-17. Healthwatch Hillingdon decided to measure the impact of the closure of the Ealing Maternity Unit on the experience of women giving birth at Hillingdon Hospital.

During our engagement we spoke to with 251 women who were using the hospitals maternity services, or had given birth since the change, and collected the views of midwives, children centre staff and doctors.

In March 2017 we published our report '**Expecting the Perfect Start**'⁵ which outlined the very positive feedback we had received and gave an in-depth understanding of Hillingdon's Maternity Services.

We made 8 recommendations to help further improve the care provided and enhance the experience of women and their families. All have been adopted and an action plan put in place to address the areas identified for improvement. This will be reviewed at both the Maternity Services Liaison Committee (soon to be Maternity Voice Partnership) and the Borough's Children's Strategic Transformation Group.

⁵ <http://bit.ly/2nroLFP>

Recommendations

1. We recommended that a review be carried out on how women were given information, as a number of women indicated that in addition to written literature they would have also preferred a verbal explanation.



Staff were reminded that they are required to ensure women understand the literature that has been given to them. Staff do now explain literature they give out and this is being further enhanced through the introduction of the “baby buddy” app, which contains all the information a woman will require throughout their pregnancy and motherhood.

2. We recommended a review be undertaken of interpreting services to support women who do not speak, or have little understanding of English, to meet Clinical Maternity Standards⁶.



Interpreter services are available both face to face and over the phone. Staff are ensuring that women who require translation are being informed of its availability.

The Trust are also reviewing interpreter services to determine their future requirements.

3. We recommended a review of the continuity of care between women and their health professionals to meet the expectations of The National Maternity Review, ‘Better Births’⁷.



The Trust are part of the North West London Maternity Transformation Programme Early Adopters pilot. This will look to test the new models of care outlined in Better Births, which includes providing continuity of care throughout pregnancy and post birth, through small teams of dedicated midwives.

The Programme has only recently started and will be fully implemented during 2018.

4. We recommended there be a review of the referral process between the hospital and The London Borough of Hillingdon who provide a smoking cessation service.



The Trust are reporting that 100% of women are informed about smoking cessation and that all who request it are referred to LBH. There is a perception that there are delays in women receiving appointments from LBH, which is contrary to the data. This is a similar position to our initial findings and the organisation will be working together to fully understand why the referral process is not working effectively.

5. We recommended the hospital considers introducing a pager system in the antenatal department to allow women the choice of waiting elsewhere during their appointments.

⁶ www.rcog.org.uk/en/guidelines-research-services/guidelines/standards-for-maternity-care/

⁷ www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf



The Trust feel it would not be practical to operate a pager/messaging system. To accommodate the increase in activity, the capacity of the building needs to be increased. This is planned, but will not be completed until the funding under the Shaping a Healthier Future Strategic Outline Business Case part 1 is approved.

It is unlikely the building reconfiguration will be completed before 2019. The Trust are investigating alternative options and are looking at the possibility of providing clinics at Mount Vernon Hospital.

6. We recommended there was a review of the referral pathway for Ealing residents to the Ealing perinatal mental health service; and that the Hillingdon Clinical Commissioning Group (CCG) review the perinatal mental health service in Hillingdon to see how future provision can be met.



There has been further CCG investment into the Perinatal Mental Health Service in NWL and services were expanded in June 2017 to meet future provision. The service is providing a wider range of interventions and referral pathways have been strengthened to ensure women are referred to the appropriate service.

7. In the feedback that we received, over 50% of women indicated that they were not given choices of where to deliver their baby. In most cases this was GPs routinely referring them to Hillingdon Hospital.

We recommended that women are better informed about the choice they have of where they can deliver their babies.



This has been raised at a Hillingdon CCG Operational Development session. The actions required to inform GPs of the right to choice under 'Better Births' is yet to be established.

8. We recommended Hillingdon Clinical Commissioning Group work with The Shaping a Healthier Future team and Hillingdon Hospital to review the provision of antenatal and postnatal clinics in Ealing.



The service provision is already in place, with a consultant clinic at an Ealing Hospital hub and 4 community based clinics at Children's and Health Centres in Ealing. How this provision is being communicated to Ealing women still requires review. The Ealing CCG Commissioner has been invited to the Children's Strategic Transformation Group but the post is currently vacant and a representative from Ealing CCG has not attended.
