CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

20 July 2017

Time 1.30 pm **Public Meeting?** YES **Type of meeting** Scrutiny

Venue Committee Room 3 - Civic Centre, St Peter's Square, Wolverhampton WV1 1SH

Membership

Chair Cllr Jasbir Jaspal (Lab)
Vice-chair Cllr Wendy Thompson (Con)

Labour	**Conservative**
Cllr Greg Brackenridge	Cllr Patricia Patten
Cllr Linda Leach	
Cllr Hazel Malcolm	
Cllr Peter O'Neill	
Cllr Phil Page	
Cllr Martin Waite	

Quorum for this meeting is two Councillors.

Information for the Public

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Tel/Email Tel: 01902 551251 or earl.piggott-smith@wolverhampton.gov.uk
Address Democratic Support, Civic Centre, 2nd floor, St Peter's Square, Wolverhampton WV1 1RL

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Some items are discussed in private because of their confidential or commercial nature. These reports are not available to the public.

Agenda

Part 1 – items open to the press and public

Item No. *Title*

MEETING BUSINESS ITEMS

1 **Apologies**

2 **Declarations of Interest**

3 **Minutes of previous meeting** (Pages 3 - 6)
[To approve the minutes of the previous meeting as a correct record.]

4 **Matters Arising**
[To consider any matters arising from the minutes.]

DISCUSSION ITEMS

5 **Care pathways for the frail elderly** (Pages 7 - 12)
[Andrea Smith CCG, Head of Integrated Commissioning, WCCG and David Watts (or delegate), Director of Adult Social Care, to on the work being undertaken by CCG/RWT/BCPFT/CWC on addressing delayed transfers of care]

6 **Healthwatch Wolverhampton Annual Report 2016/17** (Pages 13 - 162)
[Elizabeth Learoyd, Chief Officer, Healthwatch Wolverhampton to present Annual Report 2016/17]

7 **Black Country Sustainability and Transformation Plan - the wider perspective** (Pages 163 - 166)
[Steven Marshall, Director of Strategy and Transformation, Wolverhampton City Clinical Commissioning Group to present an update on the developing Black Country STP]

8 **Health and Wellbeing Board Meeting 28 June 2017 - summary of discussion (report to follow)**
[A summary of the key discussion points from the Health and Wellbeing Board meeting on 28.6.17 is provided for information.]

9 **Health Scrutiny Panel - Work Programme 2017/18** (Pages 167 - 170)
[Earl Piggott-Smith, Scrutiny Officer, to present draft work programme for comments]

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

Minutes - 25 May 2017 Agenda Item No: 3

Attendance

Members of the Health Scrutiny Panel

Cllr Jasbir Jaspal (Chair)
Cllr Peter O'Neill
Dr Isabel Gillis

In Attendance

Witnesses

Employees

Neeraj Malhotra	Consultant in Public Health
Earl Piggott-Smith	Scrutiny Officer
Ros Jervis, Service Director, Well Being	Planning Officer
Helen Tambini	Democratic Services Officer
Jeremy Vanes	Royal Wolverhampton Hospital NHS Trust

Part 1 – items open to the press and public

Item No. *Title*

1 **Apologies**
Apologies for absence were submitted on behalf of Councillors Malcolm, Page, Patten,Leach, Thompson and Waite.

2 **Declarations of Interest**
There were no declarations of interest.

3 **Minutes of the previous meeting (27 April 2017) (to follow)**
Resolved:
That the minutes of the previous meeting held on 27 April 2017 be approved as a correct record and signed by the Chair.

4 **Matters Arising**
The Chair referred to the excellent report on oral health in children and reminded the Panel that it would receive a report on adult oral health in due course.

Ros Jervis, the Service Director for Public Health and Wellbeing referred to minute 8 Towards an Active City – a physical activity framework and stated that a technical report on Open Spaces was being produced by Planning Services.

The Panel might wish to see that report and if the Panel had any queries members could liaise directly with Ros Jervis or Richard Welch, the Head of Healthier Place and Andrea Fieldhouse, the Active People and Places Manager.

Resolved:

1. That a copy of the report explaining the reason for the high number of tooth extractions among 'White British' young people aged 2 to 16 years be forwarded to the Chair.
2. That the report on Open Spaces being prepared by Planning Services be circulated to the Panel for information.

5 **The Royal Wolverhampton NHS Trust Quality Account 2016/17 (DRAFT)**

Jeremy Vanes, Chair of the Royal Wolverhampton NHS Trust (RWT) presented the draft Quality Account for 2016/17 and highlighted the key points.

He stated that the format for the document had been established over six years ago, and was comparable year on year. It was assured and audited in the usual way, with stakeholders given the opportunity to comment. He referred to the three key priorities for improvement; safe nurse staffing levels, safer care and patient experience. He invited the Panel to comment and provide a statement to be included in the document when published on 26 June 2017.

The Panel considered the issue of safe nursing staffing levels and in response to questions regarding staffing shortfalls and training available for career progression, Jeremy Vanes confirmed that there continued to be a shortfall in experienced registered nurses, with recruitment abroad to find the necessary skills and experience. In some cases more health care assistants (HCA) were employed to compensate for that shortfall. There was also an extensive training programme for HCAs to allow career progression, including flexibility and re-designing job roles and innovation. There were also numerous local and national initiatives to both attract and retain staff.

In answer to a question regarding exit interviews, Jeremy Vanes stated that the feedback generally followed national trends. It was also acknowledged that Wolverhampton could not offer as much as some larger organisations. If the Panel thought that it would be helpful, it would be possible to ask Human Resources to provide a breakdown of the reasons for leaving.

The Panel considered the issue of safer care and in response to questions regarding what type of confidential breaches occurred and how serious incidents were graded, Jeremy Vanes confirmed that in the majority of cases it was paper documentation and it often involved younger members of staff who were not so aware of dealing with paper documentation. The increase in number could be because several GP surgeries had been added. At present he did not have a breakdown of how incidents were graded; however, that information could be provided at a future Panel meeting.

In respect of numbers and themes of Never Events, Jeremy Vanes and Ros Jervis, the Service Director for Health and Wellbeing confirmed that although those were extremely serious events, the outcomes for patients was usually not serious. Nevertheless, given the serious nature, every effort was made to ensure that those events were kept to a minimum.

The Panel considered the issue of patient experience, including the complaints procedure, how those complaints were investigated plus outcomes.

In answer to a question regarding the number of days given to process a complaint, Jeremy Vanes confirmed that the timescale had been increased from 25 to 30 days as previously the 25-day timescale had been breached by one or two days.

Jeremy Vanes referred to the Summary Hospital-Level Mortality Indicator (SHMI) and in particular the steps taken regarding coding for palliative care. Work was still required on the reasons for data and coding choices and it was hoped that national protocols would be available by the end of the municipal year and it would be an appropriate time for scrutiny.

Dr Isabel Gillis confirmed that Healthwatch would be commenting independently on the report and would circulate those comments to the Panel.

The Chair confirmed that a statement would be drafted and circulated to members of the Panel and agreed by the Chair and then forwarded to the Trust.

The Panel thanked Jeremy Vanes for his report and contributions to the discussion.

Resolved:

1. That the report be noted.
2. That the Chair forward a statement in response to the document.
3. That the comments from Healthwatch be circulated to the Panel when available.
4. That a breakdown of reasons why staff were leaving would be circulated to the Panel when available.
5. That a breakdown of how serious incidents were graded and near misses be circulated to the Panel when available.
6. That the possibility of scrutinising the Summary Hospital-Level Mortality Indicator (SHMI) and in particular the steps taken regarding coding for palliative care at the end of the municipal year be considered at a future meeting.

6 **Update on the work of the suicide prevention stakeholder forum**

Neeraj Malhotra, Consultant in Public Health, presented the update on the work of the Suicide Prevention Stakeholder Forum and highlighted the key points.

She outlined the key findings from the Suicide Prevention Needs Assessment undertaken in conjunction with the Samaritans in 2015. The Assessment had highlighted that men were significantly more at risk, peaking between 30 to 59, with the greatest risk being in homosexual men. It was noted that 72% of suicides were not known to specialist services and that emphasised how important it was to involve local communities and make them feel supported.

She referred to the Suicide Prevention Stakeholder Forum which had been established following the completion of the Needs Assessment. The Forum was made up of several groups and had overseen the development of a strategy and action plan. As a result of those initiatives, progress was being made to take a city-wide approach to reducing the risk of suicides occurring.

That had included in 2016, 70 people receiving basic suicide prevention awareness training, with plans to deliver that training to GPs.

The Panel commented that given the prevalence of suicides in men, was a targeted approach taken to reduce the risks?

Neeraj Malhotra stated that a meeting had been held with the coroner in January and he had invited officers to be present at inquests when it was believed to be a suicide to allow local data to be collected in terms of methods used, age, gender and ethnicity. Suicide attempts and cases of self-harm also need to be investigated as that was currently a 'grey' area, with self-harm admissions in the red for the city.

In answer to a question regarding the recording of suicides, Neeraj Malhotra confirmed that recording of suicides tending to be underestimated as deaths were only recorded as suicide when it was certain.

She referred to the work being undertaken by Headstart officers to help young people and to Age UK helping the elderly and their carers who were also vulnerable. Work with the recently bereaved was also important given the high risk factor. It would be helpful to engage with this group in a sensitive way to share their experiences. Reference was made to the success of the recent Suicide Prevention Awareness Week.

In answer to a question regarding future engagement with the university and college, Neeraj Malhotra stated that both have indicated that they would like to help and support potential future students by identifying how younger children may be supported to ensure their future mental well-being.

The Panel thanked Neeraj Malhotra for her report and contributions to the discussion.

Resolved:

1. That the Suicide Prevention Needs Assessment, Strategy and Action Plan and work undertaken in 2016 be noted.
2. That the 'benchmarking' assessment that had been completed, comparing the Forum, Strategy and Action Plan against the Parliamentary Health Committee recommendations be noted.

7 **West Midlands Ambulance Service (WMAS) Quality Account - 2016 17**

Resolved:

That a draft response be produced and shared with the Panel when available.

Agenda Item No: 5

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

20 July 2017

Report title	Care Pathways for the Frail Elderly
Cabinet member with lead responsibility	Councillor Sandra Samuels OBE Cabinet Member for Adults
Wards affected	All
Accountable director	Linda Sanders Strategic Director People
Originating service	Service area (not directorate)
Accountable employee(s)	David Watts Service Director – Adults Tel 01902 555310 Email david.watts@wolverhampton.gov.uk
	Andrea Smith Head of Integrated Commissioning, Wolverhampton CCG Tel 01902 441775 Email andrea.smith21@nhs.net
Report to be/has been considered by	

Recommendation(s) for action or decision:

The Panel is recommended to:

1. Consider if there are areas of care pathways for the frail elderly that Health Scrutiny Panel would want to explore in greater detail as part of the annual scrutiny programme

1.0 Introduction

1.1 The purpose of the report is to provide an update to Scrutiny panel of the work being undertaken in relation to Frail Elderly and in particular Delayed Transfers of Care (DTOC). This was discussed at the Health Scrutiny planning session in May 2017 and highlighted as an area of interest as the work is cross cutting across City of Wolverhampton Council, Wolverhampton Clinical Commissioning Group (CCG) and our key provider organisations including Royal Wolverhampton Trust (RWT) and Black Country Partnership NHS Foundation Trust (BCPFT).

2.0 Background

2.1 National guidance such as the NHS Five Year Forward View states that areas should have a plan for integrating health and social care by 2020. This can be delivered on a number of different levels and can be determined locally. The key objectives for integration is improving care for the people of Wolverhampton by creating an environment where health and social care teams work together to ensure that pathways are seamless and that care is delivered in the most appropriate time, by appropriate personnel in the most appropriate place. This collaborative working will help us to deliver other objectives such as delayed transfers, reducing emergency activity in hospital and increasing reablement.

2.2 In addition the Integration and Better Care Fund (BCF) planning requirements, published on 4 July 2017 has an emphasis on delayed transfers of care. National condition 4 – Managing transfers of care states that all areas must implement the high impact change model for managing transfers of care. This is also a requirement of the BCF Grant announced in the spring budget.

2.3 Health and Social Care continue to work together to develop integrated pathways and integrated ways of working to improve the care that we give to the people of Wolverhampton. This is managed through several different governance arrangements such as the Better Care Fund Programme and Accident and Emergency (A&E) Delivery Board.

2.4 There are a number of projects currently underway which set out to improve the health and wellbeing and manage the impact of people living with long term conditions and /or that are Frail elderly. These projects, shown in the table below, aim to avoid emergency admission to hospital or to reduce DTOCs.

Project	Aims and Objectives
People living with Frailty Programme	This project will review and redesign current pathways to ensure services are meeting the needs of our ageing population. A revised model of care will place a stronger focus on prevention, aging well with the delivery of proactive care aiming to keep people living independently for longer. Work will be undertaken in Primary Care to diagnose and manage people earlier, in the Hospital in emergency portals to manage people more effectively and discharge to the community wherever appropriate and in Social Care to support people remaining in their

	own home for longer.
Review and Redesign of community services programme	This project will deliver an In depth review of current Community Based services to establish effectiveness, efficiency and improve quality. It aims to adopt a place based approach to the delivery of community based services ensuring where possible, persons are activated and encouraged to self-manage and remain in their usual place of residence where appropriate. Undertake a scoping exercise to identify acute based services that could safely be delivered within a community setting to achieve care closer to home Co-production of detailed plan and the development of a robust business case based on opportunities identified across health and social care
Admission Avoidance Programme	Review and development of established Admission Avoidance capability to identify opportunities to improve current performance and further promote services to partners and stakeholders. The admission avoidance programme requires integrated pathways as people may require input from health and social care in order for their care to be delivered in a home or community based setting.
Discharge to Assess Programme	This important programme of work is underway and working at pace to redesign pathways out of hospital to ensure a 'home first' culture is adopted and embedded when discharging persons from acute care. Work streams have been identified, with named leads across health and social care. A pilot has commenced, starting on two wards at RWT and has now expanded to four wards with a rollout plan being implemented.
6-month extension of Home Assisted Reablement Programme (HARP)	Delay the outsourcing of the HARP service until April 2018 whilst continuing to commission a reablement service from the current market in the meantime. The continuation of this service will enable local providers to evidence their ability to develop alternative community based reablement services. The aim is to develop the market through pump priming this sector enabling the decommissioning of some bed based capacity across the local health and care system utilising released funds to enable the on-going funding of the enhanced domiciliary reablement service.
Additional Step down/Very Sheltered Housing or Extra Care	To provide very sheltered housing or extra care housing schemes to enable 'a closer to home' environment with people having similar space in which to practice reablement tasks, build confidence, provide evidence of ability and risks including trialling of telecare enabling a more submersive assessment before making longer term care and support decisions.
Hospital Discharge Demand Management Implementation	During 2016-2017 a diagnostic was produced by iMPOWER and recommendations that focus on system wide culture change proposed in order to help deal with the challenge of DTOC, manage demand and drive performance improvement. This proposal is in relation to commissioning external support and bring additional expertise not currently available to further develop and implement the action plan with the service and wider partners.

Hospital Discharge Voluntary Sector Service	Low level support on discharge for short, time limited periods have shown to be successful in reducing demand, this includes: reducing reliance on more formal care and support, reducing inappropriate referrals to reablement (residential & domiciliary), diverting people away from A&E , facilitating earlier discharge through provision of either support to get home or on getting home e.g. turning heating on or collecting shopping, providing information and advice to connect people to universal or low level services.

2.5 There are, however, a number of challenges to delivering the reduction of DTOC target.

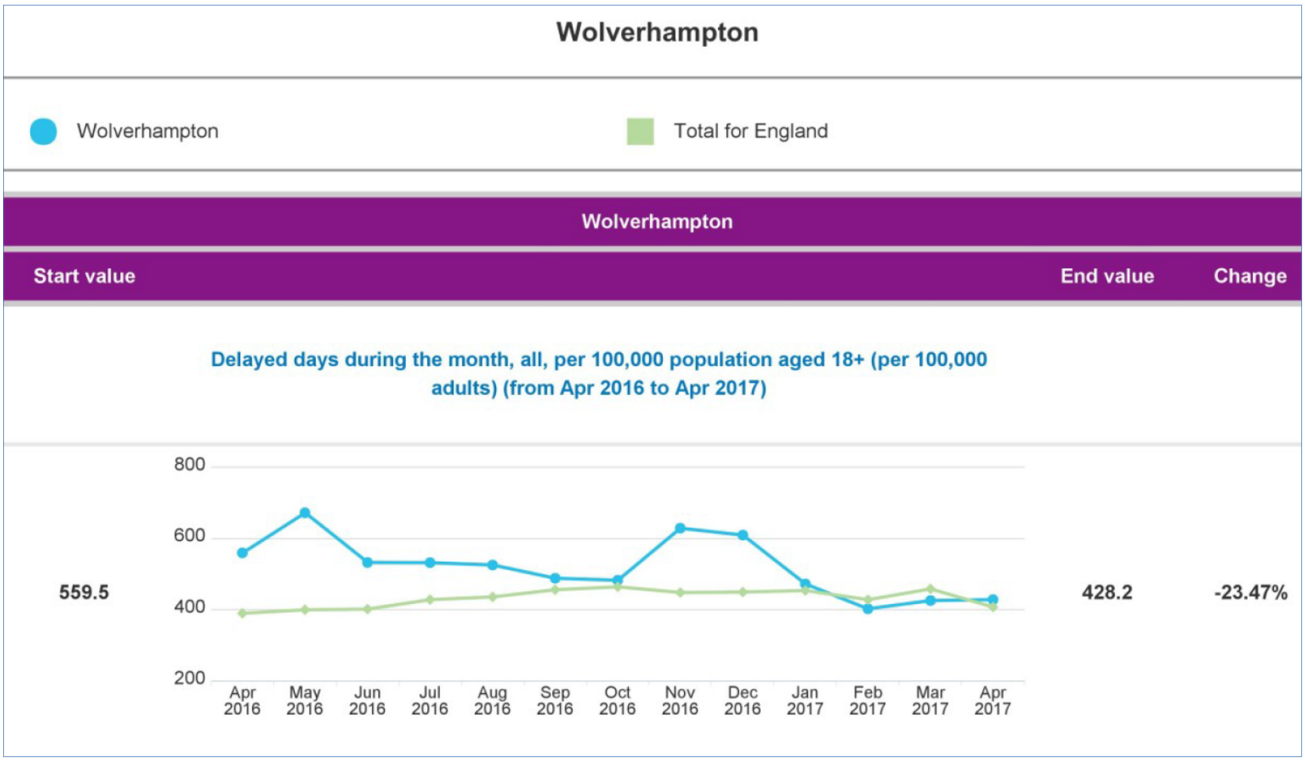
2.5.1 The recent ASC and NHS interface dashboard that was published with the recent BCF guidance does not paint a good picture for Wolverhampton. The interface takes a number of measures for example; number of emergency admissions per 100,000 population, length of stay, delayed days, proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services, proportion of older people (65 and over) who are discharged from hospital who receive reablement/ rehabilitation services, proportion of discharges (following emergency admissions) which occur at the weekend. Out of 151 areas Wolverhampton is ranked 117, clearly showing that there is opportunity to improve.

2.5.2 As with all datasets this should be read with several caveats in mind.

1) The social care data used is from 2015-2016 so does not reflect any change in position made in the last 12 months,

2) With regards to emergency admission we have approx. 3000 fewer admissions than our “nearest neighbour on national rank” – Barnsley ranked 13, however length of stays is longer in Wolverhampton. This appears to say that we are marked down for length of stay even though we are avoiding more emergency admissions. This could indicate that the people that are being admitted are more complex and required longer stay; or could be an indication of challenges with discharge.

2.5.3 A further challenge is in how we are measured for the DTOC target. For Wolverhampton residents, we are seeing a positive reduction in delayed days as can be evidenced in the graph below that shows Wolverhampton performance stabilising around the England average since January 2017. However, a significant proportion of DTOC at RWT come from other areas i.e. Walsall and Staffordshire. We have little influence over the flow of patients awaiting discharge to other areas, however continue to engage with those health and social care systems to try to improve performance in those areas. NHS England (NHSE) have supported by contacting CCGs in those areas to try to facilitate solutions to issues and representatives from Staffs CCG have committed to attending the Wolverhampton A&E Delivery Board.



3.0 Impact on Health and Wellbeing Strategy Board Priorities

3.1 Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	✕
Alcohol and Drugs	☐
Dementia (early diagnosis)	✕
Mental Health (Diagnosis and Early Intervention)	☐
Urgent Care (Improving and Simplifying)	✕

4.0 Financial implications

4.1 This report provides an update on the activities that impact on frailty pathways in the City. The Better Care Fund programme is the primary vehicle by which changes may be made to frailty pathways in the City. The current Better Care Fund programme is currently being refreshed and has not yet been signed off. This is mainly due to the delay in published guidance from the Department of Health that became available on 4 July 2017. The Better Care programme board has been proactive and in the absence of guidance had completed most the work required to develop the two year BCF plan for 2017-2018 – 2018-2019.

4.2 The 2016-2017 Better Care Fund revenue pool budget was £56.7 million, £35.1 million funded by Wolverhampton CCG and £21.6 million from City of Wolverhampton Council resources. In addition the pool budget also included capital of £2.4 million Disabled Facilities Grant.
[AJ/13072017/D]

5.0 Legal implications

5.1 The activity referenced in this report is enshrined in primary legislation. In particular, this relates to section three of the Care Act 2014 which establishes the legal framework for integration of care and support with health services.
[RB/13072017/W]

6.0 Equalities implications

6.1 There is no change to current activity proposed in this report. As the activity is enshrined in primary legislation, this legislation was subject to equalities analysis and scrutinised through the usual processes required to implement legislation.

6.2 Local activity is monitored through performance reporting. There is currently a refresh of the Joint Strategic Needs Assessment (JSNA) underway and the output from this will be used to ensure that services continue to adapt to reflect the changing demographic makeup of the City.

7.0 Environmental implications

7.1 There are no identified environmental implications at this point.

8.0 Human resources implications

8.1 There are no identified human resources implications at this point; however the nature of integrated health and social care work is such that there may be future impacts to be considered to achieve greater levels of integration.

9.0 Corporate landlord implications

9.1 There are no identified corporate landlord implications at this point; however the nature of integrated health and social care work is such that there may be future impacts to be considered to achieve greater levels of integration. Any proposed changes are dealt with through the One Public Estate governance arrangements.

10.0 Schedule of background papers

10.1 There are no background papers.

Agenda Item No: 6

Health Scrutiny Panel

20 July 2017

Report title	Healthwatch Wolverhampton Annual Report 2016/17
Report of:	Elizabeth Learoyd Chief Officer Healthwatch Wolverhampton
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

Note the attached Healthwatch Wolverhampton Annual Report 2016/17 for information.

1.0 Introduction

1.1 Healthwatch Wolverhampton is the independent consumer champion for health and social care. The purpose of this report is to highlight the key achievements of Healthwatch Wolverhampton, review the projects undertaken and to understand the recommendations made for service improvement. The report also outlines key priority work areas that Healthwatch Wolverhampton will undertake during 2017/18, based upon feedback from the public and areas of concern.

2.0 Background

2.1 Healthwatch England mandates that each of the 148 local Healthwatch throughout England have to produce an annual report, detailing all key Healthwatch activities and reporting on finances for the year. This is then lodged with Healthwatch England, the Care Quality committee and NHS England to ensure that every local Healthwatch is operating effectively and transparently.

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	☐
Alcohol and Drugs	☐
Dementia (early diagnosis)	☐
Mental Health (Diagnosis and Early Intervention)	☒
Urgent Care (Improving and Simplifying)	☒

4.0 Decision/Supporting Information

The annual report references the three main reports which Healthwatch completed during 2016/17, namely, a research project on access to GP's in Wolverhampton, a review of the Urgent Care Centre and also a report into Safeguarding Experiences. These reports are attached as supporting information.

5.0 Implications

There are no known implications in relation to this report.

6.0 Schedule of background papers

6.1 The background papers relating to this report can be inspected by contacting the report writer:

Elizabeth Learoyd
Chief Officer

Healthwatch Wolverhampton
Free phone: 0800 470 1944
Direct line: 01902 810183
www.healthwatchwolverhampton.co.uk

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healthwatch Wolverhampton

Healthwatch Wolverhampton

Annual Report 2016/17

Contents

Message from our Chair

The year has been an important one for Healthwatch Wolverhampton given the ever changing scene in health and social care and the commencement of the new Healthwatch Wolverhampton contract delivered by Engaging Communities (ECS) from 1 April 2016. I was very pleased that the former Chief Officer, Donald McIntosh provided continuity through the initial stages of transition to us as the new provider and wish to thank him for his hard work and commitment shown to Healthwatch Wolverhampton during his time as Chief Officer.

A new Healthwatch Advisory Board was recruited during the year, reflecting the community it serves and I have watched it grow and develop throughout the past 12 months.

Over the past year, I have been particularly pleased with the work we undertook on the issue of mental health, which can be an area that is often neglected. It remains an ongoing area of focus for Healthwatch in the year ahead. Healthwatch Wolverhampton has developed a positive working relationship with key stakeholders and gained an excellent insight into the key health and social care issues facing the city, which have also been highlighted in the Black Country Sustainability and Transformation plan, of which Wolverhampton is a constituent member.

In November 2016, I welcomed Elizabeth Learoyd to the team as Chief Officer. She has proved to be an excellent ambassador for Healthwatch and has been working to improve relationships with key stakeholders and ensure Healthwatch effectively engages with members of the public throughout the city.

A new Chair for Healthwatch Wolverhampton, Dr Isabel Gillis, was appointed from 1 April 2017 and I wish her every success for the future.

In closing, I would like to thank all of the staff, board members, volunteers, stakeholders and the public for their continued support.

Robin Morrison

Chair- Healthwatch Advisory Board

Message from our Chief Officer

This year has been one of opportunity and change for Healthwatch Wolverhampton, most notably the change in service provider when Engaging Communities (ECS), a local Community Interest Company, took over the service delivery of the contract from 1 April 2016.

The Healthwatch contract is now delivered alongside the contract for the Independent NHS Complaints Advocacy Service for the first time, with advocates from the Wolverhampton Health Advocacy Complaints Service (WHACS) being an integral part of Healthwatch.

The current challenging landscape of health and social care, most notably the Black Country Sustainability and Transformation Plan which looks at transforming the way health and social care services are delivered throughout Wolverhampton means the role of Healthwatch is vital at ensuring people have the opportunity to have their say on future service design and delivery. I am passionate about ensuring there is an ongoing and meaningful dialogue with the public on all future plans. Having joined Healthwatch as Chief Officer in November 2016, I have had the opportunity to continue the work on priorities identified by the public in Wolverhampton- most notably our project into patient experience at the Urgent Care Centre and our report on GP access across the city.

Over the last 12 months, we have increased our volunteer numbers and enlarged our pool of Authorised Representatives which has enabled us to carry out more Enter and View visits and we are aiming to increase this area of our work in the year ahead.

The commitment and resilience of the staff, partners and volunteers have enabled Healthwatch to continue to produce great work over the last 12 months to ensure the voices of the people of Wolverhampton are heard by those that commission, manage and deliver health and social care services. I thank all of our staff, volunteers and supporters for all of their commitment and continued efforts.

I am looking forward to a year of focused activity as we move ahead towards increasing our impact throughout Wolverhampton and being a strong voice for local residents throughout the city.

Elizabeth Learoyd

Chief Officer

Highlights from our year

This year we've reached 2176 people on social media

Our volunteers help us with everything from surveys and engagement to Enter & View visits

We've recruited 170 new members

We've collected 1,005 survey responses

Our reports have tackled issues ranging from patient experience at the Urgent Care Centre to access to GPs

We engaged with 3163 people and attended 297 engagement events and activities

We've met hundreds of local people at our community events

Who we are

As Healthwatch Wolverhampton, we exist to make health and care services in the city work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

Some of the Healthwatch team at the Healthwatch tea and chat event held for Mental Health Awareness Week

We are uniquely placed as part of a national network, as there is a local Healthwatch in every local authority area in England, and we can connect with them all.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work. We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Healthwatch Wolverhampton is delivered by Engaging Communities (ECS), a not for profit Community Interest Company, set up to give a voice to the people, particularly on health and social care services.

Our vision

Healthwatch Wolverhampton acts as an independent voice of local people, championing quality health and social care. It is our job to argue for consumer interest for all those who use health and social care services in the city. Through effective engagement to gain service user feedback, we can raise awareness of key issues affecting our local health and social care services and recommend improvements.

Our mission is to:

+ Monitor service delivery through concerns raised, feedback received and our Healthwatch Wolverhampton Advisory Board
+ Analyse consumer feedback and data to produce evidence and insight reports
+ Challenge commissioners and providers on the quality, access and delivery of health and social care services
+ Develop services through public involvement and engagement to ensure the consumer voice is heard

Working in partnership

Good working relationships are vital to Healthwatch Wolverhampton, which is why

we are continuing to work hard at raising our profile with local decision makers and developing strong working partnerships throughout the city. We want to be seen as a credible, trusted partner in health and social care throughout Wolverhampton to enable us to have influence and impact in the work that we do for residents of the city.

Some of the decision making forums where we have a voice include:

+ Health and Wellbeing Board
+ Wolverhampton Health Scrutiny Committee
+ Wolverhampton Safeguarding Adults Board
+ Wolverhampton Clinical Commissioning Group Board
+ Local Pharmaceutical Network
+ NHS England Quality Surveillance Group
+ The Royal Wolverhampton NHS Trust Patient Experience Forum

Our Healthwatch Team (from left to right): Danny Cope; Tracy Cresswell; Elizabeth Learoyd; Shooky Devi; Rasham Gill; Sam Hicks and Judith Stroud.

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Your views on health and care

Listening to local people's views

In 2016/17, we engaged with local residents through a variety of methods, ensuring our outreach work reaches people at grass roots level with a focus on localism and community empowerment.

+ Our Community Outreach Officers use a collaborative approach to engage with individuals, voluntary groups and community organisations. They focus on specific local community areas of need and develop capacity through recruitment of Healthwatch Champions to support projects and activities locally throughout the city.

+ Our engagement events enable us to raise awareness of Healthwatch and the services we offer

+ We gather feedback to influence health and social care service design and delivery

+ We offer opportunities for real involvement

+ By conducting Enter and View visits into services to observe and gather patient views and experiences, we help inform service improvements

What we've learnt from visiting services

The Enter and View programme provides Healthwatch Wolverhampton with an opportunity to see how a service is run. It also gives an opportunity to hear the views of patients, carers and staff at the point of service delivery.

An Enter and View visit is not an Inspection.

Healthwatch offers a layperson's perspective rather than in-depth formal inspection conducted by the regulatory body, the CQC.

Our Enter and View programme is not a standalone activity. It is just one tool available to us for collecting evidence and feedback and is part of a wider engagement strategy.

We have 19 trained Authorised Representatives who support the Enter and View programme. During 2016/17, we carried out 11 'unannounced' Enter and View visits in Wolverhampton.

Eight visits were to care homes and two to the Royal Wolverhampton NHS Trust.

These were:

+ Royal Wolverhampton NHS Trust (RWT) – Geriatric Department Ward A8.
+ Bentley Care Home
+ Eversleigh Care Centre
+ RWT – Snowdrop Centre (Re visit)
+ Waterside House Care Home
+ Orchard House Nursing Home (Re visit)
+ Lime Tree Court Residential Home
+ Richmond Court Care Home
+ Probert Court Nursing Home

+ Wrottesley Park House Care Home (Re visit)

Reports for all our visits can be found on our website.

Geriatric Medicine Department – Ward A8 – Royal Wolverhampton Trust (RWT)

Ward A8 received a visit during November 2016. The visit was conducted due to Healthwatch receiving concerns around staffing levels, communication and treatment of patients.

During the visit, Healthwatch observed the surroundings which enabled us to present many findings to the provider such as:

+ An over-bed table was dirty with tea ring stains and had dirty tissues.
+ **Provider response** - the over bed table has been replaced
+ Storage room door left open
+ **Provider response** - the door kept "sticking" which meant it was not closing properly. The door has since then been trimmed to prevent this occurring.
+ A patient lying on a deflated air bed
+ **Provider response** –this was not acceptable – sister to raise with the team and monitor on a daily basis.

The Matron asked to meet with Healthwatch to discuss the matters raised. We met with the Matron and had a very positive meeting, which resulted in the visit having a clear impact on the ward, with our findings and recommendations being taken on board to bring about improved service delivery for patients, visitors and staff.

Enter and View

Snowdrop Centre (Chemotherapy Unit) – Royal Wolverhampton NHS Trust (RWT)

An initial 'announced' visit was carried out in December 2015, which highlighted a number of areas for improvement. Healthwatch had received similar concerns around staffing levels at weekends and the temperature of the unit, as patients waiting to be treated had complained of feeling cold, which led to a re visit in January 2017.

This gave Healthwatch the opportunity to see if the recommendations had been put in place since the initial visit.

+ Notice entitled **'Re: Important changes to the emergency assessment and admission pathways for our patients'** should be briefer or bullet pointed and positioned more prominently, not amongst other notices on the wall.

+ Room thermometers should be introduced to the unit and temperatures monitored regularly. A system should be looked into for localised adjustment of the temperature, due to the patient group being treated.

+ GPs should be reminded of the new A&E protocol to avoid unnecessary waiting and distress for oncology and haematology patients.

The visit was a positive experience, having spoken to staff and family members visiting their relatives. Healthwatch felt no further recommendations were required as follow up actions and information requested had been provided.

Eversleigh Care Centre

This visit was conducted on a Saturday afternoon by 4 Authorised Representatives, as it was a large home with a capacity of 79 residents. The visit was partly observational, which involved the Authorised Representatives walking around the home to better understand how the home operated. The visit also involved talking with residents, staff and relatives.

During the visit, the Authorised Representatives observed findings that were addressed in the recommendations of the report. Some of the findings include;

+ Doors with signage 'keep locked' were open.

+ **Provider response** – staff will be reminded in the next meeting and home manager to monitor.

- There was an overpowering smell in one of the corridors.
- **Provider response** – This was an isolated incident staff will be notified in the next meeting.
- Not all staff wore their identification badges.
- **Provider response -** staff will be reminded in the next meeting and home manager to monitor.

Healthwatch gave the staff at Eversleigh Care Centre the opportunity to meet with us to discuss the findings and to provide a response. It was a challenging meeting with the service provider, but a valuable one as to improve the relationship with the care home.

Healthwatch Wolverhampton made a number of recommendations and requested relevant information, which was provided, therefore no further action was required.

Wrottesley Park House Care Home

Healthwatch Wolverhampton carried out an Enter and View visit, as it had been reported that building work was being carried out in the home and we wanted to see what impact this was having on the residents. The visit was carried out on a weekend by 3 Authorised Representatives. It was a challenging visit with a number of recommendations put in place. Due to the urgent attention of some of the findings, Healthwatch Wolverhampton informed the Care Quality Commission to help inform future inspections.

The home was contacted for a response to the report, but did not provide one.

Lime Tree Court Residential Care Home

The visit took place during March 2017, as Healthwatch had received some concerns around how the residents are dressed whilst attending external day centres. These issues were raised during the visit and the manager explained how the arrangements work with the residents and staff.

During the visit, Authorised Representatives were most impressed with the operation of the home and how accommodating staff were. The manager explained that a considerable amount of work is being done to make the home dementia friendly.

The home was happy with the findings and did not wish to provide a response before we published the report.

Next Steps

Following our visits, we aim to:

+ follow up any actions the provider may have said they will carry out.
+ share our reports with the CQC, Local Authority, Healthwatch England, local Councillors and publish the reports on our website.
+ raise concerns to the organisation and make recommendations for improvements.

How Healthwatch Wolverhampton has influenced change by carrying out Enter & View visits.

Geriatric Department – Ward A8

"One patient had been in hospital for five weeks and had only met the social worker a week ago. The social worker was to sort out a home package, but said "if I have not made contact in two weeks, please make contact again." This patient had not received any physiotherapy since arriving on the ward.

After the visit, the provider gave the following response:

"The onus should not have been on the patient to contact the social worker. There appears to have been a communication breakdown. This can be resolved moving forward, as every morning a huddle takes place with nursing, therapy and medical staff. Sister will reinforce the importance of all members of the multi-disciplinary team explaining the management plan to each patient".

Bentley Court Care Home

During the visit, the Authorised Representatives observed the ceiling in the dining room appeared to have stains on it.

Following the visit, the provider gave the following response.

"The ceiling that was stained by a water leak has now been repainted".

Orchard House Nursing Home

The Authorised Representatives observed on arrival that a wall mounted ashtray was full and overflowing.

Following the visit, the provider explained that the ashtray had been emptied and provision put in place to ensure that this is emptied more frequently.

We would like to thank our Authorised Representatives (listed below) for their time and commitment given to the Enter & View programme to make it a success.

+ Dana Tooby
+ Beverly Davis
+ Danny Cope
+ Donald McIntosh
+ Elizabeth Learoyd
+ Jane Emery
+ Judith Stroud
+ Kirpal Bilkhu
+ Mary Brannac
+ Marlene Lambeth
+ Michaila Tope
+ Rasham Gill
+ Raj Sandhu
+ Roger Thompson
+ Sam Hicks
+ Yusuf Shafi
+ Sheila Gill
+ Shooky Devi
+ Tracy Cresswell

Our Enter and View leaflet for providers and commissioners is available upon request.

Helping you find the answers

Helping people get what they need from local health and care services

There are many reasons why a health or social care service user may require information and signposting services. They may need to find out more about a particular service or they may want to know which person or organisation they can contact for further information in the future.

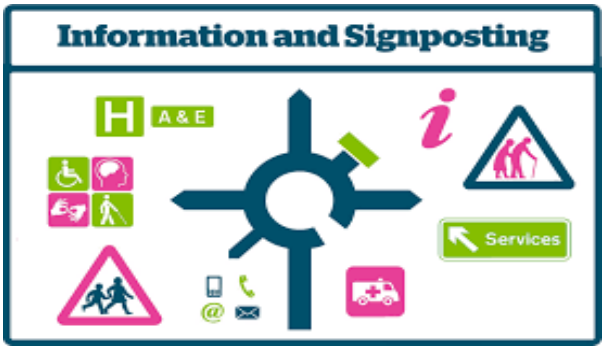
As part of our Engagement Strategy, we rely on a wide range of methods of information and signposting to help the public navigate the health and social care system.

Freephone number 0800 470 1944

We receive a large number of calls to our Freephone number from members of the public seeking advice, guidance, information and support.

Signposting and guidance

Throughout the year, members of the Healthwatch team have held information stands across the city asking the public for their feedback on health and social care services. We have been in a fortunate position to help them out with any issues they have had with these services.



Supporting those who access mental health services has been one of our top priorities this year. We began by setting up a stand weekly for six weeks in the summer of 2016 at Epic Café - a space for members of the community who want to improve their emotional and mental wellbeing. We received a lot of useful feedback from the attendees. We also had the opportunity to speak to members of the public at the University of Wolverhampton during its University Mental Health Day and we gained valuable public insight working alongside the Black Country Partnership NHS Foundation Trust during Mental Health Awareness Week.

As Healthwatch, we frequently receive enquiries about what services are available, as people find the health and social care landscape complex and confusing.

Here are a couple of issues people approached us with and details on how we helped them:

+ One lady, whose relative needed to be moved from a residential home to a more expensive nursing home, contacted Healthwatch to find out what financial support was available to help cover the difference in costs. We informed her of the NHS Continuing Healthcare (CHP). We provided information about the assessment process and informed her that it must be initiated by her relative's social worker. This enabled her to discuss this option with the social worker in her upcoming meeting with him.

+ A gentleman approached Healthwatch and told us that he had been trying to

contact his doctor for the last three to four months and each time he phoned they told him that no appointment slots were available. He had even visited the GP surgery to try and make an appointment without success. We provided support by explaining options available and he decided that he wanted us to help him to change to a different GP surgery. Healthwatch provided support to him during this process to get a positive result.

+ A lady phoned Healthwatch about her dental treatment, as she had two fillings that had broken away from her gums. The dentist told her she needed a dental consultant to fix the problem and that it could cost up to £1,000. She wanted information on how to make a complaint for herself and we provided her with this information through our advocacy service to enable her to self-advocate. We also were able to signpost her to the Law Society, as she wanted information about pursuing legal action.

+ As part of our outreach work, Healthwatch was approached by a member of the public who wanted some information around "Sitting Service." Healthwatch contacted Age Concern, to see if this was a service they carried out. Age Concern explained they provided a "Our Help at Home" service, which included the sitting service. Healthwatch contacted the member of the public to pass on this information to them and they said they appreciated it and would contact the service.

Improving access to health and social care services

To help locals access any health and social care services they need, we have worked closely with Wolverhampton Information Network (WIN). WIN shares Healthwatch values in making it easier to promote health services designed for local adults, children, young people and families and people with special educational needs and disabilities. Recently, we had the opportunity to meet with one of their network facilitators to make suggestions on how the design of their website could be adapted to ensure it is accessible to everyone. The website is accessible through this link: http://win.wolverhampton.gov.uk/ We will continue to work closely with this team to further improve health and social care service access.

win
Wolverhampton Information Network
Services, support and activities at your fingertips

Website

Our website is a first point of contact for many who are trying to find out more about us, looking for specific content or trying to make contact with us. We are constantly looking to improve our website to make vital information and signposting more accessible and engaging.

From the period of 1 April 2016 to 31 March 2017, our website was visited 1,165 times.

Anyone can access our website by through this link:

http://www.healthwatchwolverhampton.co.uk

The site is built with user accessibility in mind and provides multiple points of entry for site visitors. Various components of the website allow for users to access more easily content that is placed front and centre.

A useful section of our site includes information and signposting, which provides information on a wide range of services and web links to other useful sites.

Experience Exchange

We have also developed a wider range of digital services for our public. Experience Exchange is part of our ongoing commitment to make sure that the public can have their voices heard. You can access the Experience Exchange through the following link:

http://x2.healthwatchwolverhampton.co.uk/

It lets you search for and provide feedback on hundreds of health and social care service providers in Wolverhampton. It works as a digital directory for health and social care in Wolverhampton as well as offering an unbiased and independent platform for people to leave feedback on the services that they have received.

In 2016/17, we received 50 public reviews of health and social care services on our Experience Exchange.

This is the main menu of the Experience Exchange showing just eight of the 12 categories of services available for you to choose from on the website.

Social Media

Our multiple social media channels continued to grow throughout the last year and by far our most active is our Twitter platform with 1,389 followers, 27,444 Tweet impressions, 1,344 profile visits and 36 mentions. It is one of our most effective methods to disseminate information.

Engagement and Promotions

We use a range of engagement and promotional opportunities including presentations to community groups, drop-in sessions, local events and meetings with groups and stakeholders to update them on service developments and provide information.

Our website hosts a calendar of local events on health and social care topics or services. Signposting services provide people with information about how to access other services, for example by helping people to understand how they can make a complaint

and giving advice on what to do and who they need to contact.

Newsletter

Throughout the year, we have produced a quarterly newsletter which is used as a communications tool and is used to disseminate information to our Healthwatch Members, the wider public and other stakeholders, keeping them informed of all planned activities, projects, current issues and much more.

Our newsletter has gone out to over 395 people via email and we also publish it on our website.

In an effort to help us keep in touch with the local community and ensure we are communicating regularly, in February 2017, we decided to replace our newsletters with e-bulletins, which will be sent out every 6 weeks. Our first e-bulletin was sent out in May and we hope to increase our readership by promoting our e-bulletin through our Champion Organisations throughout the city.

Information leaflets, booklets and posters

Over the last 12 months, we have been redesigning our Healthwatch information leaflets, so that our information is more comprehensive and easily accessible. We ensure that our printed and digital information is fully accessible and reflects the population of Wolverhampton.

This information includes:

+ Our Healthwatch information booklet which sets out the services and signposting information we offer. A comprehensive booklet for our Have Your Say, Experience Exchange, Complaints Advocacy and Volunteer leaflets.

+ Our NHS Complaints Advocacy Booklet is designed to make simpler the complicated and often confusing topic.

+ Our promotional items are our way of providing members of the public with reminders of our company and our work, as well as other information in a useful or engaging way.

+ We use pop-up stands and other eye catching physical displays to draw attention to our various engagement events and activities.

Advocacy support

NHS Complaints Advocacy delivered by Healthwatch Wolverhampton

This year marks the end of the first year where Healthwatch Wolverhampton has successfully delivered the statutory NHS complaints advocacy service in-house, with the Wolverhampton Health Advocacy Complaints Service (WHACS) being delivered by a Healthwatch Advocate. With the service now fully embedded within Healthwatch, it provides Wolverhampton residents with direct access to information and support when making a complaint about the NHS.

Over the last 12 months, we have received **106** new referrals for advocacy support and taken over **753 calls** to our advocacy Freephone number from people wanting support with their NHS complaint. Our dedicated advocacy Freephone is answered by advocates, so people have access to someone who is trained to answer questions, give advice, understand individual needs, signpost to other services and provide continuing support. We work closely with other community and voluntary sector organisations and have an established database of contacts to refer clients on to additional support services. We are pleased to provide a high quality, person-centred service that is recognised through our achievement of the Quality Performance Mark (QPM) accreditation, which is a nationally recognised advocacy accreditation for delivering high standards of advocacy support.

Our advocates have helped people to achieve positive outcomes with their NHS complaints. Through supporting people to make complaints, we have helped to highlight where problems exist in NHS services across Wolverhampton and ensure people get their voices heard when things go wrong to ensure that they can bring about positive change and service improvements. We have also been able to use anonymised data and insight from the advocacy service to inform our other Healthwatch functions, including our Enter and View programme.

Through advocacy support, we have been able to empower people and ensure people have their voices heard.

Our advocates provide resources and support to help people to self-advocate by using one of our specially designed Self Help Information Packs. Where people do need more intensive support, advocates give tailored one to one support in person.

Case study: A client contacted Healthwatch WHACS advocacy service, as she was unhappy with the care her mum received whilst in hospital and the manner in which the family were informed of her death. The family were very distressed and needed support to make a complaint. The advocate attended the client at their home to take instructions and was able to spend time explaining the complaints process and supporting the family. The family asked the advocate to draft the letter of complaint, which was sent to the hospital. The complaint was investigated and upheld by the hospital Trust, who offered the family an apology and confirmed they would implement the recommendations they had identified as a result of the investigation into the complaint to avoid the same thing happening in future to other relatives of patients receiving end of life care. The client was satisfied with the outcome and felt that they had been listened to and made a difference for future families facing a similar situation.

With our clients being at the heart of everything that we do, we continually ask for feedback on our advocacy service to help us improve and develop the service to meet people's needs. Here are a few examples of what our clients have said about the advocacy service:

What our clients say…

"My advocate provided our family help and support that we needed at a very difficult and stressful time. She was efficient and thorough in putting together our report/ complaint, explaining things as we completed them. Thank you so much. I would certainly recommend this service, as it was a thorough service that provided all the help and support you need in this situation."

"My advocate came to a meeting with me. It was nice to know someone was on your side to give you support. I felt able to speak with my advocate with me."

"I found my advocate very kind and helpful. It is a very good service for people with disabilities when you have problems or concerns over services you are receiving."

Advocacy QPM AWARD


Making a
difference
together

How your experiences are helping influence change

GP Access Survey

In 2016/17, in support of our priority on GP access, we conducted a research project throughout the city. Access to GPs in Wolverhampton has been a recurrent theme in the patient feedback data we have received. In response to this, we devised a survey to capture patients' views and experiences of their GPs. From December 2016 to February 2017, our dedicated staff and volunteers surveyed **379 patients** from GP practices across the city.

Following the data gathering and analysis, a report was completed identifying key themes of both positive and negative aspects of patient experience:

+ **73% of patients surveyed rated their overall experience of their last visit with their GP as either good or very good.**

+ **28 % of patients surveyed did not know how to contact an out-of-hours GP service when their surgery is closed.**

+ **69% of patients surveyed were not aware of the complaints process within their GP surgery.**

Some of the recommendations we made included:

+ Effectively publicise extended opening hours and provide patients with information on alternative services including pharmacies and the Urgent Care Centre.

+ Ensure that all patients are given a choice of where they are to be referred in accordance with the Choice agenda.

+ Offer a range of ways to book GP appointments.

Some of the feedback we received concerned the availability of British Sign Language interpreters for Deaf patients, as we received feedback of poor patient experiences. As a result of this, Healthwatch is working with the University of Wolverhampton's Faculty of Social Sciences in the next 6 months to undertake a research project on access to healthcare across Wolverhampton for the Deaf community.

You can read the full version of our report here on our website: http://www.healthwatchwolverhampton.co.uk/wp-content/uploads/2016/03/GP-Access-Report.pdf

We have now sent our report to the Wolverhampton Clinical Commissioning Group for their comment and will conduct a follow up on our recommendations within the next 12 months to monitor the impact of this report.

Urgent Care Centre Survey

Due to the steady rise in demand for walk in centres and Accident and Emergency services in Wolverhampton, the Clinical Commissioning Group (CCG) developed a new service specification for an Urgent Care Centre (UCC) which came into force on 1 April 2016, delivered by a company called Vocare. This new plan resulted in a purpose built facility at New Cross Hospital site and involved the relocation of services from Showell Park, one of the two walk in centres in Wolverhampton.

Healthwatch Wolverhampton approached the CCG with a research proposal to review the patient experience of users of the Urgent Care Centre. The research method chosen was a face-to-face survey to focus on the quality of service delivery and meeting the needs of patients.

Healthwatch staff and volunteers surveyed patients at the Urgent Care Centre throughout February and obtained 187 survey responses.

The data was analysed and a report produced outlining key findings and recommendations. A copy of the report is available on the Healthwatch Wolverhampton website.

Some of the key findings from our report included:

+ Over half of those surveyed (97) said that they came to the Urgent Care Centre because they had contacted their GP and couldn't get an appointment, with a further 32 patients whose GPs were closed.
+ 63% were referred to the Urgent Care Centre by another service and over half of these were from the NHS 111 service.
+ There were high levels of overall satisfaction from patients with the service received when they attended the Urgent Care Centre.
+ 73% of patients surveyed stated they were waiting two hours or less to be seen by a Doctor at the Urgent Care Centre.

In our report, based upon a full analysis of all of the data and views captured, we made several recommendations to the provider for service improvements. Some of the recommendations we made included:

+ The pathways for urgent care are clearly identified and communicated to the general public, so that services can be accessed appropriately to meet the needs of the patient.
+ More is done to encourage GP registration, including further research

into the barriers to access for those who are not registered with a GP.

+ Information on the triage system is improved, for example with posters and leaflets. This information could include how patients are prioritised, answering the following questions: To what extent is this based on clinical need? Are children given higher priority? Are NHS 111 appointments seen first?

+ Linkages between the Emergency Department and the UCC triage systems, so that patients understand whether they will have to wait twice.

+ Signage be improved, as follows:

  -To differentiate between the Emergency Department (ED) and the UCC;

  -In the lift, indicating with floors are for the ED and UCC;

  -At the old A&E building, providing directions to the UCC;

  -At the entrances to the hospital site;

  -To make the lettering on signs bigger, to improve visibility and readability.

Our report, including the recommendations, was sent to Vocare and the Wolverhampton Clinical Commissioning Group for their comments:

"Thank you very much for this most informative and full report, it gives an insight into some of the things which definitely need attention. I appreciate the summary and the recommendations".

Pat Roberts- Lay Member for Public and Patient Involvement Wolverhampton CCG

"Many thanks for the comprehensive evaluation of the UCC at New Cross Hospital; I have found the report very useful in moulding services and changing some processes to respond to the comments within the report. As highlighted, waiting times are the key theme and this then in turn affects the view of facilities within the reception area.

We have taken on board the findings and are still looking at more ways to improve the level of care available to the people who visit the centre.

The findings of the evaluation are available on the Vocare website and the on-line questionnaire can be accessed on the UCC website.

Once again, many thanks for the time and effort spent undertaking this evaluation".

Sean Coleman- Clinical Support Manager, Wolverhampton UCC

vocare
Quality care partners

We will follow up on our recommendations during 2017/18 to see what impact they have made and whether Healthwatch should undertake further research in this area.

Working with other organisations

Wolverhampton Safeguarding Adults Board (WSAB)

Healthwatch Wolverhampton is a member of the Wolverhampton Safeguarding Adults Board (WSAB), providing a lead on adult safeguarding arrangements across the city through overseeing and coordinating the effectiveness of the safeguarding work of its member and partner agencies. We contribute to the work of the Board's committees to provide assurances that safeguarding practice is person-centred and outcome-focused.

During 2016/17, we continued to support the Board with a commissioned research project with adult service users to gain further insight into their experiences of safeguarding. A copy of the report can be found on our website:

http://www.healthwatchwolverhampton.co.uk/wp-content/uploads/2016/03/FINAL-Safeguarding-Experiences-Report-WSAB-15.09.16-1.docx

The WSAB endorsed the recommendations in the report and enlisted our services to set up a Safeguarding Reference Group made up of adults who have been through a safeguarding enquiry.

The purpose of the group is to allow for our city's experts by experience to have their say and influence the work of the Board in Making Safeguarding Personal (MSP). Healthwatch will continue with this work in 2017/18.

Time to Change

Healthwatch has been focused on Mental Health over the last 12 months and it remains an ongoing priority. Over the last year, we have worked collaboratively with an organisation called Time to Change, which is an organisation focusing on a social movement to get people talking about Mental Health. Time to Change aims to tackle stigma and discrimination through talking and listening to people with lived experience of mental health issues. Our vision as Healthwatch Wolverhampton is to work towards a society in which people's health and social care needs are heard, understood and met, therefore we saw real synergies in working together with Time to Change.

We have worked collaboratively with Time to Change and have facilitated a joint event involving local networks, which was hosted by the Wolverhampton Voluntary Sector Council (WVSC). The event took the format of a campaign meeting to:

- connect with Time to Change Champions, other people with a lived experience of mental health problems and relevant organisations;
- listen to and act on the views of service users regarding local health and social care;
- be inspired by work already being carried out to improve attitudes and behaviours towards people with mental health problems; share ideas for future activities.

One of the expressed outcomes from the meeting was the service users' need for more information/clarity around changes happening in community mental health provision. In response to these needs, we organised an event on 9 May during Mental Health awareness week- bringing together the City of Wolverhampton Council commissioners of mental health services, the lead Mental Health Commissioner from the Wolverhampton Clinical Commissioning Group, and Starfish- the new provider of community-based preventative mental health services in Wolverhampton. During the event, presentations were delivered and then there was a Question and Answer session, enabling people to have an open dialogue to get all of their concerns answered. We were joined by a representative from the West Midlands Mental Health Commission to provide a regional context to developments in the sector.

Our collaborative working will continue into next year and beyond and we already have activities planned for 2017/18.

Joint Strategic Needs Assessment (JSNA)

The JSNA is a process for identifying the current and projected health and wellbeing needs of a local population. Healthwatch is a member of the JSNA Steering Group, reporting to the Wolverhampton Health and Well Being Board. As a key partner organisation, we contribute to an understanding of the needs of local people and aim to improve services to make a real difference to the population and communities in Wolverhampton. In addition to the overarching JSNA, the Steering Group looks at topic specific issues.

In 2016, an assessment report was produced for children and young people with special educational needs and disabilities. Healthwatch influenced the engagement processes with stakeholders, encouraging wider dissemination of information and opportunities for participation using our local networks and contacts.

Information Sharing Group (Regulated Services)

The Information Sharing Group was established as a multi-agency group between the Care Quality Commission (CQC), the Clinical Commissioning Group (CCG) and the City of Wolverhampton

Council (CWC) to share intelligence about regulated services, such as care homes, and promote service improvements.

In 2016, Healthwatch was invited to the membership of the group to provide soft intelligence and qualitative information directly from our community networks. Our feedback has informed the work of our partners' regulatory, operational and commissioning activities and, in turn, the shared intelligence has helped to shape our Enter and View programme to bring about improvements in care delivery.

How we've worked with our community

We have been committed to supporting young people gain valuable skills and experience in the workplace. We have worked in partnership with Juniper, an independent training provider that helps young people move forward with their lives, to offer young people 12-week work placements within Healthwatch Wolverhampton.

Working with Ryan - One of our office volunteers

Ryan joined Healthwatch in November 2016. His main aims were to gain office experience to support him within his course. Ryan was enthusiastic and eager to learn from the outset. Ryan's confidence flourished during his 12 weeks with us. He learned how to prioritise his work, organisation and ICT skills, communication skills, and how to work in a team- just to mention a few. Ryan's overall aim was to gain office experience, however on going out to events, he enjoyed working with the public and engaging with them. He had found a hidden skill.

Ryan Wilkins

Tracy Cresswell standing with Mayor Roger Finley accepting Healthwatch's award from Juniper.

Healthwatch worked with Juniper throughout Ryan's placement. Below is a

comment from Louise Downey, Progression Co-ordinator from Juniper:

"We would to say a big thank you to Tracy and her team for providing Ryan with a fantastic 12-week opportunity in gaining valuable work experience and allowing him to explore several different aspects of the role. As a thank you to Healthwatch, Tracy attended our celebration event at Juniper Training and received a certificate presented by the Mayor, to thank her and the team for providing these fantastic opportunities for our students. We look forward to continue to work with Healthwatch in the upcoming months"

Involving local people

Healthwatch Wolverhampton relies on its committed volunteers to help deliver the work we do and engage with the communities across Wolverhampton. Here are two of our volunteers explaining why they give up their time to volunteer with us:

Susan Bem

"I first learned about Healthwatch from attending a carers meeting at Bantock Park earlier this year.

It gave me a lot of insight into the NHS and how you can receive help and advice on things like being steered in the right direction for help with mental health issues, local self-help groups, help by professionals in complaints regarding doctors or hospital treatments, advice on how to improve lifestyles, to name but a few. Healthwatch produces a number of surveys targeting all ages to find out what the reception and treatment is for people attending doctors, hospitals, clinics and treatment centres, asking their views and input into making improvements to their previous experiences, collating the information enabling them to make improvements' to the services we all get. Also meeting with other organisations discussing how to make future improvements in care for the elderly in later life.

Since I have been a volunteer there have been various venues i.e. West Park, Fire Station, Colleges where interaction with the public has been very helpful finding out people's experiences over their lifetime. I have found volunteering rewarding, informative and a sense of accomplishment helping to help steer the NHS in a better and positive direction for the future.

Without the help of Healthwatch the NHS would not be aware of people's true experiences of the services they operate."

Beryl Hough

"Working for Healthwatch as a volunteer gives me so much satisfaction especially when meeting and listening to the community about their views relating to health issues. Healthwatch is totally committed, listening to the good and not so good issues they have experienced and wherever possible helping them to achieve their goal."

What opportunities do we have for volunteers?

We have a whole range of opportunities for volunteers. From helping us to spread the word about our work, to representing us at meetings, reading and reviewing information and visiting health and social care services on our behalf.

The people that we help and support come from a variety of different backgrounds, different cultures and have a wide range of needs. That is why we seek volunteers with different experiences and skills.

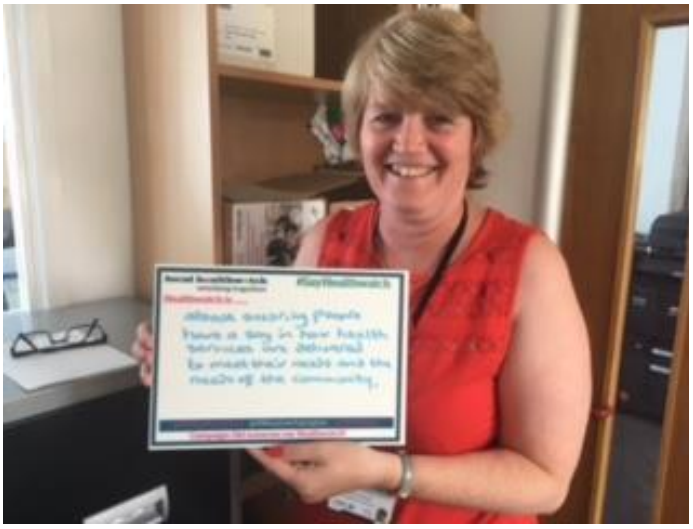
The roles available are:

+ Enter and View Authorised Representative
+ Community Engagement Representative
+ Office/ Administrative volunteer
+ Researcher
+ Reading panel member
+ Volunteer Advocate

We are committed to ensuring our volunteers are supported and feel valued and are proud to hold the Investing in Volunteers accreditation. This is the UK quality standard for good practice in volunteer management. We have an ongoing commitment to our volunteers – and potential volunteers- to demonstrate just how much they are valued and what an impact they have on the work Healthwatch Wolverhampton does.


It starts
with you

#ItStartsWithYou



Healthwatch Wolverhampton receives hundreds of calls throughout the year from people needing support, information and advice. We also receive requests for support when we are out in the community doing outreach engagement work. Here are a few examples of the issues we have supported people with.

Case study one

A relative contacted Healthwatch to raise concerns around the experience their parent was receiving in a care home. The patient had been placed into the care home for respite care for six weeks after a fall at home.

The concern raised was that the respite was only for six weeks and the patient had only got one day left and no care package had been set up for discharge. The family had tried to contact the social worker but they were off sick. They were informed that it could take up to two weeks to allocate to another social worker.

Another concern raised was how the patient had been left in their own urine and faeces. Healthwatch raised a safeguarding concern and also alerted the Care Quality Commission. Healthwatch also put in a plan to carry out an Enter and View visit.

Healthwatch contacted the social worker to see what was happening with regard to the care package being set up. The social worker informed Healthwatch that there was a delay as the family had put in certain criteria. The care agency was looking for care but could not give a timescale to the social worker.

Healthwatch contacted the patients GP with regard to district nurses going to the patient when they were discharged home, and also discussed whether the GP could also visit the patient at home, which the GP confirmed they were happy to do. Healthwatch contacted the relative and informed them of the conversations that taken place with the social worker and GP. The relative thanked Healthwatch for everything that had been achieved.

Case study two

Whilst engaging at an event at the Bob Jones Community Hub, we were approached by a care worker who informed us about a family who were not being supported properly and were struggling as a result.

Our Community Outreach Officer agreed to contact the family and arranged a visit to obtain more details. The gentleman was paralysed and bed bound. His wife was his carer; however, she had been involved in a car accident which resulted to her having back problems. Due to the property being damp he was constantly getting infections and on a number of occasions he had been admitted into hospital.

The family felt they were being ignored and not supported around his health, care and housing needs.

The gentleman's bed was in the lounge and as the doors were not wide enough to use a wheelchair, there was no access to garden. The toilet was also not accessible as it was not wide enough for him to use.

As a result of the visit, we made a referral to the carer's team and also contacted the Independent Living Service about the lack of support being provided. As a result of this, the family were referred to One Voice Advocacy for support.

One Voice explained how they helped:

"I was forwarded the referral from Healthwatch about a client. The gentleman is virtually housebound and stuck in bed. The main issues were that he lived in a three-bedroom home with his wife and son and that he was staying in his bed in the living room. The other issues concerned the damp in the existing walls and the facts that his wife was having to sleep upstairs and the gentleman downstairs in a hospital bed. When I came on board I found out there had been no work done by the Aids and Adaptations team because the assessment had not been completed. We were able to refer the gentleman to the Sheltered Housing Scheme manager and he was high enough up the list to be awarded one of the new three bedroom bungalows that had just been built".

A carers assessment was also carried out to resolve the remaining issues about providing suitable equipment to support the family.

Case Study three- Issues around prescriptions

A patient came to Healthwatch after being signposted by the Citizens Advice Bureau. They wanted to share their experience that they were having within the practice regarding their prescriptions as the practice was not prescribing them with the medication that the consultants had prescribed.

Healthwatch worked with the patient as to the best course of action for them to take and the patient decided they wanted to make a complaint so advocacy support was provided. There were a number of meetings that took place with the practice manager, the GP, the patient and Healthwatch. We supported the patient by being the link between the practice and the patient and we engaged with the practice on improving communication channels.

The outcome of this case was positive as the communication greatly improved between the patient and practice and the patient has now obtained open access to future appointments and has resolved the prescription concerns they had.

Our plans for next year

What next?

Throughout the year, we receive thousands of contacts from residents of Wolverhampton outlining concerns, feedback and providing insight into health and social care services. We rely on people to talk to us and have their say on services as this information helps us prioritise our work programme for the year ahead to ensure we can focus our resources to create the biggest impact.

Our priorities

Setting priorities for our work is essential to ensure we focus our limited resources on the most important areas of health and social care in Wolverhampton.

We use a variety of sources to gather information to help set our priorities for the year ahead, collating the entire year's feedback, using insight from our advocacy service and looking at strategic priorities set by stakeholders. We also look at whether a particular issue is already being dealt with effectively elsewhere, whether the issue is already impacting those suffering inequalities, seldom heard or potentially vulnerable groups and whether Healthwatch Wolverhampton can make a difference.

To help support our decision making process in deciding where our work should focus in 2017/18, Healthwatch Wolverhampton conducted a "listening tour" of Wolverhampton throughout January, February and March. We toured different locations throughout the city and asked people about their experiences of health and social care services in Wolverhampton. This helped us build a picture of what services are working well, where there are problems and what people are really concerned about.

Collating all of our insight including the listening tour information, and reviewing it alongside all data collected throughout the year, helped the Healthwatch Advisory Board set the following 5 priority work areas for 2017/18:

1) Oral Health/ Dentists
2) Primary Care/ GPs
3) Acute Care- Accident and Emergency Department at New Cross Hospital
4) Social Care Assessments
5) Children and Adolescent Mental Health Services (CAMHS)

Strategic priorities also have drawn our focus onto ensuring we are providing a voice for the young people of Wolverhampton. One of our strategic priorities for 2017/18 is to establish a Youth

Healthwatch for children and young people in Wolverhampton up to the age of 25.

With the complex and ever changing landscape of the health and social care services and the move towards a more integrated system, Healthwatch has an important role to play in ensuring people understand what developments and proposals are being made to enable them to have a say on how services should be designed and commissioned in the future.

Wolverhampton is part of the Black Country Sustainability and Transformation Plan (STP) and our strategic focus for the year ahead is to ensure there is meaningful and ongoing public engagement on the STP plans for Wolverhampton, to give people a voice, and ensure they are at the heart of all decisions being made about the future of health and social care services.

In addition to working on our priorities, throughout the year, Healthwatch undertakes research and projects into a wide variety of other topics to ensure we are responsive to feedback from the public. We will continuously listen to the insights we receive from Wolverhampton residents to help inform our ongoing work plan throughout the year.

We welcome input from local residents who wish to put forward a priority work proposal.

Our people

Our people

Healthwatch Wolverhampton is delivered by a dedicated staff team who each have clearly defined roles. We are a small team with a big job to do so we value support from our dedicated volunteer champions, champion organisations and Healthwatch Advisory Board, made up of local residents who volunteer their time to act as a governing body to Healthwatch Wolverhampton.

Decision making

Healthwatch Wolverhampton is delivered by ECS, a not for profit Community Interest Company (CIC) which was set up to help provide a voice for the public in the delivery of public services and using our expertise and industry knowledge to maximise our impact on engagement with the shared ethos to:

+ Always support the voice of the community and to offer an effective way for people to be involved in the services that provide for their health and social care needs.
+ Enable better decisions to be made by health and social care organisations based on the experiences and views of the public and the collection and analysis of city wide data.
+ Involve people in ways that are both efficient and effective.

ECS is governed by the ECS Board which holds ultimate accountability for the delivery of the Healthwatch Wolverhampton contract and wider portfolio of service delivery.
The ECS Board is led by our Chair, Robin Morrison and supported by Non-Executive Directors namely: Lloyd Cooke, Frances Beatty, Will Taylor, Yvonne Buckland and Executive Director Jan Sensier.

Healthwatch Advisory Board (HAB)

The Healthwatch Wolverhampton Advisory Board was established in April 2016 when ECS was awarded the Healthwatch Wolverhampton contract.

The remit of the Healthwatch Advisory Board is to support the ECS Board to ensure good governance in the delivery of our Healthwatch service and ensure there is a robust voice for the community.

Members of the Healthwatch Advisory Board comprise of local Wolverhampton residents.

In 2016/17 board members were:

+ Robin Morrison (Chair)
+ Sheila Gill
+ Dana Tooby

- Michaila Tope
- Leah Burgess
- Yusuf Shafi
- Jane Emery
- Frances Beatty (as ECS link board member)

The Healthwatch Advisory Board has established itself over the last 12 months and has been effective in its role to provide strong governance to ensure the effective delivery of Healthwatch Wolverhampton. We have seen a turnover in membership over the last 12 months with the departure of Leah Burgess, and also Frances Beatty. We thank them both for their valued contribution to the Board over the last year.

We move forward into 2017/18 with a new Chair of the Advisory Board following the successful recruitment of Dr Isabel Gillis, who was appointed as Chair on 1 April 2017. We thank Robin Morrison for acting as interim chair and are pleased to confirm that he will remain on the Board as a valued member.

The Healthwatch Advisory Board has a specific remit set out below:

- Decides on Healthwatch priorities, and Healthwatch activity such as the Enter and View programme, informed by public feedback and consultation
- Advises the Healthwatch representative to the Health and Well Being Board

Dr Isabel Gillis

- Receives reports on community engagement and communications activity, and decides future plans
- Is consulted on Wolverhampton based income generation work to ensure there is no unmanageable conflict of interest
- Steers and signs off the production of the Healthwatch annual report and any Healthwatch response to consultations
- Represents Healthwatch at public engagement and strategic meetings
- Acts as a spokesperson for Healthwatch, agreeing press releases as appropriate
- Follows up on Healthwatch reports to ensure impact

Minutes of previous board meetings are published on our website here:

http://www.healthwatchwolverhampton.co.uk/board-minutes/

Our finances

Financial information

Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	194,289
Additional income	0
Total income	194,289
Expenditure	
Operational costs	17,104
Staffing costs	163,492
Office costs	13,784
Total expenditure	194,380
Balance brought forward	-91

Contact us

Get in touch:

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Address of contractors:

Healthwatch Wolverhampton is delivered by Engaging Communities (CIC) – Registered office- Suite 2, Opus House, Priestly Court, Staffordshire Technology Park, Stafford, ST18 0LQ.

How we are making this report available:

We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our Local Authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.





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Engaging Communities
Inspiring Change, Improving Outcomes

Healthwatch Wolverhampton

GP Access: Patient experiences in Wolverhampton

April 2017

Contents

Project Brief

Healthwatch Wolverhampton relies on feedback from the public to inform its work priorities for the year ahead. For the year 2016/17, Wolverhampton residents informed us that a priority area to review was GP access. Access to GP's has been a recurrent theme in the patient feedback data we have received and the interest in this area is often highlighted as a negative aspect of patient experience. The purpose of this report is to clarify the public perception and experience, often reflected in the media, of problems accessing GPs.

Nine out of ten public interactions with the health and social care systems are through primary care, including GP services.[1] Accessibility issues are frequently attributed in a lack of available appointments, with patients often explaining that they are having to wait up to two weeks or more for an appointment with their GP, yet national research has demonstrated that patients with more timely access to GP appointments make fewer visits to A&E departments[2]. There have been a number of other Healthwatch studies nationally carried out in response to perceptions that there are issues affecting access to GP services. These include long waiting times for appointments; inflexible booking systems and rigid surgery hours. In March 2015 Healthwatch England brought together the findings of a number of studies by

[1] (Department of Health (2012) Primary Care. Available at http://www.dh.gov.uk/health/category/policy areas/nhs/primary-care/)

[2] (T.E Cowling et al. "Access to Primary Care and Visits to Emergency Departments in England: A Cross Sectional Population-Based Study. PLOS One (2013).)

different Healthwatch saying that access to primary care services, including GP's was the public's number one health concern. The findings of local Healthwatch when they have gone out and talked to consumers has often been at odds with the findings of the Patient Surveys and have led to Healthwatch England questioning the top level findings of the survey. The survey in 2015 showed that 85 per cent of respondents were satisfied with their GP practice, however, by talking to people, Healthwatch has identified significant issues with access and experience.

Healthwatch Wolverhampton has received feedback from the public on GP access, with common issues including difficulties encountered when booking appointments, a lack of appointment availability and communication problems. However, some feedback received by Healthwatch also provides patient experiences of areas of good practice that should be shared.

Our Aim

We wanted to understand people's experiences of making GP appointments and be equipped with a greater understanding and body of evidence to identify where problems exist and suggest improvements that will benefit the local community, as well as service providers. The findings of this project may inform future Healthwatch projects for further in depth analysis of GP accessibility.

The project outcomes will help to inform recommendations which can contribute towards improving the commissioning, delivery and monitoring of GP services and contribute to recommendations for service improvement to ensure patients are accessing the most appropriate service for their needs.

How did we go about it?

Healthwatch staff and our trained volunteers conducted surveys of patients at a variety of locations throughout the city, including community centres, GP surgeries, local events and at New Cross Hospital throughout December 2016, January and February 2017. The survey was also sent out online to our volunteers and partner organisations and distributed through Facebook and on Twitter.

We talked directly with patients who called us on the phone to share their experiences and also in person.

In total, we heard from **379 patients** from the following GP practices across the city:

- All Saints Surgery
- Alfred Squire Surgery
- Ashfield Road Surgery
- Ashmore Park Health Centre
- Bilston Health Centre
- Bilston Medical Centre
- Bilston Urban Village
- Bradley Medical Centre
- Cannock Road Medical Practice
- Castlecroft Surgery
- Church Street Surgery
- Coalway Road Surgery
- Duncan Street Surgery
- East Park Medical Practice
- Ettingshall Medical Centre
- Keats Grove Surgery
- Lea Road Medical Practice
- Leicester Street Medical Centre
- Lower Green Health Centre
- Marsh Lane Surgery
- Mayfield Medical Practice
- Primrose Lane Surgery
- Probert Road Surgery
- Thornley Street Surgery
- Tudor Medical Centre
- Warstones Health Centre
- Whitmore Reans Health Centre
- Woden Road Surgery

What did we learn?

We surveyed **379 patients** to gather their views of accessing their GP and this is a summary of the findings:

- 61% of people had visited their GP within the last 3 months. Only 7 % had not visited within the last year.
- 73 % of patients rated their overall experience of their last visit as either good or very good.
- 79% of respondents usually book their GP appointments by phone.
- 61% of respondents stated it was either easy or fairly easy to get through to the GP practice on the phone, although
- 37% of people stated it was not easy at all to get through on the phone when trying to book an appointment.
- 39% of patients stated they are always given a choice of appointment time when they book to see their GP.
- When making an appointment 52% of people said the receptionist asks them the reason they need the appointment.
- When in the reception area, 33% of patients stated that other patients could overhear their conversations with the reception staff and they were unhappy about this.
- 72 % of respondents stated they knew how to contact an out of hours GP service when their surgery is closed, but 28% of patients did not know who to contact.
- When asked if their GP practice was open at times that were convenient,
- 76% of respondents confirmed that opening times were convenient, but 18% of respondents stated that opening times were not convenient at all.

- When asked which additional opening times would make it easier to see or speak to someone at the GP surgery, the most commonly reported answers were after 6:30pm (24%), before 8am (24%) and on a Saturday (20%). Additionally, 12% answered that opening at lunchtimes would make it easier and 3% answered they would like their surgery to be open on a Sunday.

- 69% of respondents were not aware of the complaints process within the GP surgery.

- When referred to hospital, 32% of respondents reported having a choice of which hospital they would like to go to. However 38% of respondents were not given a choice.

What did people tell us?

The details...

- I don't think the GP reception staff should ask what your problem is
- The reception staff are excellent
- There is no privacy when I need to speak to the receptionist. People can overhear and it makes me embarrassed
- You have to phone at 8am the same day for an appointment else it can be two weeks' wait
- If when I call I can't get an appointment for the same day, I am offered a call back later on in the afternoon
- The phone is engaged a lot of the time. You have to keep trying
- I'm unsure how to see a Doctor- I don't know if you're supposed to call on the day or book in advance
- GP's need to have British Sign Language (BSL) interpreters more readily available and not assume Deaf patients do not require an interpreter or that a family member can be there instead of a trained interpreter
- Sometimes, the BSL interpreter does not turn up to my appointments
- I have been with my practice since last March, but never seen a GP. I always get a Nurse Practitioner- I want to see a GP but there are no appointments
- I see a different GP every time I go for an appointment
- I think the GP surgeries should be open longer hours; it's hard if you work in the week to get an appointment
- I needed an appointment with a phlebotomist, but they are not there every day so I had to wait until they were next in the surgery
- A facetime service out of hours would be useful as it is easier for me to speak with someone after work in the evenings which I could do from home

Our recommendations

1) Patients expressed frustration when trying to telephone the surgeries at busy times. As most patients confirmed they currently book appointments on the telephone, online booking should be promoted to patients with support to help them register online if needed

2) Offer a range of ways to book appointments for people who work or have other issues

3) Effectively publicise extended opening hours, pre-bookable appointments, online appointment booking and interpretation services or British Sign Language for patients if required

4) Ensure that information regarding booking British Sign Language interpreters is made readily available to patients and staff are also aware of the process to follow if an interpreter is required. Offer Deaf awareness training to all staff.

5) Have systems in place that listen and respond to patient feedback, also ensuring that all patients are aware of Patient Participation Groups and how they can join

6) Ensure that all patients are given a choice of where they are to be referred to in accordance with the Choice agenda

7) Ensure that all patients can easily access information on how to make a complaint and also advocacy services should they require support. Visibly display information in surgeries on making a complaint or how to leave positive feedback

8) Provide patients with information on the other alternative services available to them e.g. Pharmacies, Urgent Care Centre.

9) The role of the Nurse Practitioner could be better explained to patients as a valuable alternative to the GP, patients who had used them tended to view them positively and welcomes the fact they were easier to book appointments with, but others remained unsure of the role of the Nurse Practitioner compared with their GP.

Appendix 1 – Survey Data Analysis

Demographics

Data was collected from individuals within all Wolverhampton postcodes, with the largest number of respondents being from WV3, WV4, WV6, and WV10 areas. 72% of respondents were female and 27% male, with 1% having had a gender reassignment. The age profile of the respondents was normally distributed, with the majority being between the ages of 35 and 64. The full age profile of respondents is shown in Figure 2.

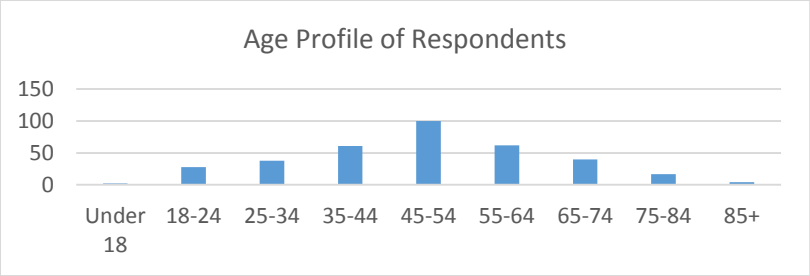


Figure 1. Age profile of respondents

92% of respondents were heterosexual; 56% of all respondents were married and 25% reported their marital status as single. The large majority of respondents were white (78%; Chart 2), and either Christian (50%) or not religious (28%).

	%	n
White	78%	268
Asian / Asian British	13%	45
Black / Black British	4%	15
Other	2%	7
Mixed	1%	2
Prefer not to say	1%	5

Figure 2. Ethnic origin of respondents

47 respondents reported having a disability, and 136 had a long-standing health condition. The most commonly reported long-term health conditions were diabetes, high blood pressure, mental health problems, asthma, and arthritis.

Overall experience

When did you last visit your GP?

Of 379 respondents, 233 (61%) had last visited their GP within the previous 3 months; an additional 31% had last been between 4 and 12 months prior. Only 26 (7%) had not visited their GP within the last year.

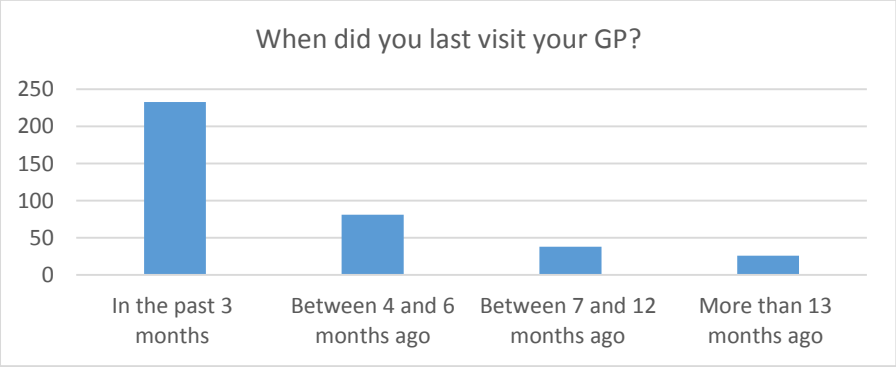


Figure 3. When did you last visit your GP?

Who was your appointment with?

307 (83%) respondents had their appointment with a GP, whilst 61 (16%) saw a nurse. 4 respondents reported seeing either or both, and 3 had visited a specialist professional, such as a midwife.

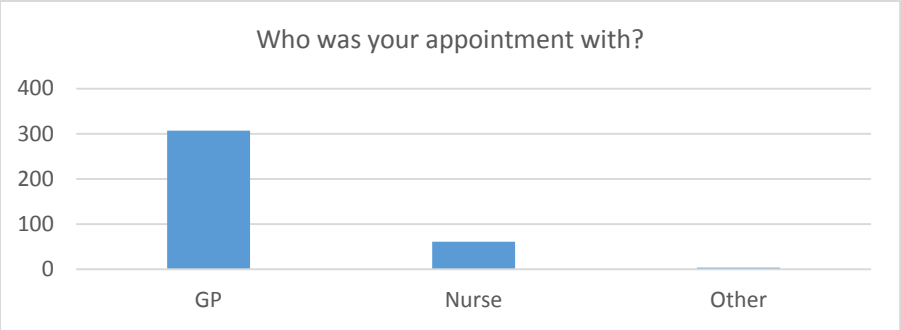


Figure 4. Who was your appointment with?

Overall experience

When rating their overall experience, almost three quarters of respondents (275; 73%) gave a rating of very good or good. This was reflected in open-ended responses, such as:

> *'I feel very lucky to have an excellent GP surgery and doctors, nurses, healthcare assistants and receptionist are all very helpful and kind.'*

However, 15 (4%) respondents reported their overall experience of their GP practice to be very poor. This dissatisfaction with the service is illustrated by comments such as:

'GP need to show more empathy when dealing with children. My children are now fearful of going to see this dr.'

Appointment Availability

When you last made an appointment to see a GP/nurse when did you want to book to see them?

When last booking to see the GP/nurse, 41% of respondents wanted an appointment on the same day, 11% on the next working day, and 26% within a few days. Only 12% wanted to be seen a week or more later, whilst 8% did not have a specific day in mind.

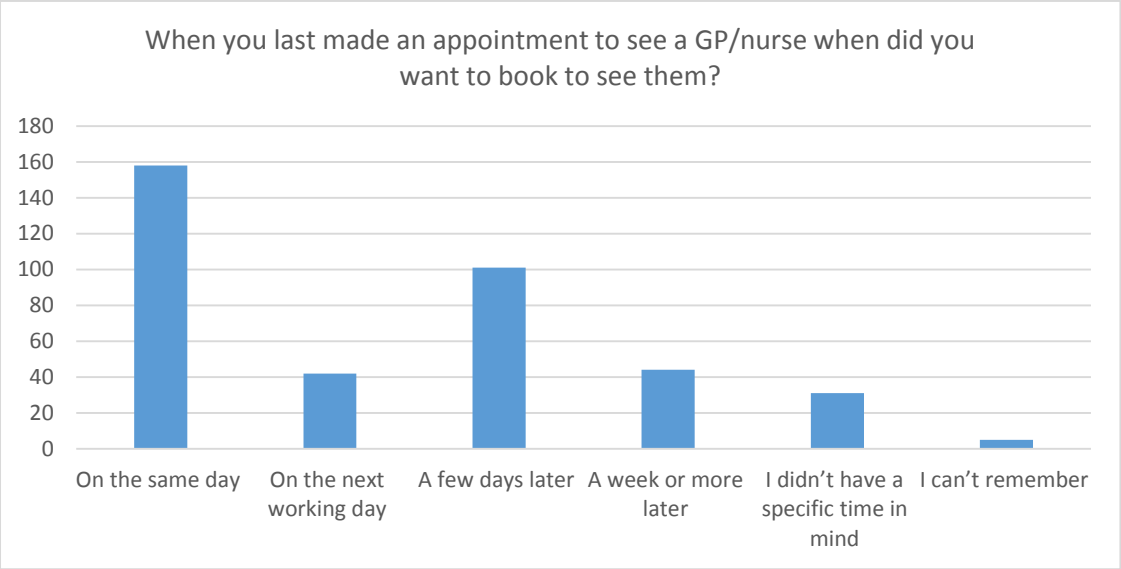


Figure 5. When you last made an appointment to see a GP/nurse when did you want to book to see them?

Do you get a choice of appointment time?

Of 382 respondents, 39% reported being able to have a choice of appointment time, and 46% said that this is sometimes the case. However, 12% claimed that they do not have a choice.

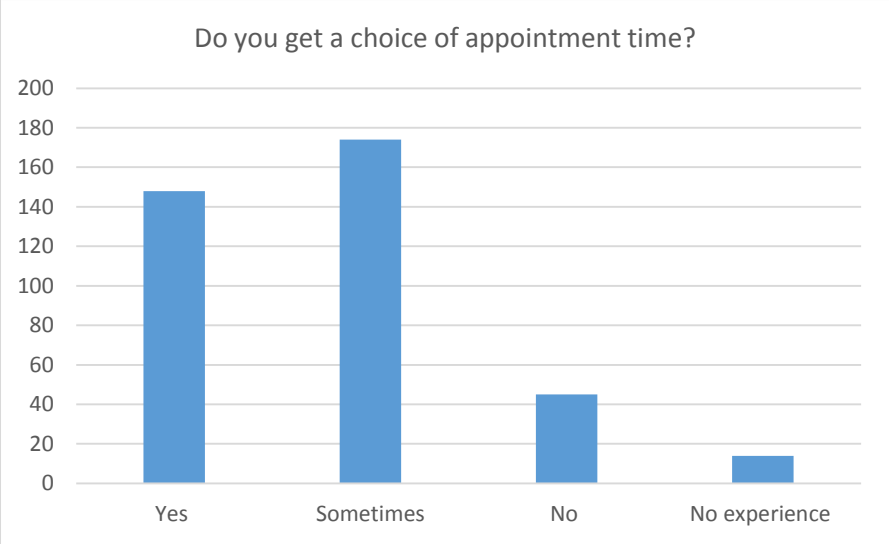


Figure 6. Do you get a choice of appointment times?

If you weren't able to get an appointment or the appointment you offered wasn't convenient, why was that?

Whilst 171 (47%) of the 366 respondents found the question not to be applicable, when asked why they were not able to secure a convenient appointment, the most common responses were that there were no appointments for the preferred day (27%) or time (13%).

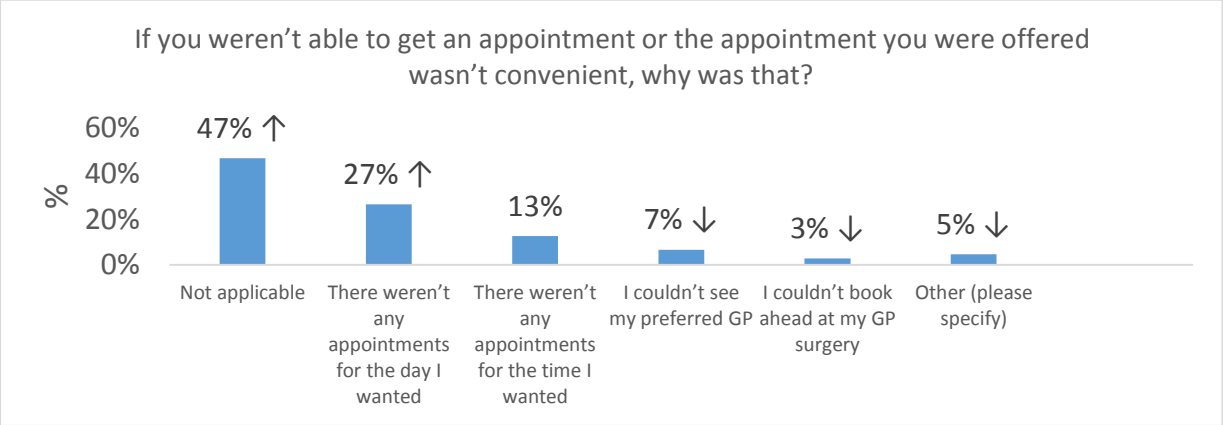


Figure 7. If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?

Of the 17 respondents that reported 'other' reasons, examples ranged from not being able to fit an appointment in around work, always having home visits, no

appointments being available at the practice, or specific requirements of the surgery, for example:

'Patients are required to speak to the Doctor by telephone (on a call back service) before the Doctor determines if an appointment can be offered'

Same day appointment availability

Regarding same day appointments, when contacting the surgery after 9am, 24% reported there being no availability; after 12pm this increased to 40%. However, 39% reported that there are sometimes same day appointments available when calling at 9am, and 21% reported appointments being available. When calling after 12pm, 22% claimed there are sometimes appointments available, whilst only 10% reported being able to book a same day appointment.

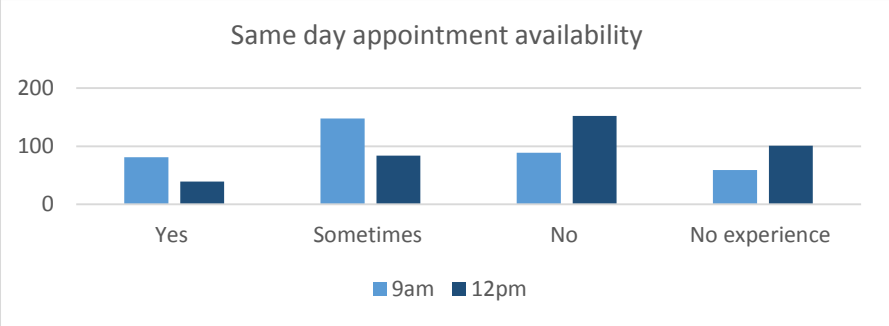


Figure 8. Same day appointment availability

Open-ended responses often referred to the problems in getting appointments, for example:

'There aren't enough GPs and you can NEVER get an appointment you need. There is always an extremely long wait.'

Appointment Booking Procedure

Can you book your next appointment before leaving the practice?

68% of respondents reported being able to book their next appointment before leaving the practice, whist 16% claimed that this was not the case, and 16% had no experience.

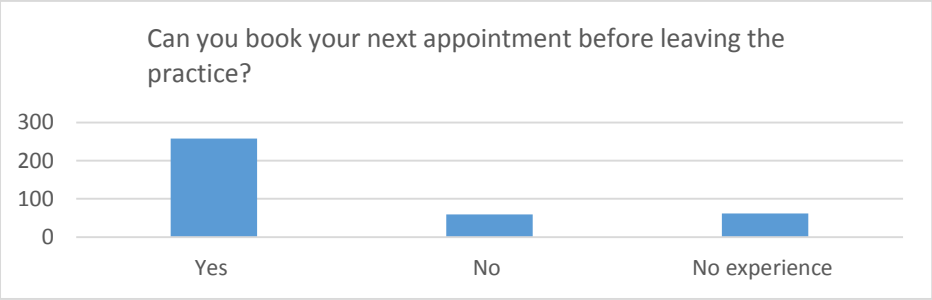


Figure 9. Can you book your next appointment before leaving the practice?

Can you book an appointment 2 weeks or more ahead?

Over half of respondents (203; 53%) reported being able to book an appointment 2 weeks or more ahead. However, 19% reported that they were not able to do so. 27% had no experience of this.

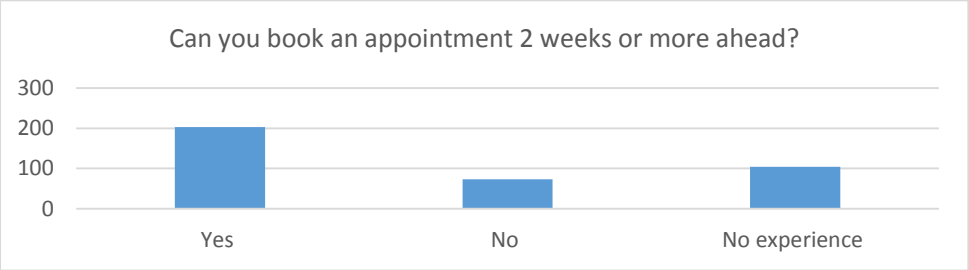


Figure 10. Can you book an appointment 2 weeks or more ahead?

Do you have to make separate appointments for each health concern?

167 (44%) respondents reported not having to make separate appointments for each health concern, whilst 119 (31%) reported that within their GP practice they did have to make separate appointments. 95 respondents were either unsure or reported the question as not applicable.

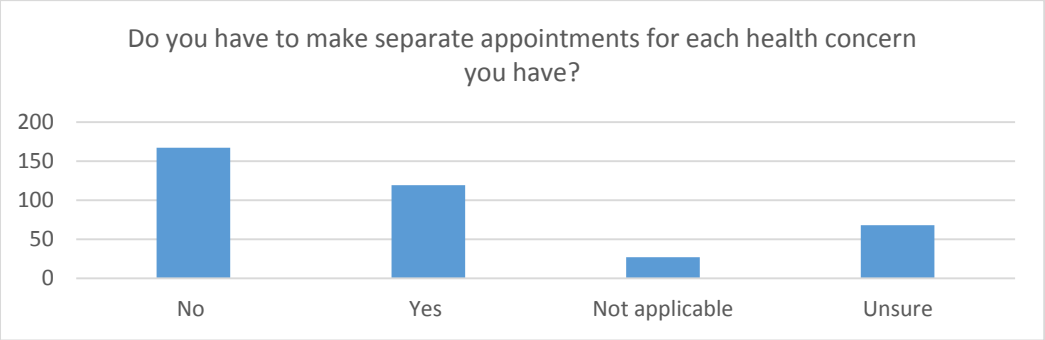


Figure 11. Do you have to make separate appointments for each health concern you have?

Appointment booking preferences

79% of respondents usually book their appointments by phone, yet only 59% report the method to be their preference. Whilst only 5% currently book by email, 22% reported that to be their preferred method. The number booking in person (14%) and preferring to book in person (12%) was similar.

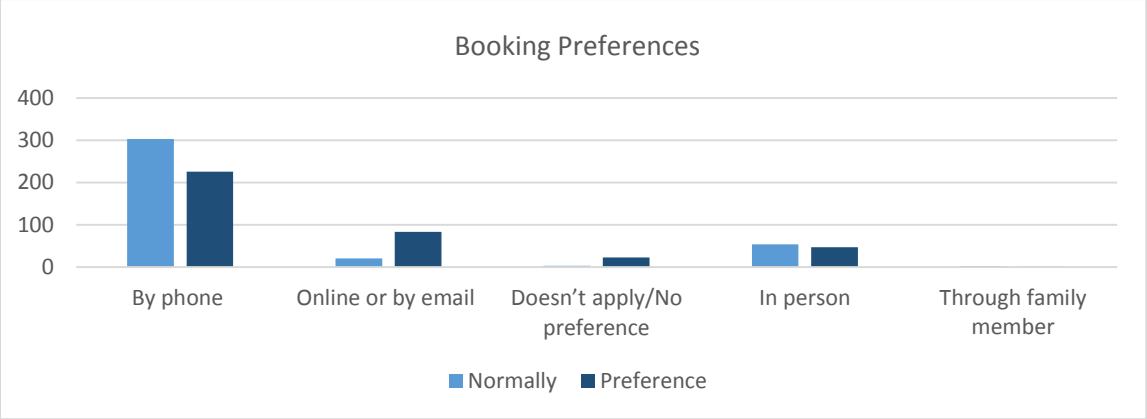


Figure 12. Actual vs preferred methods of booking an appointment at GP surgery

What happens if you are late for your appointment?

233 (61%) had no prior experience. Of the 146 that did know, 81 reported that they would be seen if they waited, and 51 reported that they would have to make a new booking. 14 reported an answer of 'Other', with responses including that the outcome varies from time to time, that they attend an open surgery with no appointments, and that their doctor is often late anyway. Furthermore, many

within the 'other' response reiterated that they had no experience of the procedure.

Figure 13. What happens if you are late for your appointment?

Overall, how would you describe your experience of making an appointment?

Of 372 respondents, 57% reported their experience as very good or good.

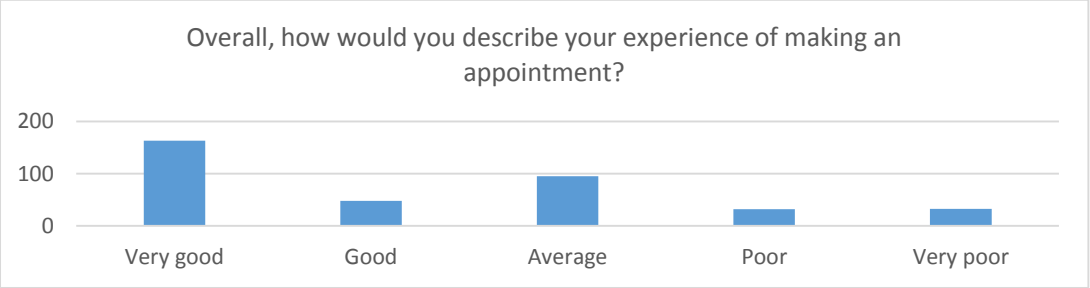


Figure 14. Overall, how would you describe your experience of making an appointment?

Reception

When making an appointment does the receptionist ask you for the reason for wanting the appointment?

When making an appointment, 197 (52%) reported that the receptionist asks the reason for wanting the appointment. However, 136 (36%) said that the receptionists do not ask for a reason, and 42 (11%) were unsure.

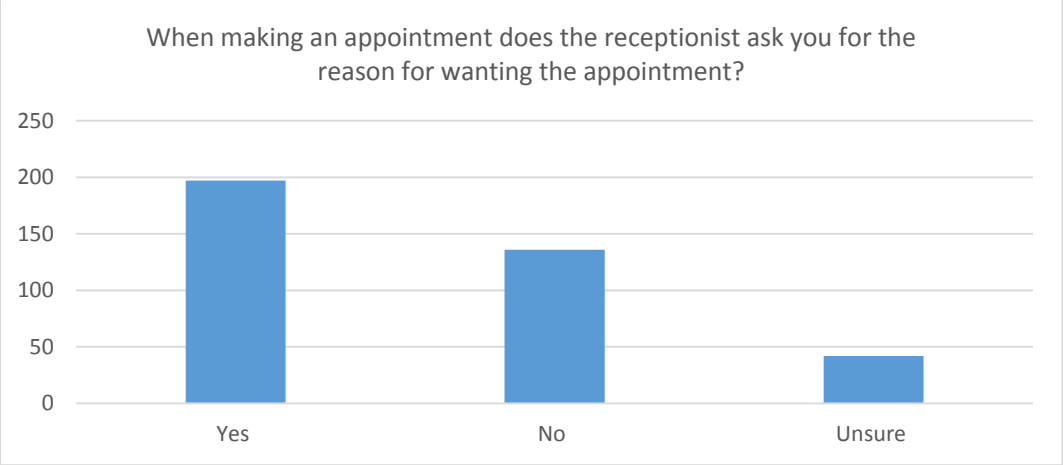


Figure 15. When making an appointment does the receptionist ask you for the reason for wanting the appointment?

In the reception area, can other patients overhear what you say to the receptionist?

When asked if other patients can overhear what is said within the reception area, 11% reported that other patients cannot overhear, and 48% reported that although other people can overhear, they do not mind. However, 33% reported that others can overhear and that they are not happy about it.

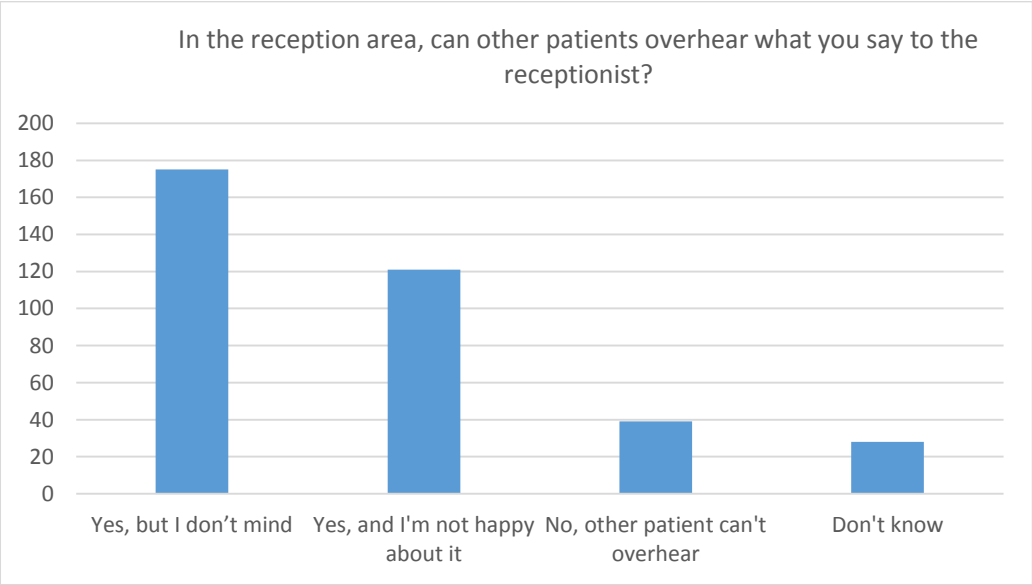


Figure 16. In the reception area, can other patients overhear what you say to the receptionist?

Generally, how easy is it to get through to someone at your GP surgery on the phone?

61% reported it to be very or fairly easy to get through to someone at the GP surgery by phone. Only 2% had not tried to get through by phone, whilst 37% found it not very easy or not at all easy.

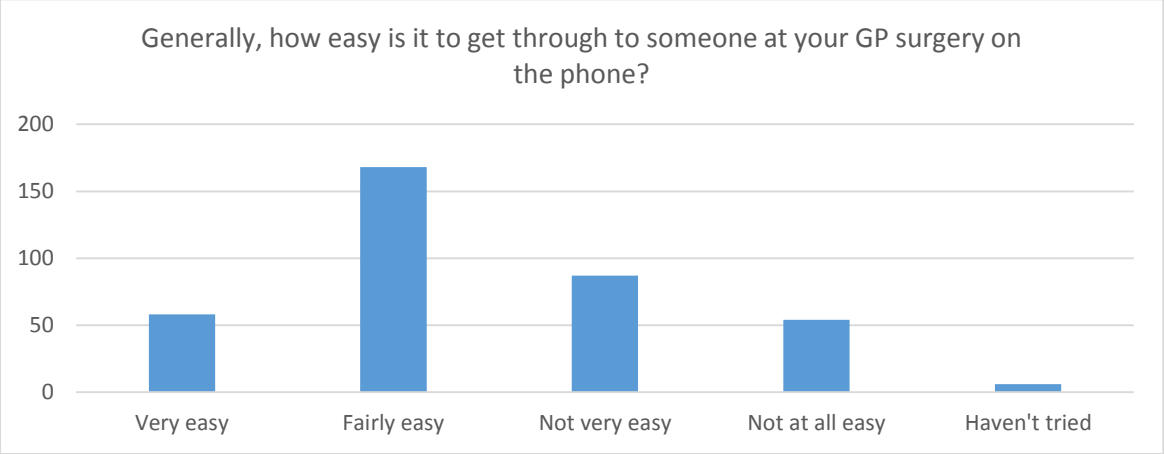


Figure 17. Generally, how easy is it to get through to someone at your GP surgery on the phone?

How helpful do you find the receptionist at your GP surgery?

Of 370 respondents, 86% found their receptionists to be very or fairly helpful, whilst only 13% reported them as being not very helpful or not at all helpful.

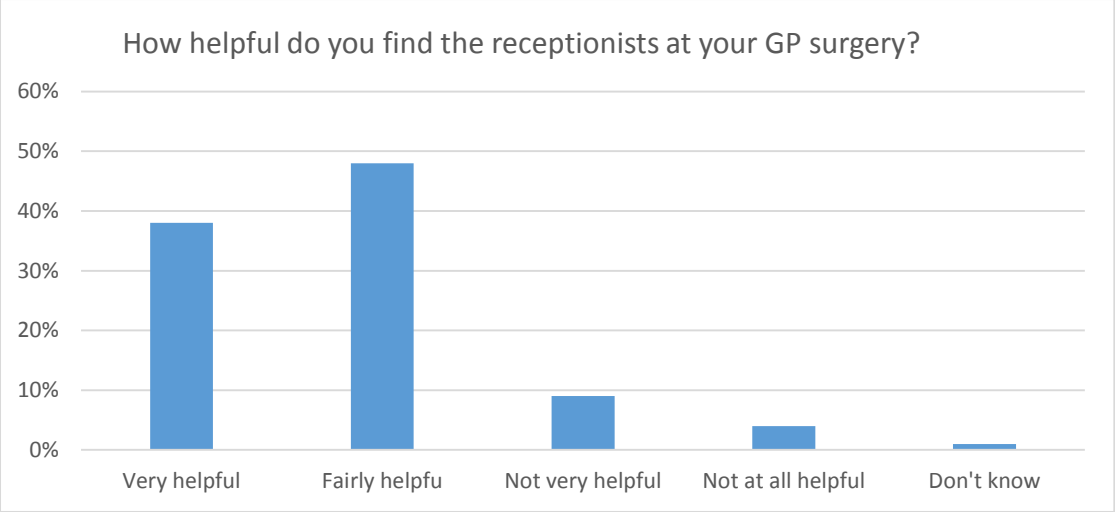


Figure 18. How helpful do you find the receptionists at your GP surgery?

However, some open-ended responses showed issues with receptionists, for example:

> *'The receptionists should be more respectful which includes leaving you waiting at the front desk as well as the length of time it takes for someone to answer the phone.'*

Opening Hours

Is your GP surgery currently open at times that are convenient for you?

280 (76%) of 369 respondents reported that the GP surgery was open at times that were convenient to them. In contrast, 64 (18%) reported that the opening times were not convenient.

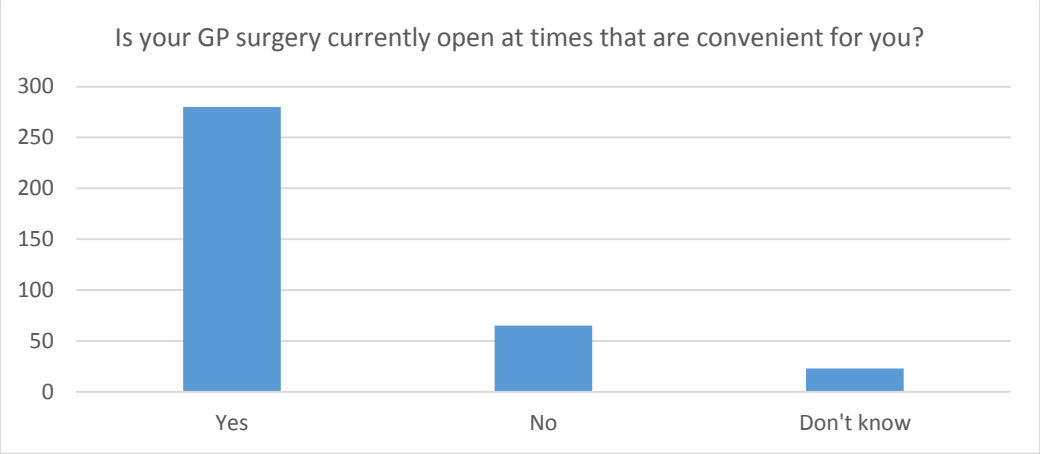


Figure 19. Is your GP surgery currently open at times that are convenient for you?

This was also illustrated through open-ended responses, for example:

> *'I would like more flexibility with opening times, later appointments that recognise the needs of workers.'*

Which of the following additional opening times would make it easier for you to see or speak to someone?

When asked which additional opening times would make it easier to see or speak to someone at the practice, the most commonly reported answers were after 6:30pm (24%), before 8am (24%) and on a Saturday (20%). Additionally, 12% answered that opening at lunchtimes would make it easier and 3% on a Sunday. However, 17% did not think that any of the options would make it easier to see or speak to someone.

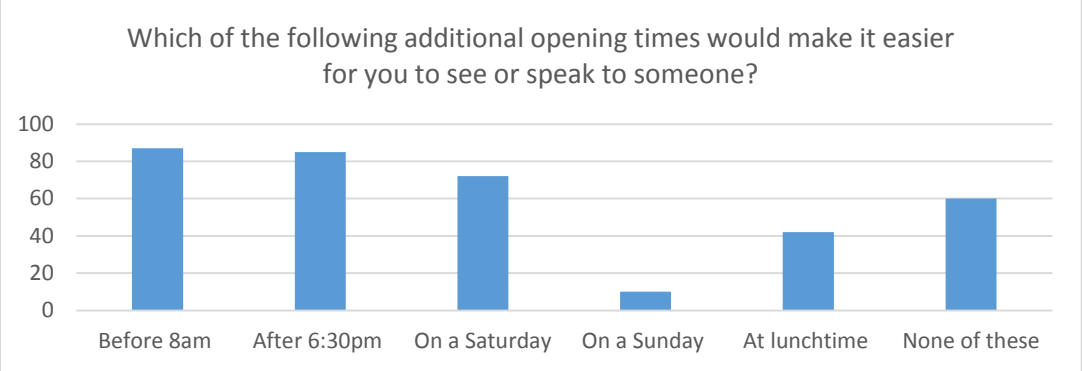


Figure 20. Which of the following additional opening times would make it easier for you to see or speak to someone?

Out of Hours Service

Do you know how to contact an out-of-hours GP service when the surgery is closed?

72% knew how to contact an out-of-hours GP service.

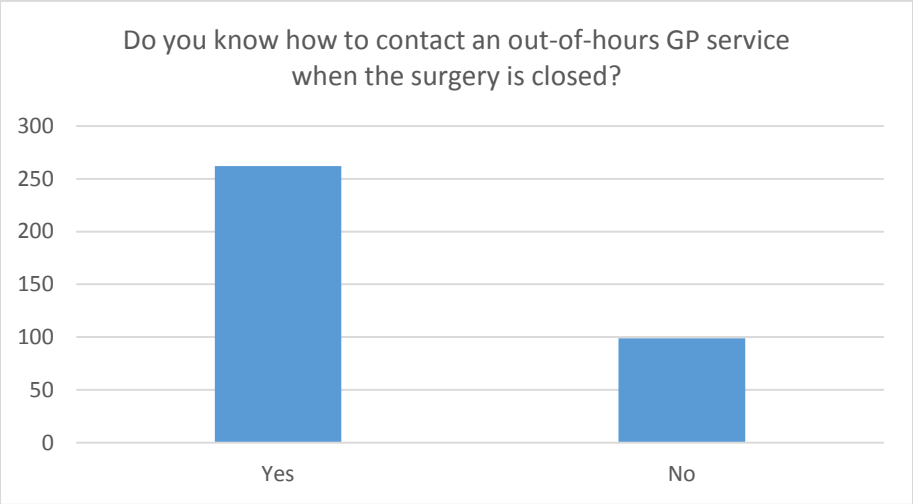


Figure 21. Do you know how to contact an out-of-hours GP service when the surgery is closed?

How easy was it to contact the out-of-hours GP service by telephone?

Whilst 49% of respondents did not know or did not make contact with the service, 41% reported it to be very or fairly easy to contact the service by telephone. 9% reported it to be not very easy, and 1% reported it to be not at all easy.

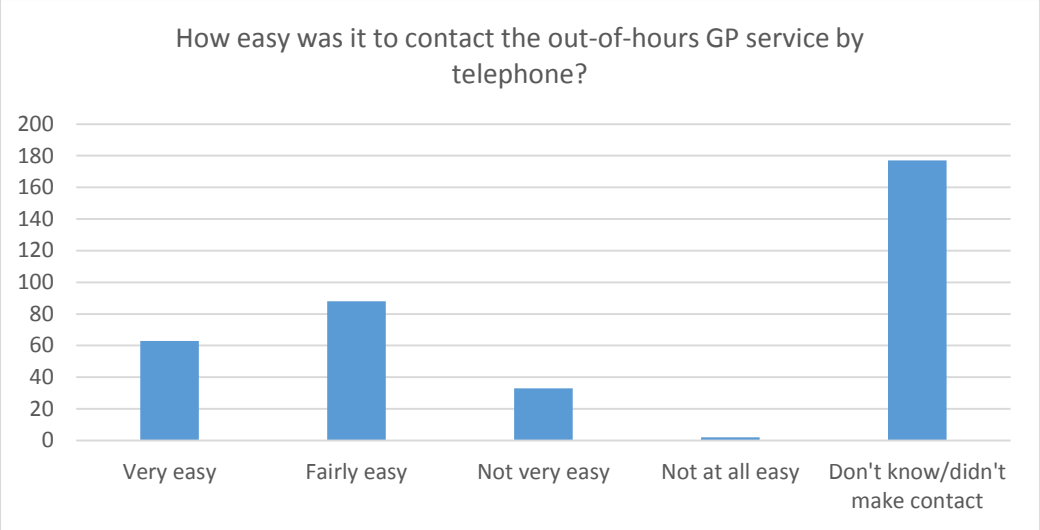


Figure 22. How easy was it to contact the out-of-hours GP service by telephone?

Patient Participation Groups (PPGs)

Are you aware of the PPGs in your practice?

211 (58%) asked were aware of the PPGs in their practice.

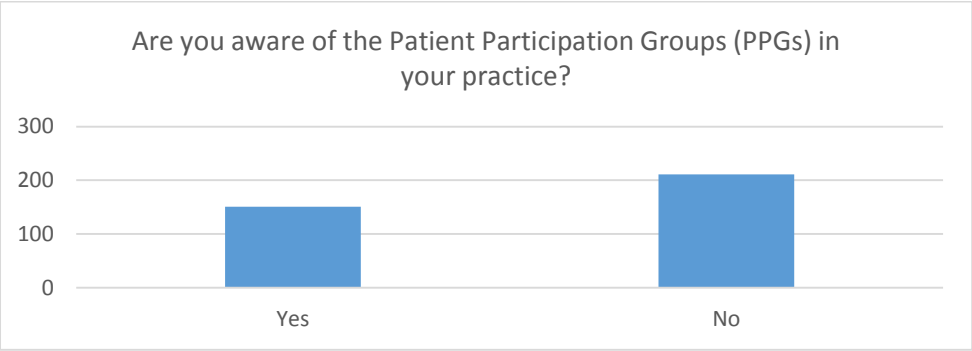


Figure 23. Are you aware of the PPGs in your practice?

If you do not know of the PPGs in your practice, would you like to receive more information?

96 respondents would like to receive more information; 136 did not want to receive information.

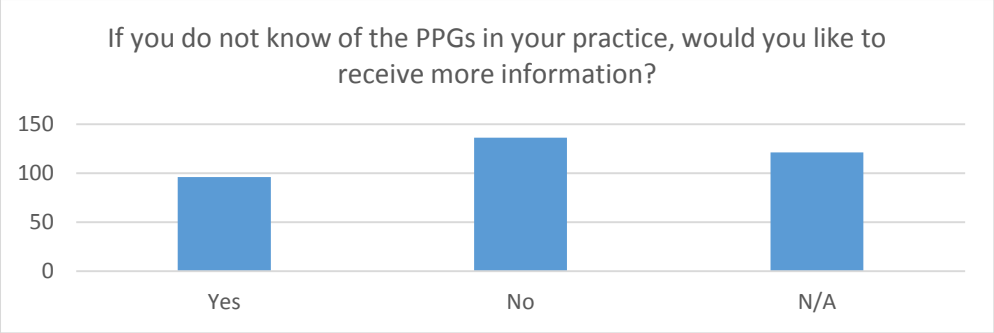


Figure 24. If you do not know of the PPGs in your practice, would you like to receive more information?

If you know of the PPGs in your practice, do you attend or receive minutes?

55 respondents attend or receive minutes, and 52 found the information to be useful – however 79% reported this question as not applicable or answered it as not sure.

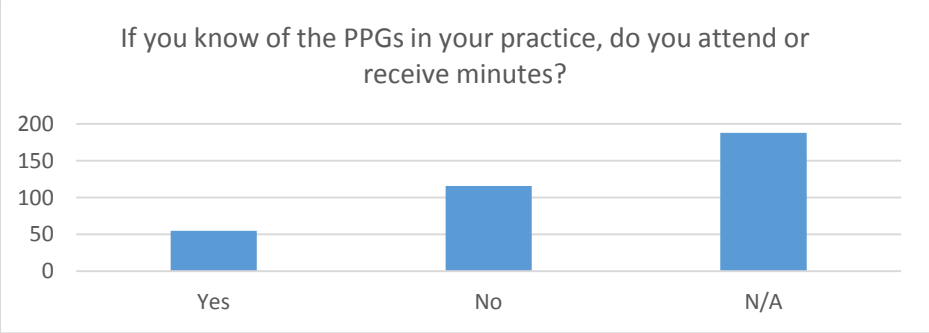


Figure 25. If you know of the PPGs in your practice, do you attend or receive minutes?

Information from Practices

Do you receive newsletters from your practice?

Only 40 (11%) of the 361 respondents reported receiving newsletters from their GP practice. 31 (9%) were not sure whether they did or did not, and the large majority (289; 80%) do not receive newsletters.

Figure 26. Do you receive newsletters from your practice?

Do you get notified of any changes within the practice?

42% were not notified of changes within the practice, and 28% were unsure.

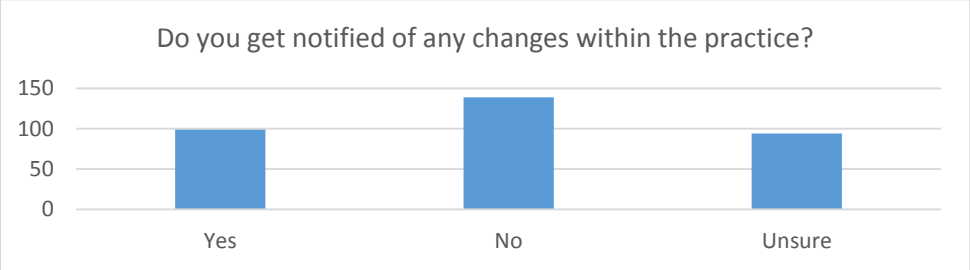


Figure 26. Do you get notified of any changes within the practice?

Medical records

Of 364, 11% of respondents had experience of asking to access their medical records. 23 asked in person, 10 by phone, and 6 online. 'Other' responses included by post and through a solicitor.

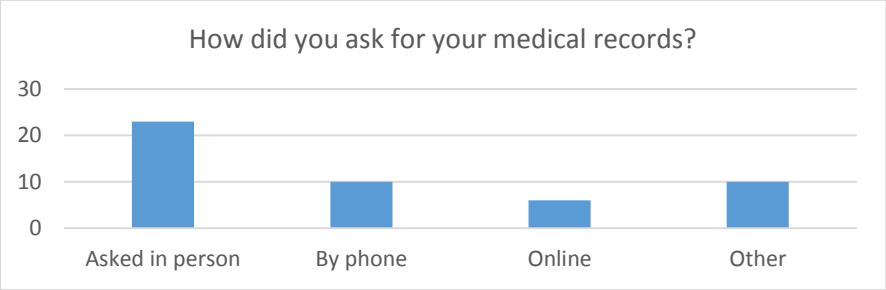


Figure 27. How did you ask for your medical records?

Of 363 respondents, the large majority (69%) were not aware of the complaints process within their practice.

General Health Checks

Do you get called in for a general health check?

59 respondents over 55 had been called in for a general health check. 55 respondents over 40 reported having being called in for a general health check.

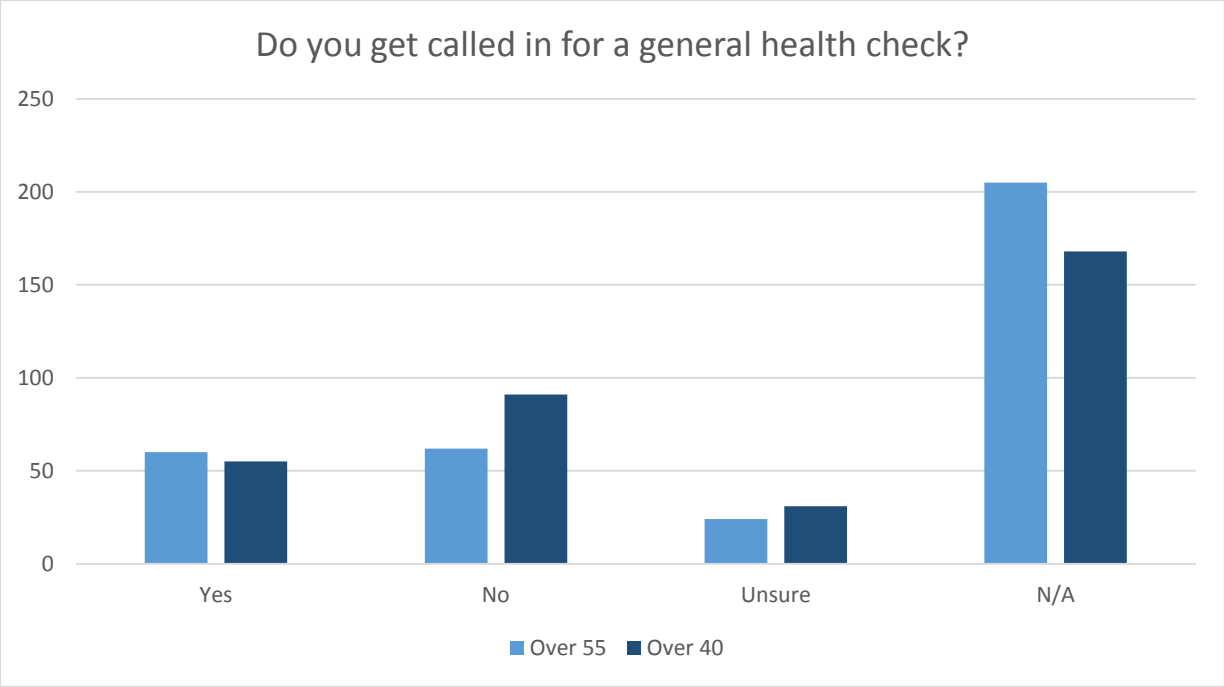


Figure 28. Do you get called in for a general health check?

Accessing the Services

When you have been referred to a hospital, are you given a choice of which hospital you would like to go to for it?

When referred to hospital, 32% reported having a choice of which hospital they would like to go to. However 38% did not have a choice.

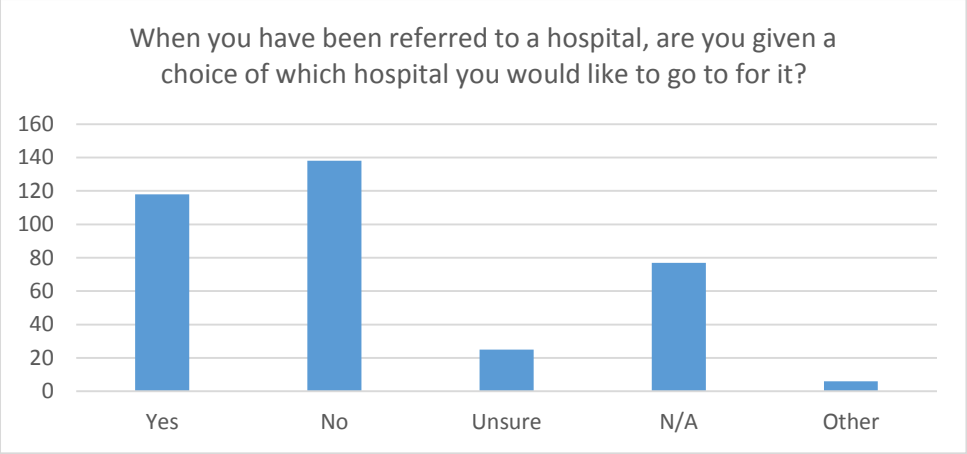


Figure 29. When you have been referred to a hospital, are you given a choice of which hospital you would like to go to for it?

One respondent reported that they:

> *'Wanted to transfer to New Cross Cardio unit as this is near told to stick with Birmingham city even though it is approx 20 mile away'*

Is your GP surgery made accessible for people with disabilities?

294 (81%) reported their GP surgery to be accessible for those with disabilities, whilst 16% were not sure. Only 10 (3%) reported their surgery to not be accessible for those with disabilities.

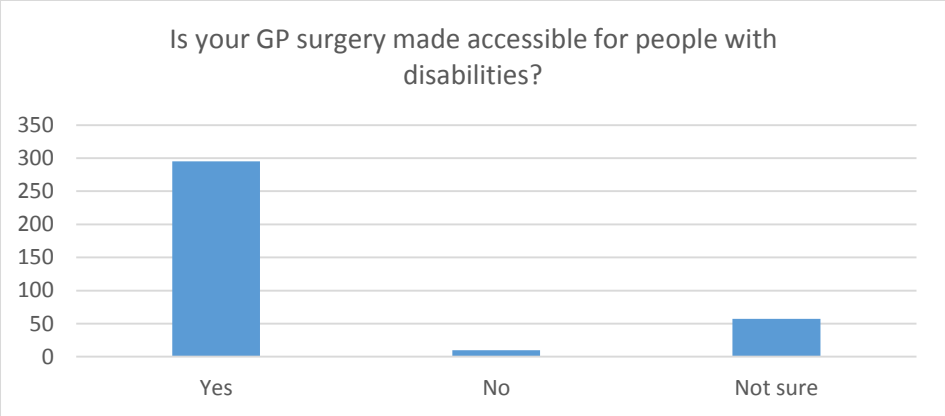


Figure 30. Is your GP surgery made accessible for people with disabilities?

Of the 10 responses, main issues reported were wheelchair access and no alarms for the deaf community. For example:

'Reception desk is not suitable for wheelchair users and privacy is an issue'

How do you check-in to your GP surgery?

When checking into the surgery, 229 (63%) check-in at the check-in machine, and 127 (35%) at the reception desk. Of the 1% that reported 'other', the main method reported was a combination of the reception or machine, depending on which they preferred or which was available.

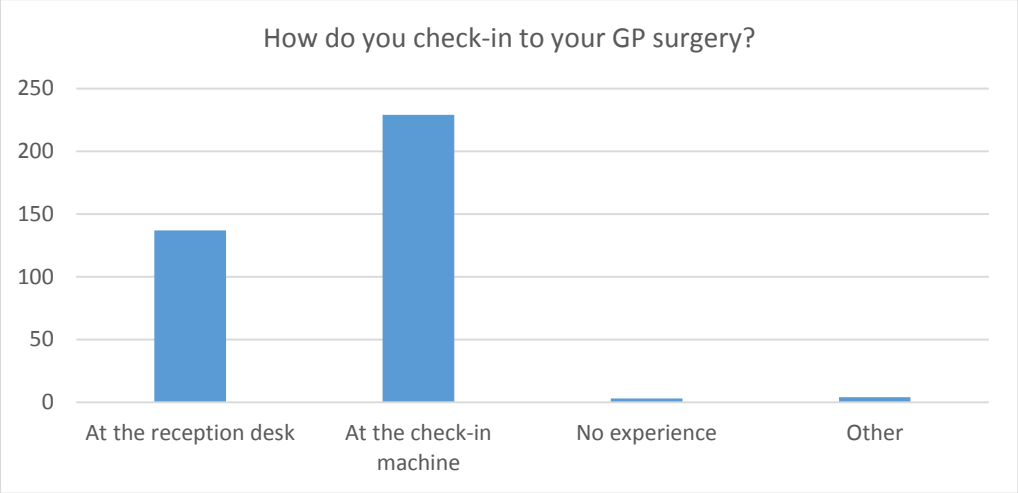


Figure 31. How do you check-in to your GP surgery?

When you are at the practice, how do you get called in to see the doctor?

73% reported that they are called into the appointment via their name being put on the screen, and for 21%, their doctor comes to get them. Only 3% are informed by reception. Other answers included a combination of methods, or through a loudspeaker.

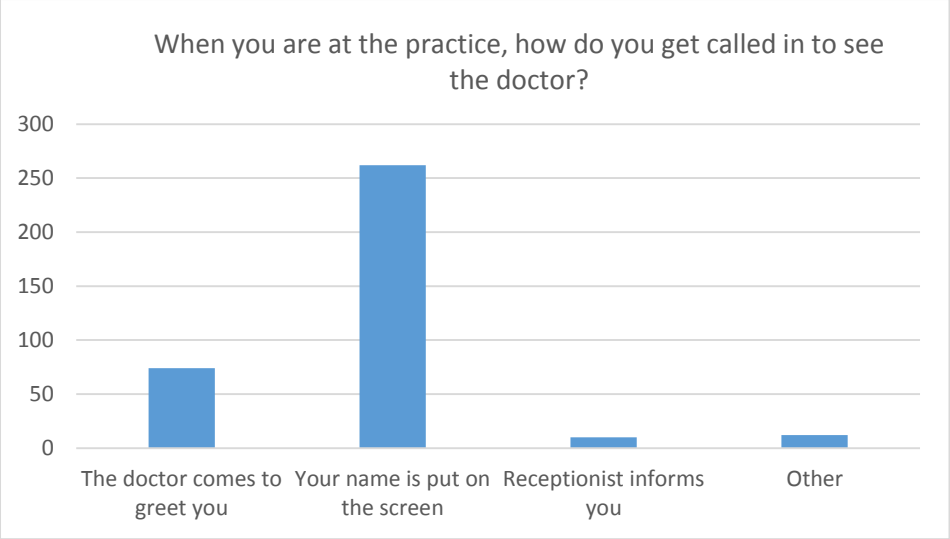


Figure 32. When you are at the practice, how do you get called in to see the doctor?

Prescriptions/Vaccinations

How easy is it to get a repeat prescription?

261 (72%) respondents found it easy to get repeat prescriptions, whereas 32 (9%) found it difficult. 68 (19%) respondents had no experience of repeat prescriptions.

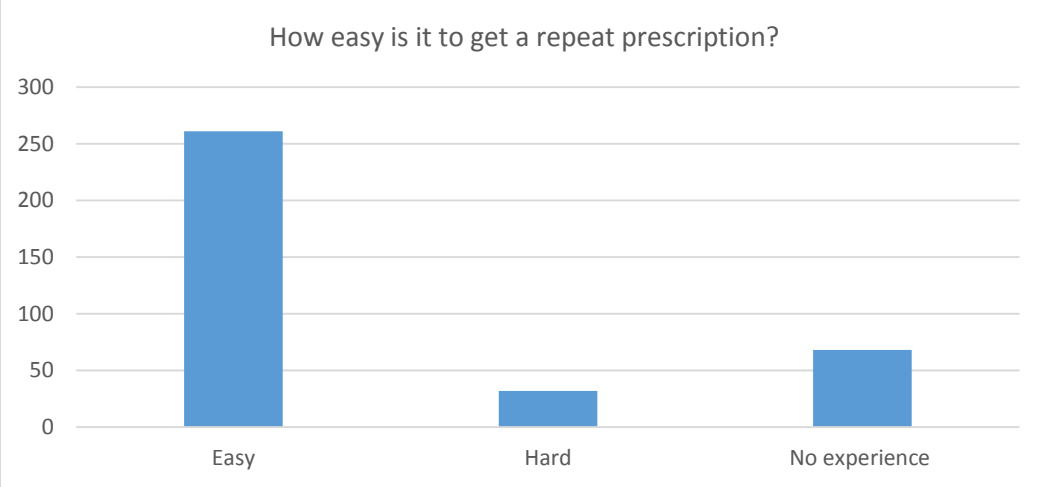


Figure 33. How easy is it to get a repeat prescription?

Do you use EPS in your GP surgery?

46% reported their GP surgery to use electronic prescription service (EPS). When waiting for a prescription through EPS, 35% reported waiting 48 hours or less.

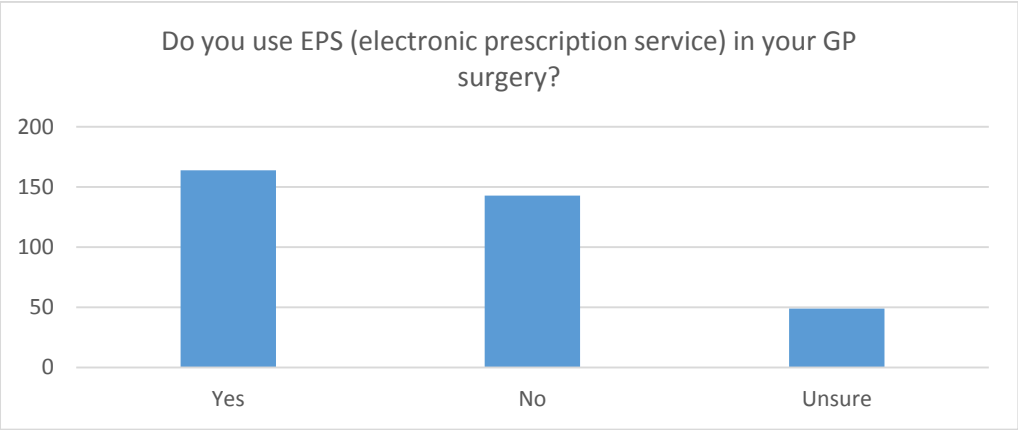


Figure 34. Do you use EPS (electronic prescription service) in your GP surgery?

Open-ended responses found that there were sometimes delays in receiving prescriptions. For example:

> *'Need to allow more than 48hrs for a repeat as there never done in this time.'*

Where do you go for your flu jab?

Of 311 respondents, 52% received their flu jab from the GP, 6% from the pharmacy, and 41% from other places. The 41% reporting 'other' predominantly reported getting their vaccination at work, whilst others reported having it at university, Boots, through a home visit, or somewhere else.

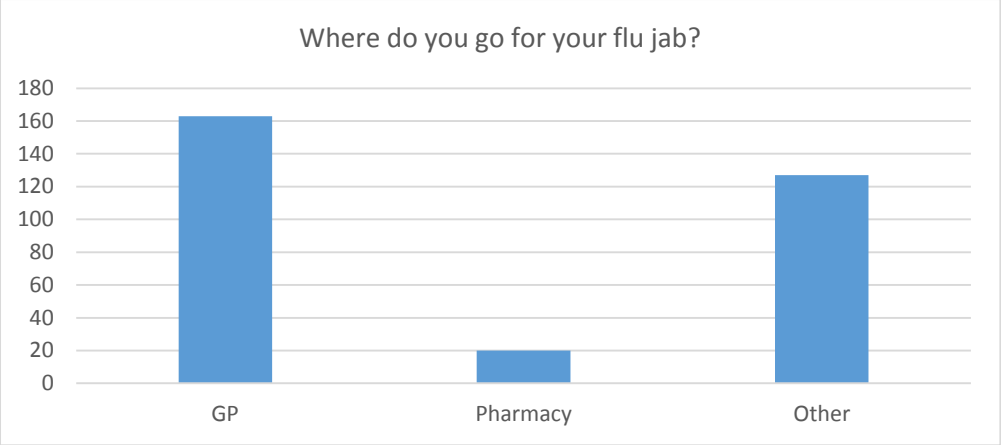


Figure 35. Where do you go for your flu jab?

If your GP has an in-house pharmacy, do you make use of it?

Although 54% did not have experience, 28% reported that their GP had an in-house pharmacy, which they used.

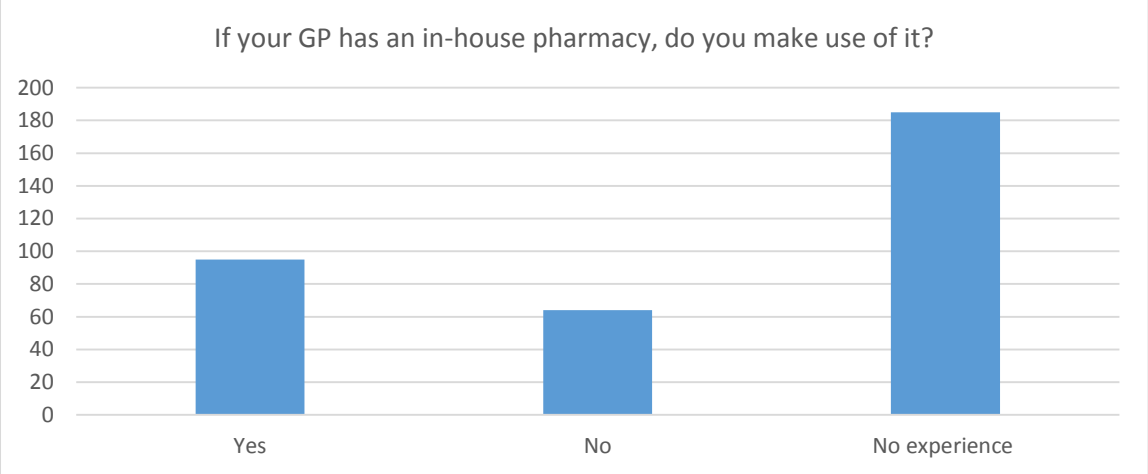


Figure 36. If your GP has an in-house pharmacy, do you make use of it?

Charges

Practices were reported to charge for: a copy of computerised records (7%); a copy of patient records (8%); general letters (16%); private sick notes (12%); claim forms/certificate or proforma (12%); and Hepatitis A (5%). However, many reported not knowing information regarding the charges.

Appendix 2 – A Copy of the GP Survey

Name of your GP

* 1. What is the name of your GP surgery?

2. What is the name of your GP/nurse (person)?

Rating your GP/nurse

Last time you saw or spoke to a GP/nurse from your GP surgery, how good was that GP/nurse at each of the following? Please rate each on a scale of 1 to 5.

3. When did you last visit your GP?

- ◯ In the past 3 months
- ◯ Between 4 and 6 months ago
- ◯ Between 7 and 12 months ago
- ◯ More than 13 months ago

4. Giving you enough time

1 - Very good 3 Very poor - 5

5. Listening to you

1 - Very good 3 Very poor - 5

6. Explaining tests and treatments

1 - Very good 3 Very poor - 5

7. Involving you in decisions about your care

1 - Very good 3 Very poor - 5

8. Treating you with care and concern

1 - Very good 3 Very poor - 5

9. Overall, how would you describe your experience of your GP practice?

1 - Very good 3 Very poor - 5

GP appointments

10. When you last made an appointment to see a GP/nurse when did you want to book to see them?

- ○ On the same day
- ○ On the next working day
- ○ A few days later
- ○ A week or more later
- ○ I didn't have a specific day in mind
- ○ I can't remember

11. Do you have to make seperate appointments for each health concern you have?

- ○ Yes
- ○ No
- ○ Unsure
- ○ Not applicable

12. What happens if you are late for your appointment?

- ○ Make a new booking
- ○ Seen if you wait
- ○ No Experience
- ○ Other (please specify)

13. Can you book your next appointment before leaving the practice?

- Yes
- No
- No Experience

14. Can you book an appointment 2 weeks or more ahead?

- Yes
- No
- No Experience

15. Do you get a choice of appointment time?

- Yes
- Sometimes
- No
- No Experience

16. Are same day appointments still available when contacting the surgery after 12pm?

- Yes
- Sometimes
- No
- No Experience

17. Are same day appointments still available if you ring the surgery after 9am?

- Yes
- Sometimes
- No
- No Experience

18. Which of the following methods would you prefer to use to book appointments at your GP surgery?

- ○ In person
- ○ By phone
- ○ Through family member
- ○ Online or by email
- ○ No preference

19. How do you normally book your appointments to see a GP or nurse at your GP surgery?

- ○ In person
- ○ By phone
- ○ Through family member
- ○ Online or by email
- ○ Doesn't apply

20. Who was your appointment with?

- ○ GP
- ○ Nurse

Other (please specify)

21. Overall, how would you describe your experience of making an appointment?

1 - Very good 3 - Neither good nor poor 5 - Very poor

22. What did you do on that occasion?

- Went to the appointment I was offered
- Got an appointment for a different day
- Had a consultation over the phone
- Went to A&E / a walk-in centre
- Saw a pharmacist
- Decided to contact my surgery another time
- Didn't see or speak to anyone
- Not applicable

23. If you weren't able to get an appointment or the appointment you were offered wasn't convenient, why was that?

- There weren't any appointments for the day I wanted
- There weren't any appointments for the time I wanted
- I couldn't see my preferred GP
- I couldn't book ahead at my GP surgery
- Not applicable
- Other (please specify)

24. Did you get an explanation why you could not get the appointment of your choice?

- Yes
- No
- Unsure
- Not applicable

25. When making an appointment does the receptionist ask you for the reason for wanting the appointment?

- Yes
- No
- Unsure

General access to GP services

26. Generally, how easy is it to get through to someone at your GP surgery on the phone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Haven't tried

27. Which of the following additional opening times would make it easier for you to see or speak to someone?

- Before 8am
- At lunchtime
- After 6.30pm
- On a Saturday
- On a Sunday
- None of these

28. What is your experience of the GP's reception service?

29. Is your GP surgery currently open at times that are convenient for you?

- Yes
- No
- Don't know

30. How helpful do you find the receptionists at your GP surgery?

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful
- Don't know

31. How satisfied are you with the hours that your GP surgery is open?

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied
- I'm not sure when my GP surgery is open

32. Do you know how to contact an out-of-hours GP service when the surgery is closed?

- Yes
- No

33. How easy was it to contact the out-of-hours GP service by telephone?

- Very easy
- Fairly easy
- Not very easy
- Not at all easy
- Don't know / didn't make contact

34. Are you aware of the Patient Participation Groups (PPGs) in your practice?

- Yes
- No

35. If you do not know of the PPGs in your practice, would you like to receive more information?

- Yes
- No
- Not applicable

36. If you know of the PPGs in your practice, do you attend or receive minutes?

- Yes
- No
- Not applicable

37. If so, do you find the information useful?

- Yes
- No
- Not sure
- Not applicable

38. Do you receive newsletters from your practice

- Yes
- No
- Not sure

39. Have you asked to access your medical records?

- Yes
- No
- Can't remember

40. How did you ask for your medical records?

- In person
- By phone
- Through family member
- Online
- Doesn't apply
- Other (please specify)

41. Do you know the complaints process in your practice?

- Yes
- No

42. If you are over 55, do you get called in for a general health check?

- Yes
- No
- Unsure
- Not applicable

43. If you are over 40, do you get called in for a general health check?

- Yes
- No
- Unsure
- Not applicable

44. When you have been referred to a hospital, are you given a choice of which hospital you would like to go to for it?

- Yes
- No
- Unsure
- Not applicable
- Other (please specify)

45. If you have any other comments please write them here:

46. Is your GP surgery made accessible for people with disabilities?

- Yes
- No
- Not sure

If 'no', please indicate why you think this

47. How do you check-in to your GP surgery?

- At the reception desk
- At the check-in machine
- No Experience
- Other (please specify)

48. How easy is it to get a repeat prescription?

- Easy
- Hard
- No experience

49. Is there a particular GP you usually prefer to see or speak to?

- Yes
- No
- There is usually only one GP in my GP surgery

50. In the reception area, can other patients overhear what you say to the receptionist?

- Yes, but I don't mind
- Yes, and I'm not happy about it
- No, other patients can't overhear
- Don't know

Use of your GP services

51. Where do you go for your flu jab?

- GP
- Pharmacy
- Other (please specify)

52. If your GP has an in-house pharmacy, do you make use of it?

- Yes
- No
- No experience

53. Do you use EPS (electronic prescription service) in your GP surgery?

- Yes
- No
- Unsure

54. If you use EPS, how long do you have to wait for your prescripton to be ready?

- 24 hours
- 48 hours
- 72 hours
- Unsure
- Not applicable
- Other (please specify)

55. When you are at the practice, how do you get called in to see the doctor?

- The doctor comes to greet you
- Your name is put on the screen
- Receptionist informs you
- Other (please specify)

GP charges

56. Does your Practice charge fees for any services it offers? (Tick all that apply).

- [ ] Copy of computerised records
- [ ] Copy of patient records
- [ ] General letter ('To whom it may concern' or 'fitness to' letters)
- [ ] Private Sick Note (Any sick note within 7 days is private)
- [ ] Claim form, certificate or proforma (Insurance/sickness/accident/holiday cancellation/private medical insurance/school fees)
- [ ] Hepatitis A (All doses)
  This can include: Combination Hep A & Hep B (all doses), Typhoid (both injectable and oral) , Combined Hep A and Typhoid, Polio (which is only available in combined tetanus, polio and diphtheria vaccine), Cholera.

57. Do you get notified of any changes within the practice?

- ( ) Yes
- ( ) No
- ( ) Unsure

Demographics

58. What is your gender?

- Male
- Female

59. Have you had a gender reassignment?

- Yes
- No
- Prefer not to say

60. What is your age?

- Under 18
- 18-24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 to 84
- 85 or over

61. What is your ethnic background?

62. Do you have a disability?

- Yes
- No

63. Are you a deaf person who uses sign language?

- Yes
- No

64. Do you have a long-standing health condition?

- Yes
- No
- Don't know / can't say
- If yes, what is it? (please specify)

65. Which of the following best describes how you think of yourself?

- Hetrosexual / Straight
- Gay / Lesbian
- Bisexual
- Other
- I would prefer not to say

66. What is your ethnic origin?

- White
- Black / Black British
- Asian / Asian British
- Mixed
- Prefer not to say
- Other (please specify)

67. Are you pregnant?

- Yes
- No
- Prefer not to say
- Not applicable

68. Which, if any, of the following best describes your religion?

- No religion
- Buddhist
- Christian (including Church of England, Catholic, Protestant, and other Christian denominations)
- Roman catholic
- Hindu
- Jewish
- Muslim
- Sikh
- I would prefer not to say
- Other (please specify)

69. What is your marital status?

- Single
- Married
- Divorced
- Civil partnership
- Prefer not to say

healthwatch Wolverhampton

An Evaluation of the Urgent Care Centre (UCC) at New Cross Hospital

Report on the Research into Patient Experience

May 2017

Contents

1. Introduction

Due to the steady rise in demand for walk in centres and Accident and Emergency services in Wolverhampton, the Clinical Commissioning Group (CCG) developed a new service specification for an Urgent Care Centre which came into force on 1 April 2016. This new plan resulted in a purpose built facility at New Cross Hospital site and involved the relocation of services from Showell Park, one of the two walk in centres in Wolverhampton, to the new facility.

Healthwatch Wolverhampton approached the CCG with a research proposal to review the patient experience of users of the UCC. The research method chosen was a face-to-face survey to focus on the quality of service delivery and meeting the needs of patients. The results would provide evidence for one of the Key Performance Indicators in the UCC service specification, requiring the provider to conduct patient surveys, and was co-designed with this in mind. More detail is provided in the Methodology section.

2. Executive Summary

The highlights of the research findings are provided below. For some questions, a low number of people provided a response and these are indicated with an *. Page references are provided in brackets for more detail on each topic.

- 63% were referred to the UCC by another service and over half of these were from the NHS 111 service. (Page 3)
- 78% provided GP-related reasons for attending the UCC, including those who couldn't get an appointment or whose GPs were closed. (Page 4)
- 85% said that it was easy or very easy to find the UCC. Signposting was the most common recommendation for improvement.(Page 5)
- 88-93% rated the friendliness, helpfulness and understanding of staff as good or very good. However, 34% rated waiting time as poor or very poor.(Pages 5- 6)
- 90-93% rated lighting, cleanliness and availability of seating as good or very good. (Page 6)
- 73% were waiting two hours or less to be seen, although less than one-third answered this question.* (Pages 7-8)
- 56% said that the clinician gave their name and 41% explained their job role.* (Page 8)
- 83-95% agreed or strongly agreed that, during their consultation, they had time to explain their problem, had a clear explanation of their diagnosis and were told what would happen next. However, 68-71% disagreed or strongly disagreed that they were given printed information about their diagnosis and treatment.* (Pages 8-9)
- 79% said that information was not available or they were unsure about how they could make a comment, compliment or complaint.* (Page 9)
- 81% were satisfied or very satisfied overall with the service at UCC.* (Page 10)

3. Methodology

3.1 Research Methods

A face-to-face survey was conducted in the waiting area of the UCC over the course of one week in February at different times of the day. The intention was to capture as many patients as possible whilst they were having the experience of the Centre. Some of the questions were designed to capture the respondents' views *after* their consultation. However, many did not want to wait around to complete these questions, having already been at the UCC for a long time.

A questionnaire was used for the survey, which had been co-designed by Healthwatch Wolverhampton, the CCG and Vocare, who are the providers of the service. The questionnaire was piloted with a small group of patients at UCC and was refined using the feedback from the pilot. A copy of the questionnaire is included in Appendix 1.

During the survey, the fieldwork team were recording any observations that were beyond the scope of the questionnaire and these are included in the findings of this report along with any emergent recommendations.

3.2 Characteristics of the Participants

187 people responded to the survey. The numbers of responses to each question vary, as not all participants answered all questions. A full breakdown of participants by their protected characteristics (such as age and race) can be found in Appendix 2, however the most frequent responses were as follows:

Gender identity -	72% female
Age –	62% aged 18-39
Race -	70% white British
Religion/belief -	48% Christianity, 41% none
Disability -	84% no
Relationship status -	40% married, 28% single
Sexual orientation -	97% heterosexual/straight
Pregnant -	92% no
Birth last 26 weeks -	95% no

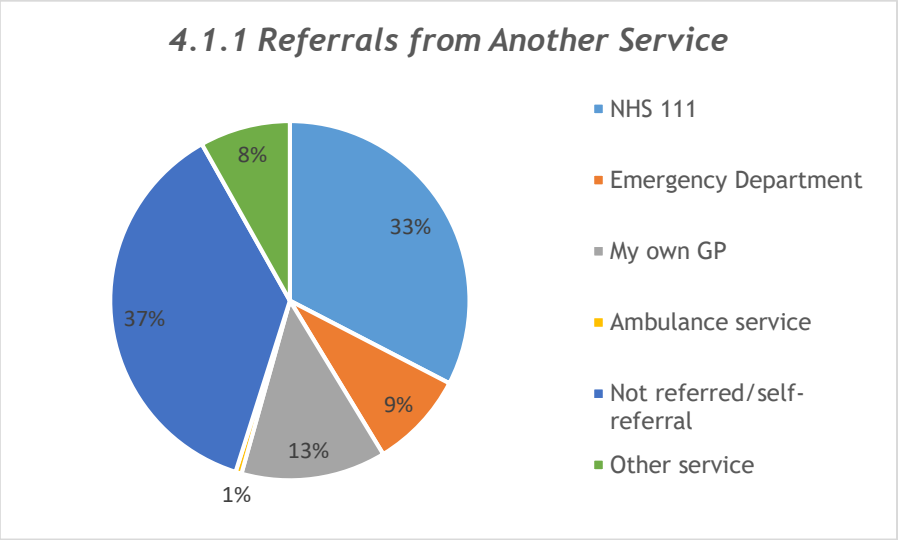
More than half of the patients were from the WV10 (34%) or WV11 (18%) postcodes. One-third of respondents (41) were in attendance as a parent or guardian. Nine of the patients (7%) were not registered with a GP.

4. Findings

4.1 Context of the Patients' Visit

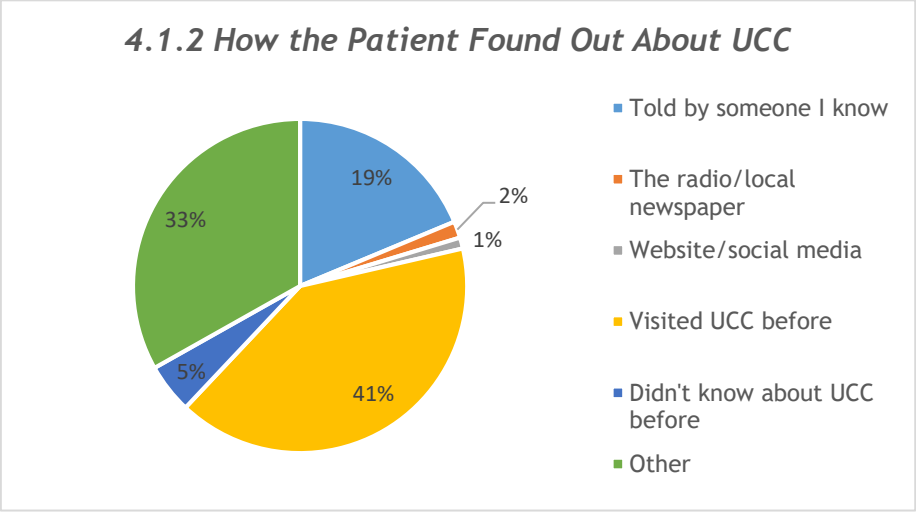
4.1.1 Referrals from Another Service

63% (115 patients) were referred to the UCC by another service. Of these, over half were from the NHS 111 service. The second largest group of referrals came from GPs (13% or 24 patients). *Note: Those who indicated that they had been referred by another service, but then stated that this was a self-referral, have been included in the category 'not referred/self-referral'.*



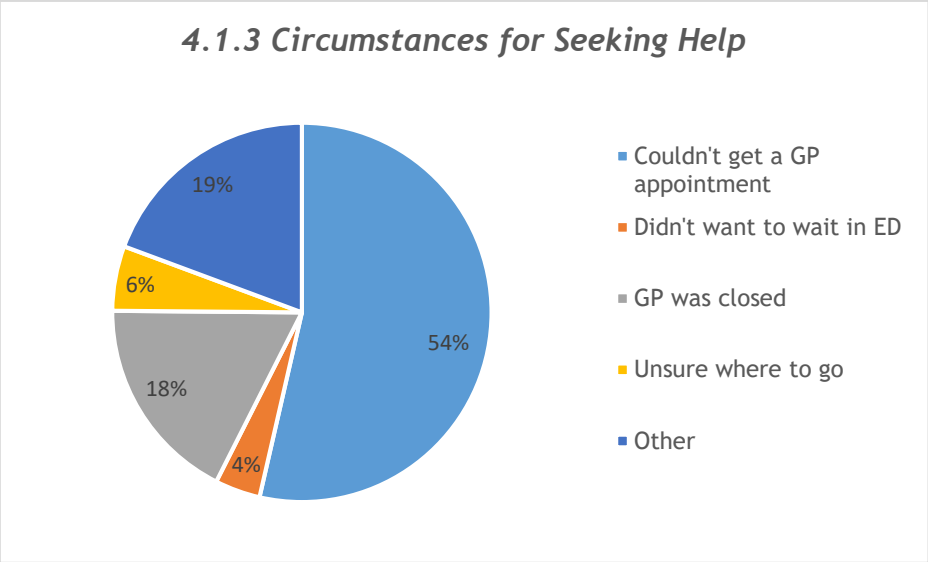
4.1.2 How the Patient Found Out About UCC

The main reason for awareness of the UCC was a previous visit to the Centre (41% or 76 respondents). One-third of the patients recorded 'other' as their response and, for these, the main source of information was the NHS 111 service (19). Other high frequency responses were the patient's GP (13) and the hospital's Emergency Department (10).



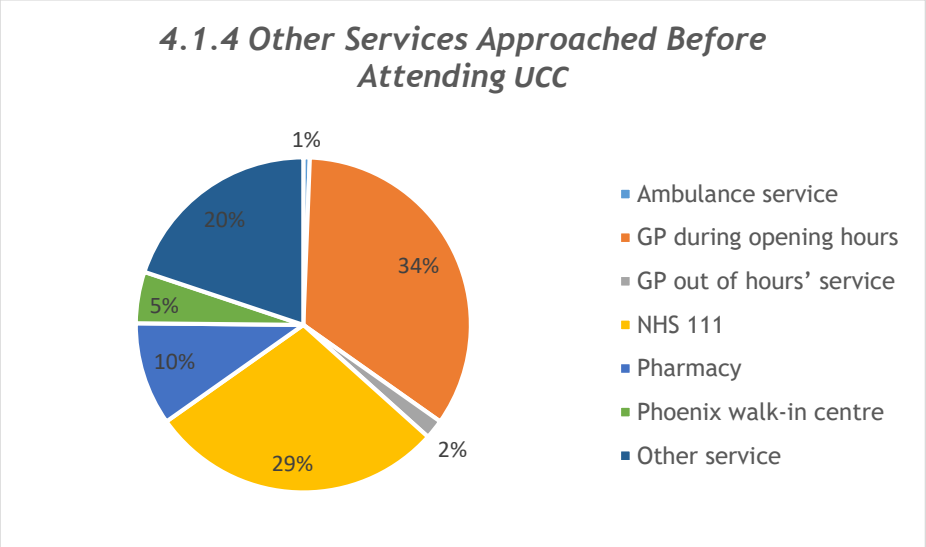
4.1.3 Circumstances for Seeking Help

Over half of those who answered this question (97) said that they came to the UCC because they had contacted their GP and couldn't get an appointment, with a further 32 patients whose GPs were closed. The main reasons given by those who answered 'other' were GP-related (12). In total, 78% (141/181) of responses to this question were GP-related and mostly regarding access to appointments. Two of the respondents were not registered with a GP and one said that they hadn't contacted their GP, as they knew they wouldn't get an appointment. For some, the UCC was their first choice of destination for help (10) and for some others, they were unsure where else they could go (10).



4.1.4 Other Services Approached Before Attending the UCC

37% of respondents (including some who had indicated 'other') had sought help from their GP before attending the UCC. The service with the second highest frequency responses was NHS 111.

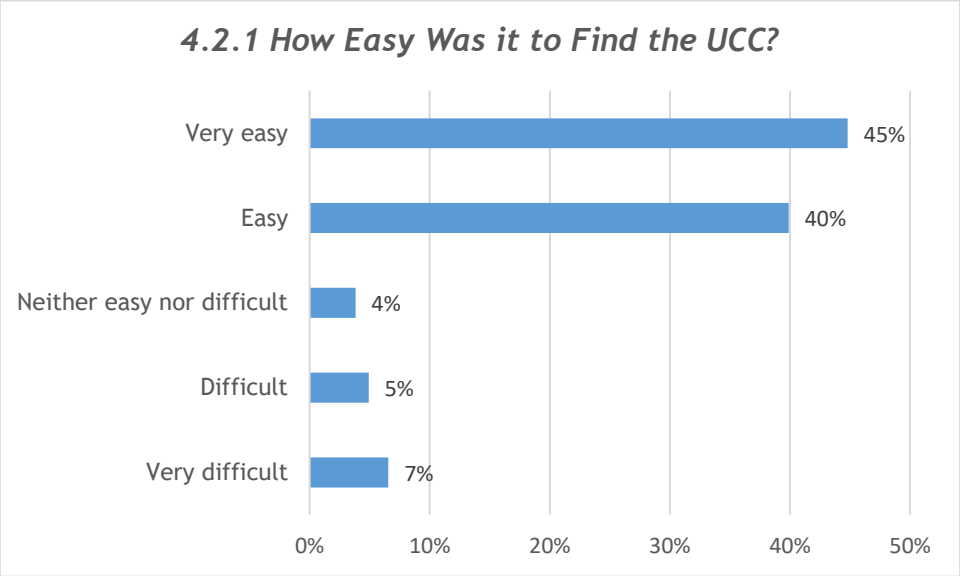


4.2 Arrival on Site

4.2.1 How Easy was it to Find the UCC?

85% of respondents said that it was easy or very easy to find the UCC. Of those who gave reasons for their response to this question, 35% (20) mentioned signposting as an issue, although the evaluation of this was split. 11/20 said that signposting was not good, whilst nine felt that it was.

Eight patients had to ask for directions. Two patients went to the old Accident and Emergency building not knowing that this had relocated on site. One respondent said that the Phoenix Centre had told them that UCC was in the Maternity building and another said that NHS 111 had called it the Primary Care Centre and this had caused confusion.

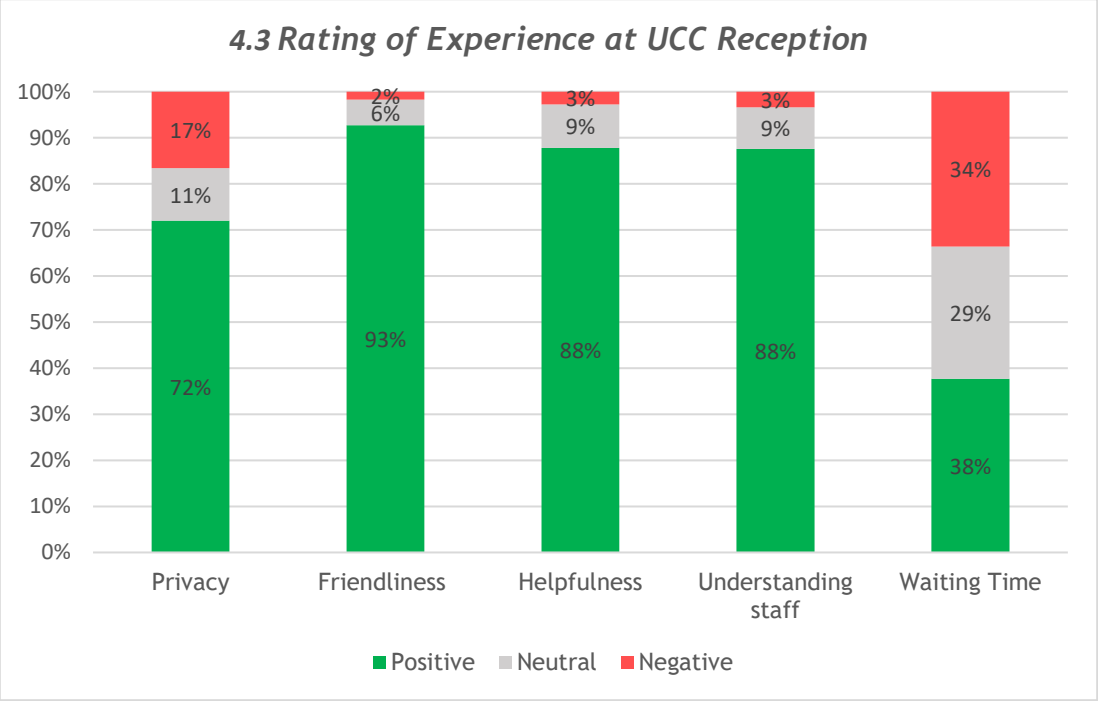


4.2.2 What Would Make it Easier to Find the UCC?

39 patients provided free texts comments in response to this question. The most common recommendation by far (85%) was improved signage, including at other areas around the site. Increased size of signs and being able to differentiate between the Emergency Department and the UCC were suggested.

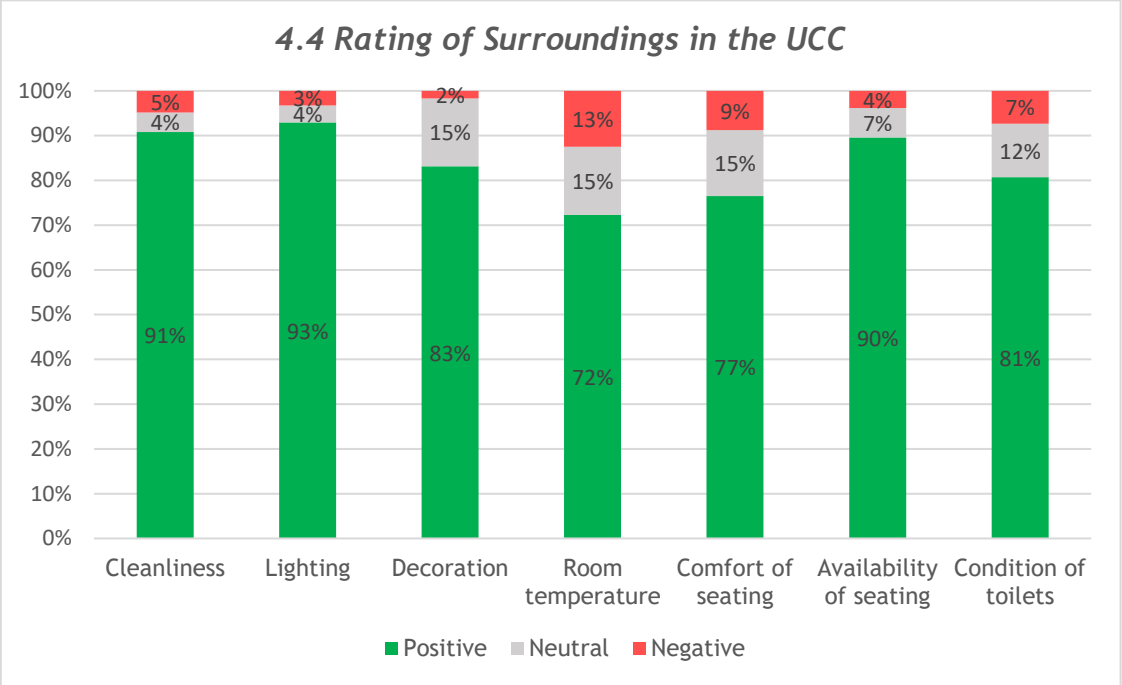
4.3 Experience at the UCC Reception

The friendliness of staff at the UCC was rated as the most positive part of the patients' experience at the Reception, with 93% (165) rating this as good or very good. This was followed by the helpfulness (158) and understanding of staff (155), each with 88% of good or very good patient ratings. 72% of patients (126) rated the privacy of the UCC Reception as good or very good. 34% (41) of patients said that their waiting time was poor or very poor and a further 29% (35) said neither good nor poor.



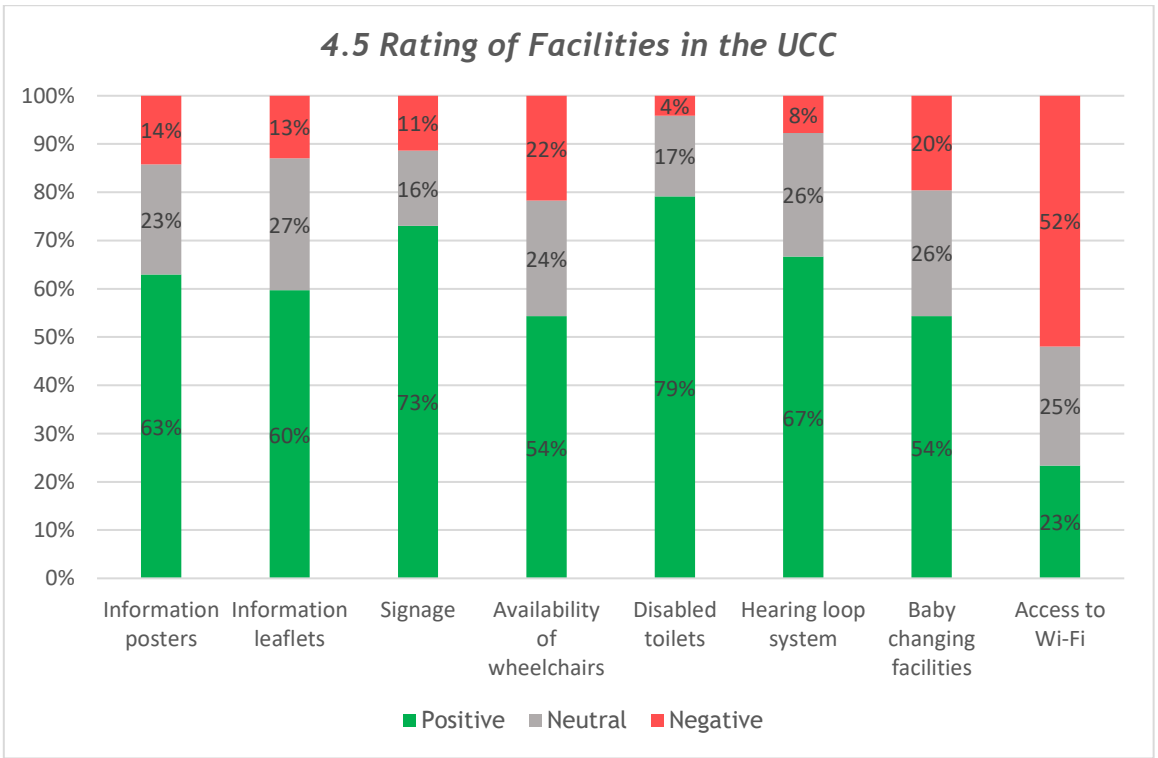
4.4 Rating of the Surroundings in the UCC

The most positive aspects of the surroundings in the UCC, rated as good or very good, were lighting (93% or 171 patients), cleanliness (91% or 168 patients) and availability of seating (90% or 163 patients). This was followed by decoration (83% or 148 patients) and condition of toilets (81% or 88 patients). *Note: different numbers of patients answered each of the questions, hence the variability in numbers as represented by percentages.* Survey respondents were less positive about the room temperature, with 72% (133) rating this as good or very good, and the comfort of seating (77% or 140 patients).



4.5 Rating of the Facilities in the UCC

The ratings for the facilities in the Centre were generally less positive than for earlier questions (experience of Reception and surroundings in the UCC). The areas which received the highest frequencies of good or very good ratings were disabled toilets (79% or 38 patients), signage (73% or 122 patients) and the hearing loop system (67% or 26 patients). *Note: Numbers of responses to some questions were low, so percentage comparisons can be misleading*. The poorest ratings were received for access to Wi-Fi, with 52% (40) of patients responding that this is poor or very poor.

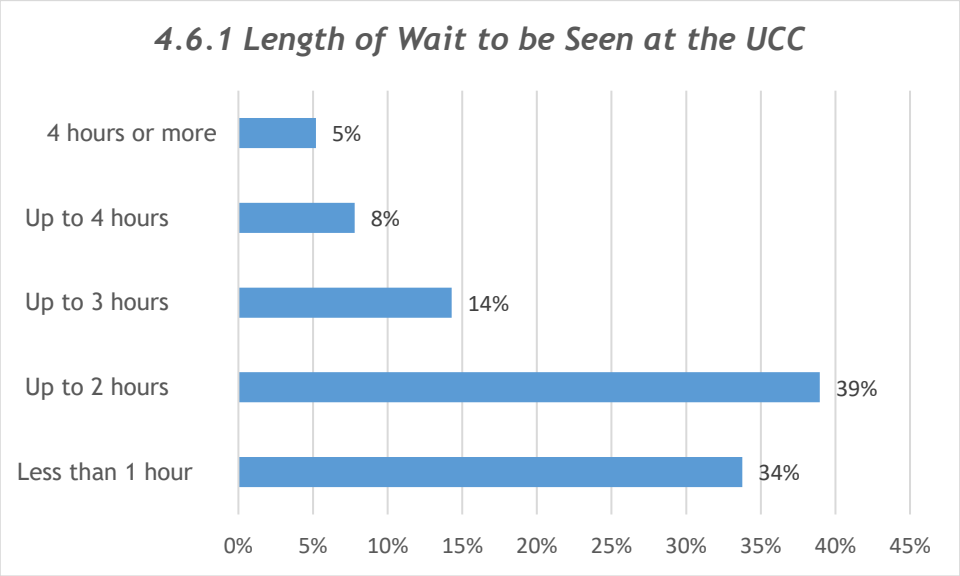


4.6 Experience of the Service at the UCC

This section of the survey was conducted after the patient had received their treatment and not all of the participants returned to complete these questions.

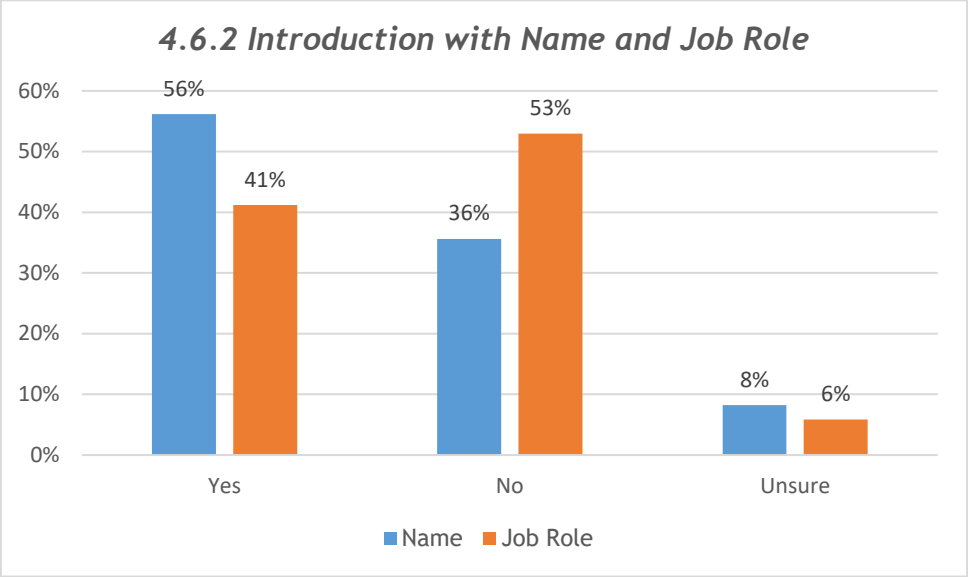
4.6.1 Length of Wait

Most patients surveyed were waiting two hours or less to be seen (73% or 56 patients).



4.6.2 Clinician Introducing Themselves

56% of patients (41) said that the person who treated them gave their name and 41% (28) said that they explained their job role/job title.



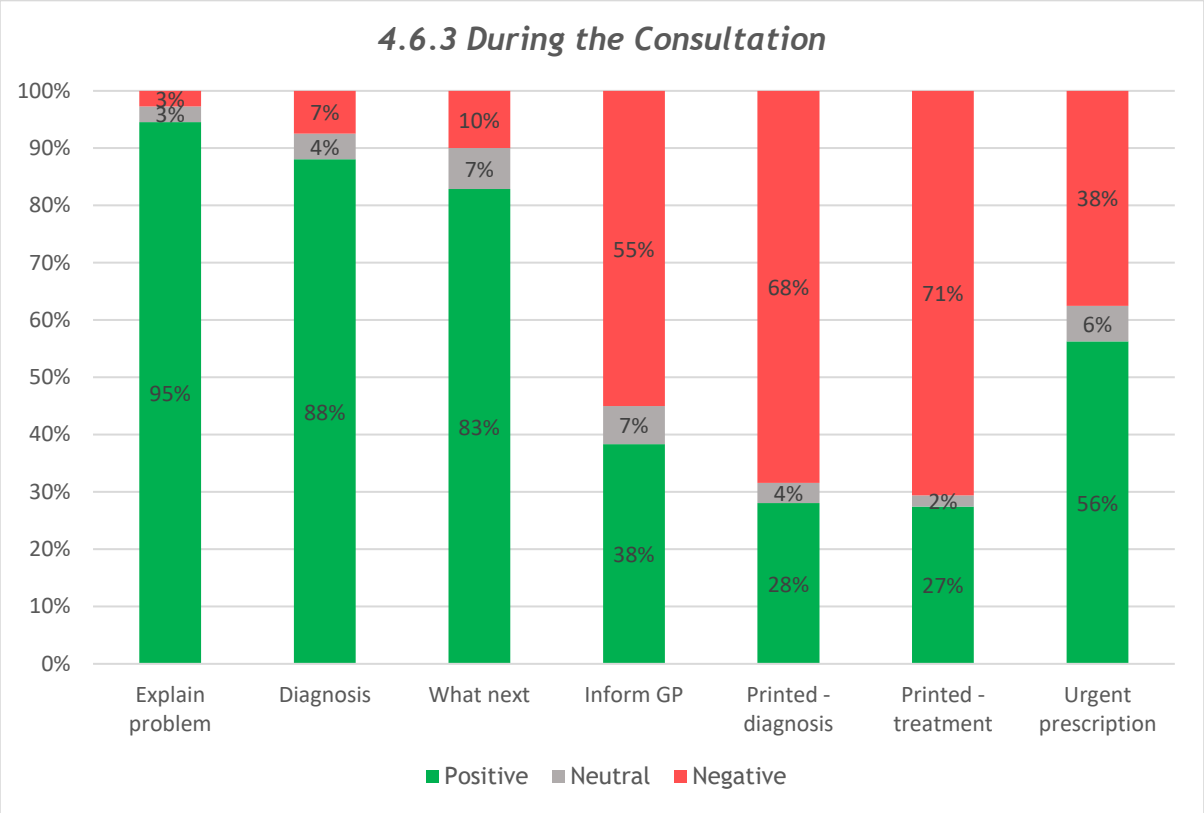
4.6.3 During the Consultation

More than 80% of respondents agreed or strongly agreed that they were given enough time to explain their problem (95% or 69 patients), given a clear explanation of their diagnosis (88% or 59 patients) and were told what would happen next (83% or 58 patients).

56% (18 patients) agreed or strongly agreed that they were advised where they could pick up an urgent prescription and 38% (23 patients) were told that their GP would be informed of their treatment.

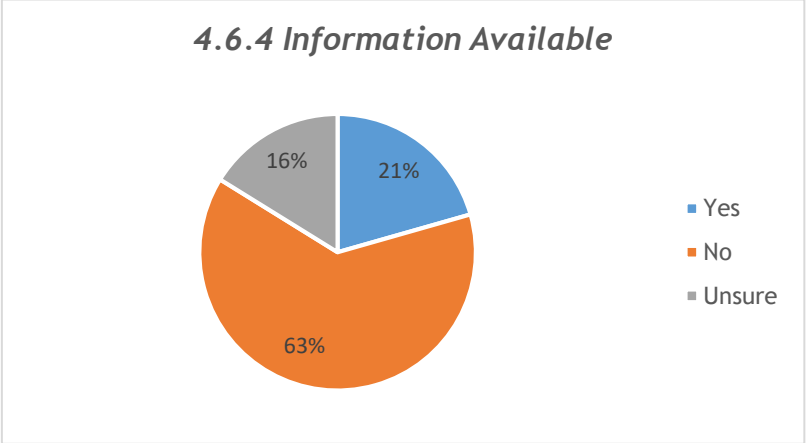
More than two-thirds of patients disagreed or strongly disagreed that they were given printed information about their diagnosis (68% or 39 patients) and their treatment (71% or 36 patients).

Respondents were offered an option of 'not applicable' to the questions about their consultation and these responses have been excluded from the analysis. However, there may be a difference in perception between clinician and patient as to whether provision of printed information on diagnosis and treatment, for example, is relevant.



4.6.4 Information about Making a Comment, Compliment or Complaint

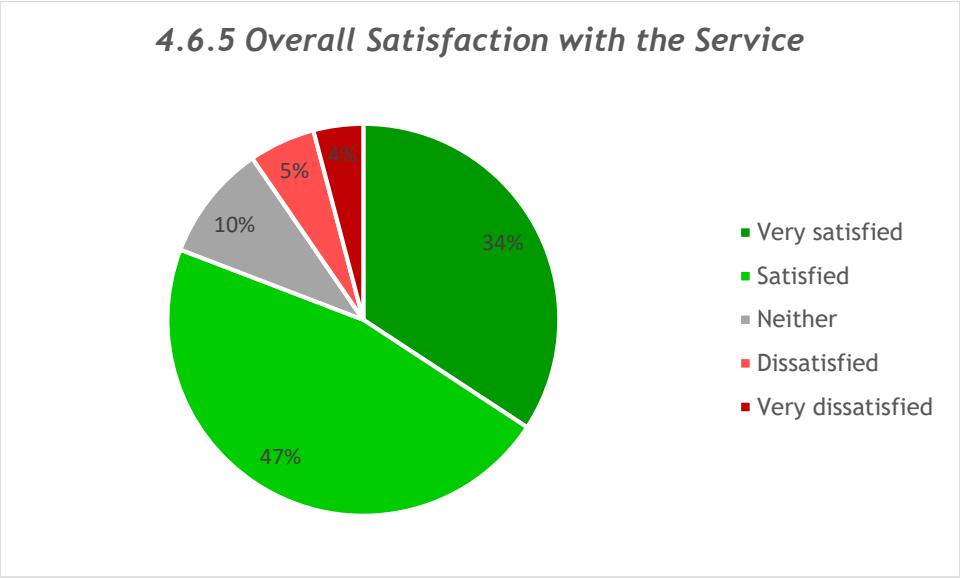
63% (43 patients) said that information was not available about how they could make a comment, compliment or complaint and a further 16% (11 patients) were unsure; a total of 79% of patients not answering 'yes' to this question.



4.6.5 Overall Satisfaction with the Service

81% (59 patients) provided a positive response to this question, being satisfied or very satisfied with the service at UCC that day. 10% (7 patients) were neutral and 10% (7 patients) were dissatisfied or very dissatisfied. *Note: Rounding of percentages accounts for the slight variation with the data on the chart below*

More commentary is provided on the patient experience in Section 4.7 below.



4.7 Patients' Commentary on Their Experience at UCC

4.7.1 Dignity and Respect

Patients were asked to comment on whether they felt that they had been treated with dignity and respect. Of the 65 people who provided a comment, 86% (56) had something positive to say, using words such as excellent, with dignity and respect, with care, helpful and kind.

Nine negative comments were received (14%) and, of these, six were related to waiting time. The other three comments were:
"Absolutely disgraceful. Neglected"
"…very degrading and put me down as I am not breastfeeding my baby"
"…not saying what they was going to do"

4.7.2 Tell Us More

In response to the question: "Would you like to tell us more about your experience today?" 43 comments were provided. Of the comments, one-third were complimentary, particularly about the service they had received and the attitude of the staff. Four

patients were happy that they had been seen quickly and two of these had made an appointment. Others described the staff using words such as friendly, informative, very nice, helpful, understanding and courteous. One person felt that the UCC offered "better service than at Bushbury – very relaxed".

The most common theme of the areas for improvement (30% of the comments) was the disappointment with the long wait to be seen. This included two patients who had booked an appointment, but were still waiting longer than expected; one of these patients reported a wait of six hours. Related to the long wait were comments about

there being nothing to occupy the time, such as TV (switched off at the time) or "something to read", particularly for children as there were no toys to play with.

Some of the comments received related to the organisation of patients. One person felt that there "should be separate GPs for appointments and for walk-ins" and another suggested better "patient liaison and customer service". Two people referred to better information. One person had been previously unaware that "the service existed" and another suggested "information leaflets".

One patient was unhappy that the doctor had referred her back to her GP. Instead, she presented at A&E, where she was seen by a surgeon and admitted to hospital.

Other observations included the staffing levels of doctors, their long working hours and one person commented that the "doctor was not caring". Other suggestions included installing a clock on the wall and WiFi – "really could do with this".

4.8 Fieldwork Observations

During the fieldwork, the team recorded their own observations. Many of their observations reflect the responses received by patients in the survey, including signage, improved information and facilities. The fieldwork team picked up on a sense of confusion about the triaging system, for example for those who had already waited in A&E and the priority given to children. They observed that there were other clinics taking place and people were waiting in the same area as other attendees of the UCC, which caused some confusion. Some patients could not hear when the clinician called out their name.

The team observed that the reception desk was very busy, with patients having to wait whilst the receptionists were on the telephones and there were some times when the desk was unattended. They felt concern for the safety of staff, who were easily accessible from the reception area should a patient become aggressive, and also for the privacy of patients at the desk.

5. Conclusions

Most of the patients in the UCC during the survey week were referred by another service, with one-third of all patients being referred from the NHS 111 service. However, there was still some lack of awareness that an appointment with the UCC can be booked using this service. Some felt that more could be done to promote the UCC and NHS 111 through GPs, for example. One-third of patients came directly to the UCC without a referral from another organisation. The main reason given for this was the lack of access to GP

appointments. Of those who had been to their GP, some patients were not satisfied and came to the UCC for further help. In some cases, the GP had referred them on to the UCC. A small number of patients were not registered with a GP.

The main source of dissatisfaction was the length of waiting times. Whilst many acknowledge that this was due to the volume of activity at the UCC, there was a core of patients who felt that more could be done to: i) review the system for appointments and triage and ii) make the wait more bearable where this was unavoidable. There was a general sentiment that better communication and more information would improve the patient experience during their wait, especially to be given an indication of waiting times and reasons for this.

Signage was identified as an area for improvement, even amongst those who said that the UCC was easy to find. There were some positive comments about the signage, although some of these patients had visited the UCC before. The suggestions offered for improvements included the size and location of the signs, especially those on other parts of the site.

Most of the survey respondents were happy with the content of their consultation. They felt that they had been given enough time to explain their problem, had been given a clear explanation of their diagnosis and were told what would happen next. However, they were not so positive about clinicians' introducing themselves by name and job role. There was a strong negative view that patients had not been provided with printed information about their diagnosis and treatment. There may be a difference in perception between clinician and patient as to whether provision of printed information on diagnosis and treatment is relevant, but the choice should be with the patient where this resource is available.

A number of improvements to the provision of information resources and facilities in the waiting area were suggested by patients and the fieldwork team and these have been included in the recommendations.

6. Recommendations

Given the findings and conclusions of the research, it is recommended that:

- The pathways for urgent care are clearly identified and communicated to the general public, so that services can be accessed appropriately to meet the needs of the patient.

- More is done to encourage GP registration, including further research into the barriers to access for those who are not registered with a GP.
- Information on the triage system is improved, for example with posters and leaflets. This information could include:
  - How patients are prioritised, answering the following questions: To what extent is this based on clinical need? Are children given higher priority? Are NHS 111 appointments seen first?
  - Linkages between the Emergency Department and the UCC triage systems, so that patients understand whether they will have to wait twice.
- Consideration be given to the development of a patient liaison/customer service role within the UCC, so that patients have an improved understanding of how things work and what is happening to them.
- Organisation of the waiting room is reviewed, so that it is clear where patients attending clinics and NHS 111 bookings should report to and wait for their appointments.
- Signage be improved, as follows:
  - To differentiate between the Emergency Department (ED) and the UCC;
  - In the lift, indicating with floors are for the ED and UCC;
  - At the old A&E building, providing directions to the UCC;
  - At the entrances to the hospital site;
  - To make the lettering on signs bigger, to improve visibility and readability.
- Information about the complaints system is displayed more prominently, with consideration given to the introduction of posters, a patient notice board and a rack for leaflets.
- Visual displays be introduced for announcements, such as calling patients for their appointments. If the TV is used for this purpose (it was not in operation during the survey week), then consideration could be given to the purchase of a second set to improve visibility from different angles and as a backup in case the first set is out of order.
- Consideration be given to a system which indicates a patient's place in the queue, with an approximate waiting time.
- A consistent reminder is sent to clinicians about standards for consultations, which could include:
  - Introducing themselves by name and job title and briefly explaining their role;

  - Providing information about where patients can collect an urgent prescription;
  - Giving patients the choice to receive printed information about their diagnosis and treatment, if this is available.
- The experience of waiting at the UCC be improved by including the following:
  - Access to WiFi;
  - Installation of a clock;
  - Availability of a water dispenser or drinks machine;
  - Availability of toys and reading material.

- Assurances are provided that appropriate risk assessment has been/will be conducted into staff safety at the reception desk.

Author: Sam Hicks
Research and Evidence Officer
Healthwatch Wolverhampton
0800 470 1944

APPENDIX 1 – COPY OF THE QUESTIONNAIRE

healthwatch Wolverhampton

Patient Experience of Wolverhampton Urgent Care Centre

We are conducting a survey today to help us understand our patients' experiences of using the Urgent Care Centre. The information that you provide on this questionnaire will be collated and presented in a report, which will help to improve the services we provide at the Centre. By taking part today, you can help to ensure that our services meet your needs, so we really value your opinions. The survey is anonymous. If you prefer, you can complete this survey online at http://bit.ly/2kBoAp7

Date (DD/MM/YYYY)_____

Time of arrival (HH:MM) at the Emergency Department downstairs (if applicable): _____
Time of arrival (HH:MM) at the Urgent Care Centre upstairs: _____

SECTION 1: THE CONTEXT OF YOUR VISIT TO THE URGENT CARE CENTRE

1. Which service referred you to the Urgent Care Centre today?

- ❍ NHS 111
- ❍ The Emergency Department at New Cross Hospital
- ❍ My own GP
- ❍ Ambulance service
- ❍ I was not referred by another service
- ❍ Other service, please specify _____

2. How did you find out about the Urgent Care Centre? (Please tick all that apply)

- ❍ I was told about it by someone I know
- ❍ I heard about it on the radio
- ❍ I read about it in a local newspaper
- ❍ I found out about it through the website
- ❍ I read about it on social media
- ❍ I had visited the Urgent Care Centre before
- ❍ I did not know about the Urgent Care Centre before
- ❍ Other, please specify _____

3. What circumstances led you to seek help from the Urgent Care Centre today?

- ❍ I contacted my GP, but could not get an appointment
- ❍ I did not want to wait in the Emergency Department
- ❍ My condition started when my GP was closed
- ❍ I was unsure where else I could go
- ❍ Other, please specify _____

4. Did you seek help from any of the following services before attending the Urgent Care Centre today? (Please tick all that apply)

- ❍ Pharmacy
- ❍ Phoenix walk-in centre
- ❍ GP during opening hours
- ❍ GP out of hours' service
- ❍ NHS 111
- ❍ Ambulance service
- ❍ Other service, please specify _____

SECTION 2: ARRIVAL ON SITE AT THE HOSPITAL

5. How easy was it to find the Urgent Care Centre today?

- ❍ Very easy
- ❍ Easy
- ❍ Neither easy nor difficult
- ❍ Difficult
- ❍ Very difficult

Please tell us why

_____

_____

6. Is there anything which might make it easier to find the Urgent Care Centre?

_____

SECTION 3: YOUR EXPERIENCE OF THE URGENT CARE CENTRE RECEPTION

7. How would you rate your experience at the Urgent Care Centre reception?

	Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
Privacy	❍	❍	❍	❍	❍	❍
Friendliness of staff	❍	❍	❍	❍	❍	❍
Helpfulness of staff	❍	❍	❍	❍	❍	❍
Understanding staff	❍	❍	❍	❍	❍	❍
Waiting Time	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

If other, please specify _____

SECTION 4: YOUR EXPERIENCE OF OTHER AREAS WITHIN THE URGENT CARE CENTRE

8. How would you rate the surroundings in the Urgent Care Centre?

	Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
Cleanliness	❍	❍	❍	❍	❍	❍
Lighting	❍	❍	❍	❍	❍	❍
Decoration	❍	❍	❍	❍	❍	❍
Room temperature	❍	❍	❍	❍	❍	❍
Comfort of seating	❍	❍	❍	❍	❍	❍
Availability of seating	❍	❍	❍	❍	❍	❍
Condition of toilets	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

If other, please specify _____

9. How would you rate the facilities in the Urgent Care Centre?

	Very good	Good	Neither good nor poor	Poor	Very poor	Not applicable
Information posters	❍	❍	❍	❍	❍	❍
Information leaflets	❍	❍	❍	❍	❍	❍
Signage	❍	❍	❍	❍	❍	❍
Availability of wheelchairs	❍	❍	❍	❍	❍	❍
Disabled toilets	❍	❍	❍	❍	❍	❍
Hearing loop system	❍	❍	❍	❍	❍	❍
Baby changing facilities	❍	❍	❍	❍	❍	❍
Access to Wi-Fi	❍	❍	❍	❍	❍	❍
Other	❍	❍	❍	❍	❍	❍

If other, please specify _____

SECTION 5: YOUR EXPERIENCE OF THE SERVICE YOU RECEIVED AT THE URGENT CARE CENTRE. THIS SECTION IS TO BE COMPLETED AT THE END OF YOUR VISIT.

10. How long did you have to wait before you were to seen at the Urgent Care Centre?

- ❍ Less than 1 hour
- ❍ Up to 2 hours
- ❍ Up to 3 hours
- ❍ Up to 4 hours
- ❍ 4 hours or more. If more than 4 hours, how long were you waiting? _____

11. Did the person who treated you give you their name?

- ❍ Yes
- ❍ No
- ❍ Unsure

12. Did the person who treated you explain their job role/job title?

- ❍ Yes
- ❍ No
- ❍ Unsure

13. The Urgent Care Centre wants to ensure that all patients are treated with dignity and respect. How would you describe how you were treated today?

_____
_____
_____

14. During your consultation, would you agree that you were…

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not applicable
Given enough time to explain your problem?	❍	❍	❍	❍	❍	❍
Given a clear explanation of your diagnosis?	❍	❍	❍	❍	❍	❍
Told what would happen next?	❍	❍	❍	❍	❍	❍
Told that your GP would be informed of your treatment here today?	❍	❍	❍	❍	❍	❍
Given printed information about your diagnosis?	❍	❍	❍	❍	❍	❍
Given printed information about your treatment?	❍	❍	❍	❍	❍	❍
Advised where you could pick up an urgent prescription?	❍	❍	❍	❍	❍	❍

15. Was there information available about how you could make a comment, compliment or complaint?

❍ Yes
❍ No
❍ Unsure

16. Are you attending the Urgent Care Centre as:

- ❍ A patient?
- ❍ A parent/guardian?
- ❍ Other? Please specify _____

17. Are you (the patient) registered with a GP?

- ❍ Yes
- ❍ No
- ❍ Unsure

If yes, what is the name of your GP?

_____

18. Overall, how satisfied have you been with the service today?

- ❍ Very satisfied
- ❍ Satisfied
- ❍ Neither satisfied nor dissatisfied
- ❍ Dissatisfied
- ❍ Very dissatisfied

19. Would you like to tell us more about your experience today?

_____
_____
_____
_____

Thank you for taking time to complete our survey. That is the last question we would like to ask about your experiences at the Urgent Care Centre.

20. Are you happy to answer some questions about yourself on our Equalities Monitoring Form?

- ❍ Yes, turn to the next page
- ❍ No, thank you for completing our survey

SECTION 6: EQUALITIES MONITORING FORM

Thank you for agreeing to complete this section. This will help us ensure that our services are not unfairly discriminating against some people. Your responses will be treated in the strictest confidence and you can leave blank any questions that you would prefer not to answer.

1. What is your gender identity?

- ❍ Female
- ❍ Male
- ❍ Other

Please state _____

- ❍ Female to Male Transgender
- ❍ Male to Female Transgender

2. What is your age?

- ❍ Under 18
- ❍ 18 – 29
- ❍ 30 – 39
- ❍ 40 – 49
- ❍ 50 – 59
- ❍ 60 – 69
- ❍ 70 – 79
- ❍ 80+

3. What is your race?

White

- ❍ British
- ❍ Irish
- ❍ Polish
- ❍ Lithuanian
- ❍ Other

Please state_____

Mixed multi ethnic

- ❍ White & Black Caribbean
- ❍ White & Black African
- ❍ White & Asian
- ❍ Arab
- ❍ Other

Please state _____

Asian or Asian British

- ❍ Indian
- ❍ Pakistani
- ❍ Bangladeshi
- ❍ Nepali
- ❍ Other

Please state _____

Chinese or other ethnic groups

- ❍ Chinese
- ❍ Philippine
- ❍ Vietnamese
- ❍ Thai
- ❍ Other

Please state _____

Black

- ❍ Caribbean
- ❍ African
- ❍ British
- ❍ Other

Please state _____

Gypsy & Traveller

- ❍ Irish
- ❍ Romany
- ❍ Other

Please state _____

Any other ethnic or nationality background not listed, please state: _____

4. What is your religion or belief?

- ❍ None
- ❍ Buddhism
- ❍ Christianity
- ❍ Islam
- ❍ Sikhism
- ❍ Other

❍ Judaism Please state _____

5. What is your relationship status?

❍ Civil Partnership
❍ Divorced
❍ Married
❍ Live with Partner
❍ Separated
❍ Single
❍ Widowed
❍ Other
Please state _____

6. What is your sexual orientation?

❍ Bisexual
❍ Gay
❍ Heterosexual/straight
❍ Lesbian

7. Pregnancy and maternity (female only)

Are you pregnant at this time? ❍ Yes ❍ No
Have you given birth in the last 26 weeks? ❍ Yes ❍ No

8. Do you consider yourself to have a disability?

❍ No
❍ Yes

If yes, which of these? (Please tick all that apply)

❍ Learning disability or difficulty
❍ Long term illness
❍ Mental health condition
❍ Physical impairment
❍ Sensory impairment
❍ Other
Please state _____

9. What is your postcode?

_____

APPENDIX 2 – EQUALITIES AND DIVERSITY MONITORING

1) Nine Protected Characteristics

Gender identity

Female	118	72%
Male	44	27%
Male to Female Transgender	1	1%

Blank	24	
TOTAL	**187**	
Total Without Blanks	**163**	**100%**

Age

Under 18	6	4%
18-29	53	34%
30-39	43	28%
40-49	23	15%
50-59	15	10%
60-69	11	7%
70-79	8	5%
80+	3	2%

Blank	25	
TOTAL	**181**	
Total Without Blanks	**156**	**100%**

Race

Asian Indian	11	7%
Asian Pakistani	2	1%
Black African	3	2%
Black Caribbean	5	3%
Mixed White & Asian	1	1%
Mixed White & Black African	1	1%
Mixed White & Black Caribbean	7	4%
White British	112	70%
White Irish	2	1%
White Lithuanian	2	1%
White Polish	8	5%
Other	6	4%

Blank	27	
TOTAL	**187**	
Total Without Blanks	**160**	**100%**

Religion or belief

Buddhism			1	1%
Christianity			66	48%
Islam			1	1%
None			56	41%
Sikhism			14	10%
Other			15	11%
Blank	34			
TOTAL	187			
Total Without Blanks	138	**100%**		

Relationship status

Civil Partnership			2	1%
Divorced			3	2%
Live with Partner			36	24%
Married			61	40%
Separated			3	2%
Single			43	28%
Widowed			5	3%
Other			3	2%
Blank	31			
TOTAL	**187**			
Total Without Blanks	**153**	**100%**		

Sexual orientation

Gay			1	1%
Heterosexual/Straight			140	97%
Lesbian			3	2%
Blank	43			
TOTAL	**187**			
Total Without Blanks	**144**	**100%**		

Pregnant

Yes			10	8%
No			121	92%
Blank	56			
TOTAL	**187**			
Total Without Blanks	**131**	**100%**		

Given Birth in the Last 26 Weeks

Yes			6	5%
No			119	95%
Blank	62			
TOTAL	**187**			
Total Without Blanks	**125**	**100%**		

Disability

Yes	23	16%
No	122	84%

If yes, which disability?

Long term illness	9	45%
Learning disability or difficulty	1	5%
Mental health condition	5	25%
Other - Arthritis	1	5%
Physical impairment	4	20%

2) Other Participant Information

Postcode

WV1	13	8%
WV2	5	3%
WV3	5	3%
WV4	9	6%
WV5	1	1%
WV6	12	8%
WV9	1	1%
WV10	52	34%
WV11	28	18%
WV12	3	2%
WV13	5	3%
WV14	10	6%
Non WV	10	6%

Attending as:

A parent/guardian?	41	34%
A patient?	75	61%
Other?	6	5%

What is your gender identity?		
Female	118	72%
Male	44	27%
Male to Female Transgender	1	1%
Blank	24	
TOTAL	**187**	
Total Without Blanks	**163**	**100%**

Registered with a GP

Yes	112	93%
No	9	7%

Unsure	0	0%
Blank	66	

healthwatch Wolverhampton

Engaging Communities
Inspiring Change, Improving Outcomes

Safeguarding Experiences Review

Report to the Wolverhampton Safeguarding Adults Board Meeting on 15th September 2016

1. Introduction

The Wolverhampton Safeguarding Adults Board commissioned Healthwatch Wolverhampton to conduct a research project with adult service users to gain further insight into their experiences of safeguarding. The project, known as the 'Safeguarding Experiences Review' consisted of two parts:

Part One involved a series of focus groups facilitated by One Voice, consisting of carers, service users and advocates to discuss their views on safeguarding and their understanding of the processes in place to support them if they had a safeguarding concern.

Part Two consisted of structured interviews with adults who have been through a safeguarding review to better understand their experiences. Further details are included in the Methodology section of the report.

2. Executive Summary

2.1 Part One

The key themes emerging from Part One of the Safeguarding Experiences Review were presented to the Safeguarding Adults Executive Board at their meeting in February 2016 and are summarised below.

2.1.1 Awareness of Safeguarding: Most participants did not understand the term "safeguarding" and there was a general lack of awareness of the people and systems in place to protect them from abuse and neglect.

2.1.2 Trust of Professionals: There was general distrust of professionals who were sometimes seen as unhelpful. Participants felt that it takes a long time to get action from a professional leading to change, during which time people are still in the vulnerable situation.

2.1.3 Access to Support: Some of the participants with mental health issues felt that there was "too much pressure on resources and too little care for patients". There was a shared perception that social workers "only seem to visit when they want to reduce the money available for care" and they have little concern for what happens afterwards.

2.1.4 Access to Information: None of the participants had a clear idea of where to go for help or what services were available

2.1.5 Role of Advocates: Those participants who had used advocates, felt that they were better able to access the help they needed and that advocates had facilitated this more quickly.

2.1.6 Choice: It was felt that, whilst Direct Payments offered choice, this choice can only be effective if people have both capacity and knowledge about what is available.

2.2 Part Two

One observation from the second part of the research is the inconsistency in the quality of experiences with the safeguarding reviews. The findings can be summarised, as follows:

2.2.1 Reporting the Safeguarding Concerns

For the people who did not already know, it was difficult to find out who to talk to at the Council about their safeguarding concerns. Most said that their concerns were listened to and that the safeguarding process was explained, but not all. Provision of an information leaflet and the offer of advocacy support was inconsistent.

4.2.2 Managing the Safeguarding Concerns

There was a general feeling that the participants' views and wishes were listened to, that they felt involved in all decisions and were kept informed of progress at all stages. However, not all of the interviewees felt this way. Less than half were involved in putting together a Safeguarding Plan.

4.2.3 Outcomes of the Safeguarding Concern

Satisfaction with the outcomes was inconsistent. Criticisms included the lack of follow through or review and the feeling of not being able to influence the outcome.

3. Methodology

3.1 Part One

For Part One of the Safeguarding Experiences Review, four focus groups were facilitated during December 2015 and January 2016 by One Voice through the organisations they work with. These groups were selected, because their members are often in, or previously have been in, vulnerable situations and they would be able to offer unique insight to the Review. The groups involved were:

- One Voice – disabled advocates;
- Aquarius – service users with substance misuse issues and their carers;
- Portobello Community Centre – carer support group;
- Zion City Tabernacle – mental health special interest carers' group.

The focus groups were conducted by a moderator using a semi-structured format and a recorder to make notes of the discussion. The topics of focus were: feeling safe/unsafe; understanding of safeguarding processes and terminology; and reporting of safeguarding concerns. The list of questions and prompts is included in Appendix A.

There were 26 participants across the four focus groups. Eight of these (31%) were advocates, 12 (46%) were carers and 6 (23%) were service users. The groups contained a cross-section of ethnicities (69% white and 31% black and minority ethnic communities) and included people with disabilities.

A thematic analysis of the recorded notes was undertaken and the findings of the research are outlined in the Section 4.1 of this report.

3.2 Part Two

For the second part of the project, the City of Wolverhampton Council supplied Healthwatch Wolverhampton with the contact details of 77 adults who had experienced a safeguarding review and had consented to participate in the research. Having contacted these individuals, seven agreed to be interviewed for the Safeguarding Experiences Review, which is equivalent to a self-selecting sample size of 9%. Due to the small sample size, numbers of responses will be used in the report rather than percentages.

The interviews were conducted face-to-face using a structured questionnaire with a blend of closed and open questions. A copy of the questionnaire is included in Appendix B. The responses were analysed quantitatively for the closed questions and descriptively for the open questions and the findings are summarised in Section 4.2.

4. Findings

4.1 Part One

4.1.1 Awareness of Safeguarding

Most participants did not understand the term “safeguarding”. None of them, other than three advocates who have received specific training, were aware that there is a safeguarding team at the Council. With the exception of the advocates, the groups were unaware that there was a number they could contact if they had concerns over their safety and welfare. They did not know there was action that could be taken before it reached the seriousness of a crime against them, in which circumstances they would contact the Police.

4.1.2 Trust of Professionals

There was general distrust of professionals who were sometimes seen as unhelpful at best, and often identified as obstructive or dismissive. Participants felt that it takes a long time to get action from a professional leading to change, during which time people are still in the vulnerable situation. It was felt that the exception to this was responsiveness of the Police to serious, violent incidents.

4.1.3 Access to Support

Some of the participants with mental health issues felt that Community Psychiatric Nurses had been the most helpful support workers, but could no longer access this service, they believed, due to "too much pressure on resources and too little care for patients".

Many of the participants had a Social Worker, but there was a shared perception that "they only seem to visit when they want to reduce the money available for care" and they have little concern for what happens afterwards. It was felt that Social Workers dismissed issued that were raised without further investigation and didn't offer information about other sources of help.

The groups agreed that there should be safe places to go, where their concerns could be discussed with someone who would understand and be non-judgmental.

4.1.4 Access to Information

None of the participants had a clear idea of where to go for help or what services were available. It was felt that a single point of contact for carers with a clearly identifiable telephone number would be helpful.

4.1.5 Role of Advocates

Many of the participants saw the role of advocates as crucial. They felt that the advocate would be listened to when the individuals and their carers were not. Those participants who had used advocates, felt that they were better able to access the help they needed and that advocates had facilitated this more quickly.

4.1.6 Choice

It was felt that, whilst Direct Payments offered choice, this choice can only be effective if people have both capacity and knowledge about what is available. For example, one participant felt that it would be helpful for the Council to have a list of trusted providers for services such as cleaning, so they would not be vulnerable to theft.

4.2 Part Two

The findings from the closed questions are summarised below under the headings that correspond to the sections of the questionnaire. A table containing a full breakdown of responses by question can be found in Appendix C.

4.2.1 Reporting the Safeguarding Concerns

Of the seven interviewees, four knew who to talk to at the Council about their safeguarding concerns. The remaining three reported that it was difficult or very difficult to find out who to talk to. When they first contacted the Council, five of the seven felt that their concerns were listened to, but two strongly disagreed. Five interviewees said that the safeguarding process was explained and three of these said that the explanation was clear and understandable.

Four of the seven respondents were told the name of the person undertaking the safeguarding enquiry and how to contact them. Four (not the same four) were offered an advocate and three were given a leaflet explaining the safeguarding process.

4.2.2 Managing the Safeguarding Concerns

Six of the interviewees felt that their views and wishes were listened to, however the other strongly disagreed. this individual used strong language in the interview, describing feelings of being bullied and being called a liar. Five of the seven felt involved in all decisions and five (not the same five) were satisfied that they were kept informed of progress at all stages of the process.

Four of the seven respondents attended meetings to discuss their situation. All four reported that the meetings were held at a time and place that suited them and that the purpose of the meeting was fully explained. Three of the four were told who would be there and what they would be doing.

Of the seven interviewees, only three were involved in putting together a Safeguarding Plan.

4.2.3 Outcomes of the Safeguarding Concern

The agreed actions fully matched what four of the respondents wanted to happen and partially matched for two of them, who felt that they were happy with the agreed outcomes, but that the follow through was lacking. For example, in one case, a review was agreed but never took place. One respondent felt that the investigation "took one perspective and continued with it" and she was not listened to, resulting in an outcome that she was unhappy with.

Four respondents fully agreed that the actions helped them to feel safe, one partially and one did not know. The reason given for the partially safe response was that their situation began to change shortly after the enquiry, but they received no follow-up support as the case had been closed.

4.2.4 Feedback on Experiences and Improving the Safeguarding Process

Two of the respondents offered very positive comments about their experiences of the safeguarding process. The first of these said that that there was "nothing to be improved. She reported that she was "always kept safe" and well informed and that the process was effectively managed. The second respondent to make positive comments had been through the process twice and the second time was much improved on her first safeguarding review. The second time, she "was made to feel very safe" and she had the support of an advocate so "felt listened to". Her experience of the process first time left her feeling "unlistened to and not believed in what [she] was saying".

Three of the respondents, including the one whose experiences are described in the previous paragraph, provided negative feedback. For one of these individuals, there were strong feelings of not being listened to or her wishes being taken into account. Feedback from another respondent related to the poor follow up after the Safeguarding Plan had been agreed. It was

agreed that there would be a review of her situation, but this never took place. When she tried to contact the authority to chase the review "no one followed up [her] calls" and she was later told that her case was closed.

One of the participants offered some constructive feedback on how to improve the safeguarding process, including an easy read flowchart, customizing information for "different types of individuals" and clearly communicating the timescales for feedback. These ideas are considered from a broader perspective in the recommendations of this report.

5. Equalities Issues

Information was collected on the nine protected characteristics from the Equality Act 2010, for those participants who have been through a safeguarding review, to identify any discriminatory practices within the process. A profile of the participants is included in Appendix D. All seven of the interviewees reported that they had not felt unfairly treated because of their protected characteristics.

6. Conclusions

A number of issues were identified by the focus groups composed of individuals who are, or previously have been, in vulnerable situations. In terms of the safeguarding process, there was little awareness amongst these groups of the people and systems in place to protect them from abuse and neglect. The information about where to go for help and what services were available was not generally reaching these groups. Where information or advice had been sought from their professional support workers, the groups felt that communication and support was not fully meeting their needs.

For those individuals who had raised a concern and had been through the safeguarding process, some had had difficulties in finding out about how to report their concerns. Once the process was initiated, there was inconsistency in the quality of their experiences. Some of the issues raised were due to inconsistencies in practice, for example whether they had received an information leaflet or been offered an advocate.

Other issues were related to the safeguarding review not being personalised to meet their needs, for example clear explanations that were understandable or discussions around individual expectations and desired outcomes. There was a sense of not having ownership of the safeguarding review outcomes for a number of participants who were not involved in producing their Safeguarding Plan. One of the respondents felt that her views and wishes were disregarded completely.

7. Recommendations

7.1 Raising Awareness of Safeguarding

It is recommended that:

- A programme of public engagement be developed to raise awareness of the role of Multi Agency Safeguarding Hub in protecting the citizens of Wolverhampton from abuse and neglect. This programme is to include those groups who are at risk of experiencing safeguarding issues. For this research project, those groups included: disabled people, people with substance misuse issues, carers and people with mental health needs, however the scope could be widened based on local knowledge and professional intelligence.

- The contact numbers for reporting concerns (01902 551199/552999) be more widely distributed including greater visibility in public places.

7.2 Making Safeguarding Personal

It is recommended that:

- A method be adopted for involving people who have been through a safeguarding review, so that processes and practices can become more inclusive and personalised using their knowledge and experiences. A number of research participants have indicated that they would be willing to be involved further, so this could be the starting point for developing a reference group for the Wolverhampton Safeguarding Board.

- The reference group has a remit that includes:

  - Improving awareness of access to safeguarding help and support
  - Developing a range of person-centred information and advice to improve choice and control at an individual level
  - Reviewing communication and developing standards for engaging with service users
  - Developing its own priorities and agenda and having a forum to express these to influence change

- The findings of this research be shared with social workers and other relevant practitioners to obtain their feedback, as this was not within the scope of the research. This will enable a better understanding of how to remove the barriers to person-centred, outcomes-focused practice.

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APPENDIX A **Questions and Prompts for the Focus Groups**

1. a) Feeling safe - what attitudes, behaviours, environments encourage you to feel safe/looked after/cared for?

   b) Feeling unsafe - what attitudes, behaviours, environments do not encourage you to feel safe/looked after/cared for?

   c) Who is responsible for keeping you safe?

   d) Who makes you feel unsafe?

2. What do people understand by these words:

   a) Abuse;
   b) Safeguarding;
   c) Bullying;
   d) Support?

3. a) What are your experiences of telling someone that you felt unsafe?

   b) Could you offer short examples of when you felt unsafe when someone was looking after you and what happened?

APPENDIX B **Questionnaire: Adult Safeguarding Experiences**

Name of person answering the questions:

Contact phone number and/or email address:

Interviewer: Thank you for agreeing to talk to us about your experiences of reporting abuse or neglect. The Council wants to improve the ways in which people are supported to do this, so your opinions matter to us.

Some difficult words that may need explaining:

Adult safeguarding is the way we try to work with you to protect you from abuse or neglect. This may include helping you to protect yourself.

Abuse is when someone else causes you harm. This can be when someone bullies or hurts you. It can be when someone makes you feel bad or makes you do things you don't want to do. It can be when someone takes your money without your permission.

Neglect is when someone is not caring for you properly. This can be when someone doesn't help you to put on clean, warm clothes. It can be when someone doesn't help you to eat enough food or keep yourself or your home clean. It can be when someone doesn't help you to stay healthy.

For each question, please tick the response which best answers the question.

SECTION 1: REPORTING WHEN YOU OR SOMEONE YOU KNOW DID NOT FEEL SAFE?

1) Did you raise your safeguarding concerns…

About yourself?

On behalf of someone you provide a service for?
(for example, if you are a care worker or social worker)

On behalf of someone you care for?
(for example, if you are a friend or family member)

Other, please state:

2) Did you know who to talk to at the Council about safeguarding concerns?

Yes **(Please go to Question 4)**

No **(Please go to Question 3)**

3) How easy was it to find out who to talk to?

Very easy

Easy

Neither easy nor difficult

Difficult

Very difficult

4) When you first contacted the Council, would you agree that your concerns were listened to?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

5) Was the safeguarding process explained? (**Interviewer:** The safeguarding process is what happens after a concern has been reported)

Yes **(Please go to Question 6)**

No **(Please go to Question 7)**

6) Would you agree that the safeguarding process was explained in clear and understandable language?

Strongly agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

7) Were you told the name of the person undertaking your safeguarding enquiry and how to contact them?

Yes

No

Unsure

8) Were you offered an advocate? (**Interviewer:** An advocate is someone who can support you so that your views are respected and your rights are met)

Yes

No

Unsure

9) Were you given a copy of a leaflet explaining the safeguarding process?

Yes

No

Unsure

SECTION 2: YOUR SAFEGUARDING CONCERN

10) Would you agree that your views and wishes were listened to throughout the enquiry?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

11) Would you agree that you were involved in all the decisions that were made at every stage?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

12) Were you satisfied that you were kept informed of the progress being made at all stages?

Very Satisfied

Satisfied

Neither Satisfied nor Dissatisfied

Dissatisfied

Very Dissatisfied

13) Did you attend any meetings that were arranged to discuss your situation?

Yes **(Please go to Question 14)**

No **(Please go to Question 15)**

14) Would you agree with the following statements?

a) The meeting(s) was (were) held at a time and place that suited me

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

b) The purpose of the meeting(s) was fully explained

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

c) I was told who would be there and what they would be doing

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

15) Were you involved in putting together a Safeguarding Plan? (**Interviewer:** a Safeguarding Plan is a written record of any action or support that may be needed to help keep you safe)?

Yes

No

Unsure

SECTION 3: OUTCOMES OF YOUR SAFEGUARDING ENQUIRY

16) Did the agreed actions match what you wanted to happen?

Fully

Partially

Not at all

If partially/not at all, please explain

17) Did the agreed actions help you to feel safe?

Fully

Partially

Not at all

If partially/not at all, please explain

SECTION 4: YOUR OPPORTUNITY TO SHARE ANY OTHER COMMENTS ON YOUR SAFEGUARDING EXPERIENCES

18) Is there anything about the safeguarding process that could have been improved?

19) Is there anything else you would like to tell us about your safeguarding experiences?

20) The Council would like to form a group of Wolverhampton people whose opinions can influence decisions about safeguarding. Would you like us to contact you later in the year with more details of how you could take part?

Yes
(If yes, we will provide your name and contact details to an officer at the Council, who will be in touch)

No

SECTION 5: CONCLUSION OF INTERVIEW AND EQUALITIES MONITORING FORM

<u>Interviewer</u>: Thank you for sharing your experiences with us today. We will produce a report for the Safeguarding team to help them to improve their services.

We will not name you in the report and we will not pass your personal details on to others, unless you have said you would like us to contact you again.

To find out whether the needs of different people are considered, we would like to ask you a few questions about yourself.

1) Age | | | | **Prefer not to say**

2) Sex **Male** **Female** **Prefer not to say**

3) Is your gender the same as the sex you were born?

Yes **No** **Prefer not to say**

4) Are you disabled?

Yes **No** **Prefer not to say**

5) Religion

Buddhism

Christianity

Hinduism

Islam

Judaism

No Religion

Sikhism

Other Religion (Please State)

Prefer not to say

6) Race

Asian

Black

Mixed

White

Other

Prefer not to say

7) Sexual Orientation **Bisexual**

Gay/Lesbian

Straight/Heterosexual

Prefer not to say

8) Marital Status **Divorced**

Married/In a civil partnership

Separated

Single

Widow/widower

Prefer not to say

9) a) Are you pregnant?

Yes **No** **Prefer not to say**

b) Have you given birth in the last 26 weeks?

Yes **No** **Prefer not to say**

10) When you were going through the safeguarding process, do you feel that you were treated unfairly because of any of these characteristics?

Yes **No** **Unsure** **Prefer not to say**

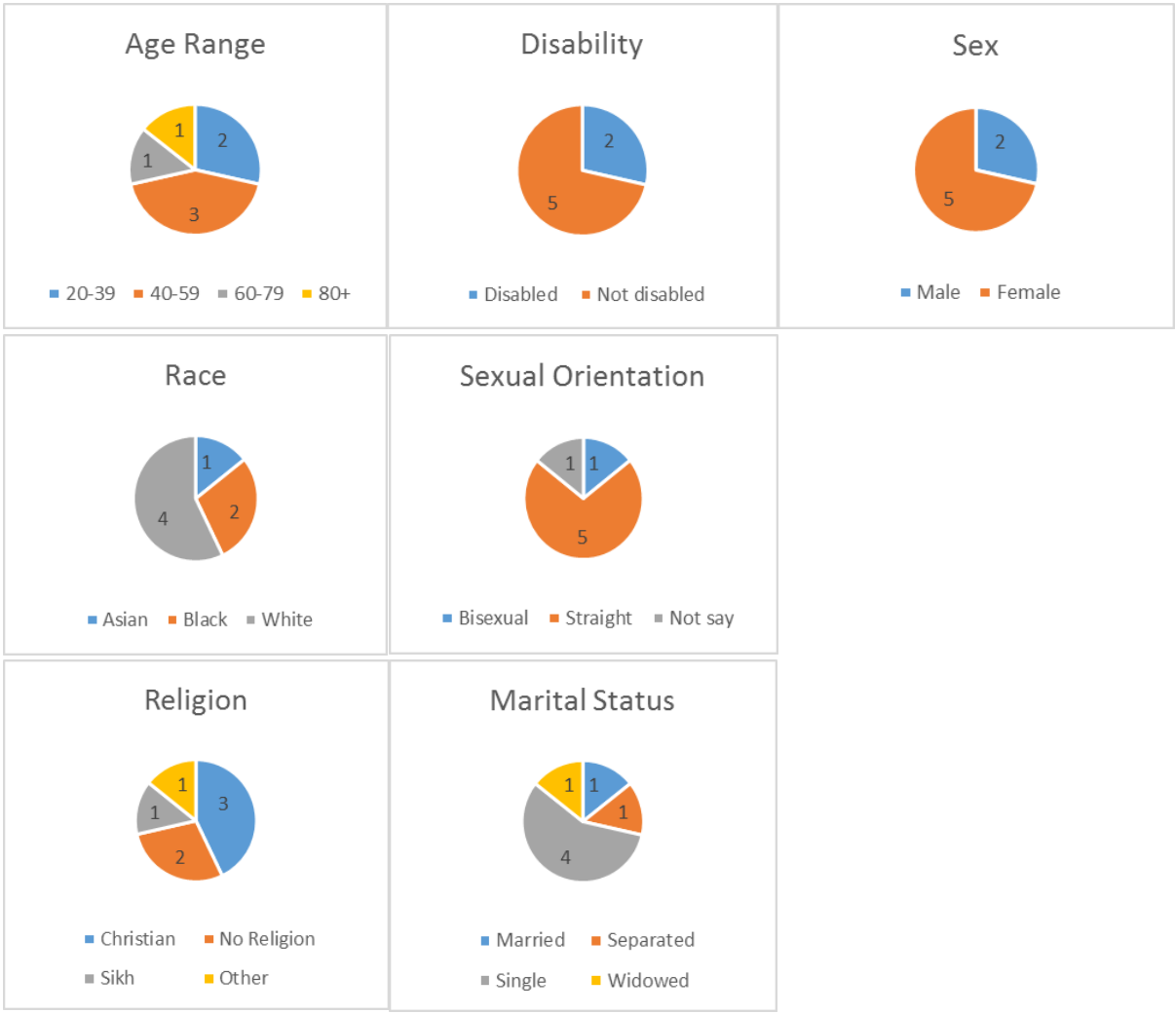
If Yes or Unsure, would you like to tell us about it?

APPENDIX C Responses to Interview Questions

Question	Number of Responses													
Did you know who to talk to at the Council about safeguarding concerns?	yes	4	no	3										
How easy was it to find out who to talk to?	very easy	0	easy	0	neither	1	difficult	1	very difficult	1	not applicable	4		
When you first contacted the Council, would you agree that your concerns were listened to?	strongly agree	3	agree	2	neither	0	disagree	0	strongly disagree	2				
Was the safeguarding process explained?	yes	5	no	2										
Would you agree that the safeguarding process was explained in clear and understandable language?	strongly agree	0	agree	3	neither	1	disagree	0	strongly disagree	0	not applicable	2	not completed	1
Were you told the name of the person undertaking your safeguarding enquiry and how to contact them?	yes	4	no	3	unsure	0								
Were you offered an advocate?	yes	4	no	3	unsure	0								
Were you given a copy of a leaflet explaining the safeguarding process?	yes	3	no	4	unsure	0								
Would you agree that your views and wishes were listened to throughout the enquiry?	strongly agree	1	agree	5	neither	0	disagree	0	strongly disagree	1				
Would you agree that you were involved in all the decisions that were made at every stage?	strongly agree	1	agree	4	neither	1	disagree	0	strongly disagree	1				
Were you satisfied that you were kept informed of the progress being made at all stages?	very satisfied	1	satisfied	4	neither	0	dissatisfied	2	very dissatisfied	0				
Did you attend any meetings that were arranged to discuss your situation?	yes	4	no	3										
The meeting(s) was (were) held at a time and place that suited me	strongly agree	2	agree	2	neither	0	disagree	0	strongly disagree	0	not applicable	3		
The purpose of the meeting(s) was fully explained	strongly agree	1	agree	3	neither	0	disagree	0	strongly disagree	0	not applicable	3		
I was told who would be there and what they would be doing	strongly agree	1	agree	2	neither	0	disagree	1	strongly disagree	0	not applicable	3		
Were you involved in putting together a Safeguarding Plan?	yes	3	no	4										
Did the agreed actions match what you wanted to happen?	fully	4	partial	2	not at all	1								
Did the agreed actions help you to feel safe?	fully	4	partial	1	not at all	1	don't know	1						

APPENDIX D Protected Characteristics

Characteristic	Number of Responses							
Age Range	20-39	2	40-59	3	60-79	1	80+	1
Sex	male	2	female	5				
Gender same as birth	yes	7						
Disabled	yes	2	no	5				
Religion	christian	3	no religion	2	sikh	1	other	1
Race	asian	1	black	2	white	4		
Sexual Orientation	bisexual	1	straight	5	prefer not to say	1		
Marital Status	married	1	separated	1	single	4	widowed	1
Pregnant	no	7						
Given birth in last 26 weeks	no	7						



Agenda Item No: 7

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

20 July 2017

Report title	Black Country Sustainability and Transformation Plan – the wider perspective
Report of:	Steven Marshall, Wolverhampton CCG
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. comment and direct on any actions required in response to the wider perspective of the developing Black Country Sustainability and Transformation Plan (STP).

1.0 Introduction

1.1 For the Health Scrutiny Panel to receive an update on the developing Black Country Sustainability and Transformation Plan (STP) and to debate the wider perspective and implications for the health and care system for the City of Wolverhampton.

1.2 This report was previously presented to Health and Wellbeing Board on 28 June 2017 for consideration.

2.0 Background

2.1 A review of the Government's Five Year Forward View was published on 31 March 2017. It reiterated the need for change in health and care systems in terms of:

(a) how different parts of the NHS work together – CCGs, Acute Hospitals, Mental Health and primary care; and
(b) how the NHS works together with partners such as local authorities who are also part of the system.

2.2 The review continued to emphasise the role of new "models of care" such as Accountable Care Organisations and Accountable Care Systems in delivering solutions to current challenges. "Place-based" solutions were also recognised as important because localities are different, therefore there may be different solutions in different places. Integration of services and the experience of people using those services was a key factor in this context.

3.0 Progress

3.1 There have been further meetings and contact between Black Country NHS Chief Executives and local government representatives since the last Health and Well Being Board. It is clear that the STP process is the route for continued improvement delivery and developments during this most recent phase include:

- Andy Williams (Sandwell and West Birmingham CCG Accountable Officer) has been confirmed as the STP lead for the Black Country.
- A draft "Memorandum of Understanding" has been developed to provide a framework for the developing Black Country STP partnership
- Black Country Clinical Commissioning Groups have agreed in principle to establish governance arrangements to allow greater joint-working between the CCGs at Black Country level.
- The four local authorities are in the process of developing a *Care and Support Closer to Home in Our Communities* – place based offer which will seek to articulate the Black Country Local Authorities contribution to care closer to home in our communities.

- A first “Assurance” process of the Black Country STP has been undertaken which included Council representation

- Next steps on the “Transforming Care Together” partnership agreement between Birmingham Community Healthcare NHS Foundation Trust (BCHC), Black Country Partnership Foundation Trust (BCPFT) and Dudley and Walsall Mental Health Partnership Trust (DWMH) which will affect the leadership and delivery of mental health and learning disabilities services amongst others in the City of Wolverhampton

- Early thinking on the development of an Accountable Care Model in the City of Wolverhampton health and care system. This would build on the developing models of care in the locality and has included recent discussions with GP’s including those developing amongst GP’s who would need to be an integral part of the system. There is broad agreement in principle now across the health and social care system, including public health, that the direction of travel should be to develop an accountable care system on a local collaborative alliance model.

- Overall interest and commitment to the importance of the principle of subsidiarity and collaboration in support of local decision-making and service delivery on a place basis / local authority footprint remains significant. Early discussions are underway in the City about the role and contribution of local authorities in making a vision of care and support closer to home in our communities a reality.

- The Transitions Board has been re-designated as a Systems Development Board to reflect the changing understanding of its purpose in the leadership of change in health and care systems in readiness for more change.

- Partners are working with Wolverhampton Healthwatch to begin engagement with the public in a variety of ways and over a period of time about the wider perspective arising from the Black Country STP. This will include information giving as well as developing the dialogue with people in the City so that our vision is co-produced.

3.2 Any further developments which have occurred between the submission of this report and the Health and Well Being Board will be shared as appropiate with the panel.

4.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	☑
Alcohol and Drugs	☐
Dementia (early diagnosis)	☑
Mental Health (Diagnosis and Early Intervention)	☑
Urgent Care (Improving and Simplifying)	☑

5.0 Decision/Supporting Information (including options)

6.0 Implications

Please detail any known implications in relation to this report:

- Financial implications
- Legal implications
- Equalities implications
- Environmental implications
- Human resources implications
- Corporate landlord implications
- Risks

7.0 Schedule of background papers

7.1 The background papers relating to this report can be inspected by clicking the following link or contacting the report writer:

Wolverhampton CCG
Wolverhampton Science Park,
Glaisher Drive,
Wolverhampton,
WV10 9RU
manisha.patel6@nhs.net
T: 01902 441206

Agenda Item No: 9

CITY OF WOLVERHAMPTON COUNCIL

Health Scrutiny Panel

20 July 2017

Report title	Scrutiny Panel Work Programme 2017-18	
Cabinet member with lead responsibility	Councillor Milkinderpal Jaspal Governance	
Wards affected	All	
Accountable director	Kevin O'Keefe, Governance	
Originating service	Democracy	
Accountable employee(s)	Earl Piggott-Smith Tel Email	Scrutiny Officer 01902 551251 earl.piggott-smith@wolverhampton.gov.uk
Report to be/has been considered by	List any meetings at which the report has been or will be considered, e.g.	

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

1. Review progress of the annual work programme 2017-18 to take account of emerging issues and councillor suggestions.

2. Approve any additional items or changes for the work programme.

1.0 Purpose

1.1 To update and agree the scrutiny panel work programme for 2017-18.

2.0 Background

2.1 The members of the Health Scrutiny Panel held a planning event on 25 May 2017. The aim of the meeting was to identify as a long list of possible topics that should be added to the annual work programme. The selection of topics was informed by presentations from representatives of local partner organisations. The topics were selected on the basis of the following criteria:

- the ability for the panel to make a distinct and positive impact through the scrutiny function;
- topics that are timely and relevant, but not already under review elsewhere.

3.0 Progress

3.1 The work programme is a working document which is reviewed at each agenda planning meeting to determine the timeliness and relevance of items for scrutiny. Any member can also ask for an item to be considered by scrutiny. At each panel meeting an updated work programme will be presented for discussion and agreement. A copy of the current work programme is attached **Appendix 1**.

4.0 Financial implications

4.1 There are no financial implications arising from the recommendations in this report. Within Governance, there is a scrutiny budget to support the investigation of issues highlighted by Councillors through the work programmes of the panels and the reviews and inquiries.
[GE/07072017/F]

5.0 Legal implications

5.1 There are no legal implications arising from this report.
[RB/07072017/T]

6.0 Equalities implications

6.1 There are no equalities implications arising from this report.

7.0 Environmental implications

7.1 There are no direct environmental implications arising from this report.

8.0 Human resources implications

8.1 There are no direct human resource implications arising from this report.

9.0 Corporate landlord implications

9.1 There are no direct corporate landlord implications arising from this report.

10.0 Schedule of background papers

10.1 None

Appendix 1: Health Scrutiny Panel 2017/18 - Draft Annual Work Plan

Panel Meeting	Agenda Topic(s)
20.7.17	• Health and Wellbeing Board Meeting – summary 28.6.17 • Healthwatch Wolverhampton Annual Report 2016/17 • Sustainability and Transformation Plan (STP) 2016-2021 – update • Care pathways for the frail elderly • Health Scrutiny Panel –annual work programme update
21.9.17	• End of Life Care • Drug and Alcohol Services in Wolverhampton Consultation • New Psychoactive Substances (NPSs) • Health Scrutiny Panel –annual work programme update
16.11.17	• The Royal Wolverhampton NHS Trust – Quality Accounts 2017/18 • Suicide Prevention • Health Scrutiny Panel – annual work programme update
25.1.18	• Oral Adult Health • Child Oral Health • Smoke Free Wolverhampton • Health Scrutiny Panel –annual work programme update •
29.3.18	• Suicide prevention • The Royal Wolverhampton NHS Trust – Quality Accounts 2017/18 • Health Scrutiny Panel – end of year progress report