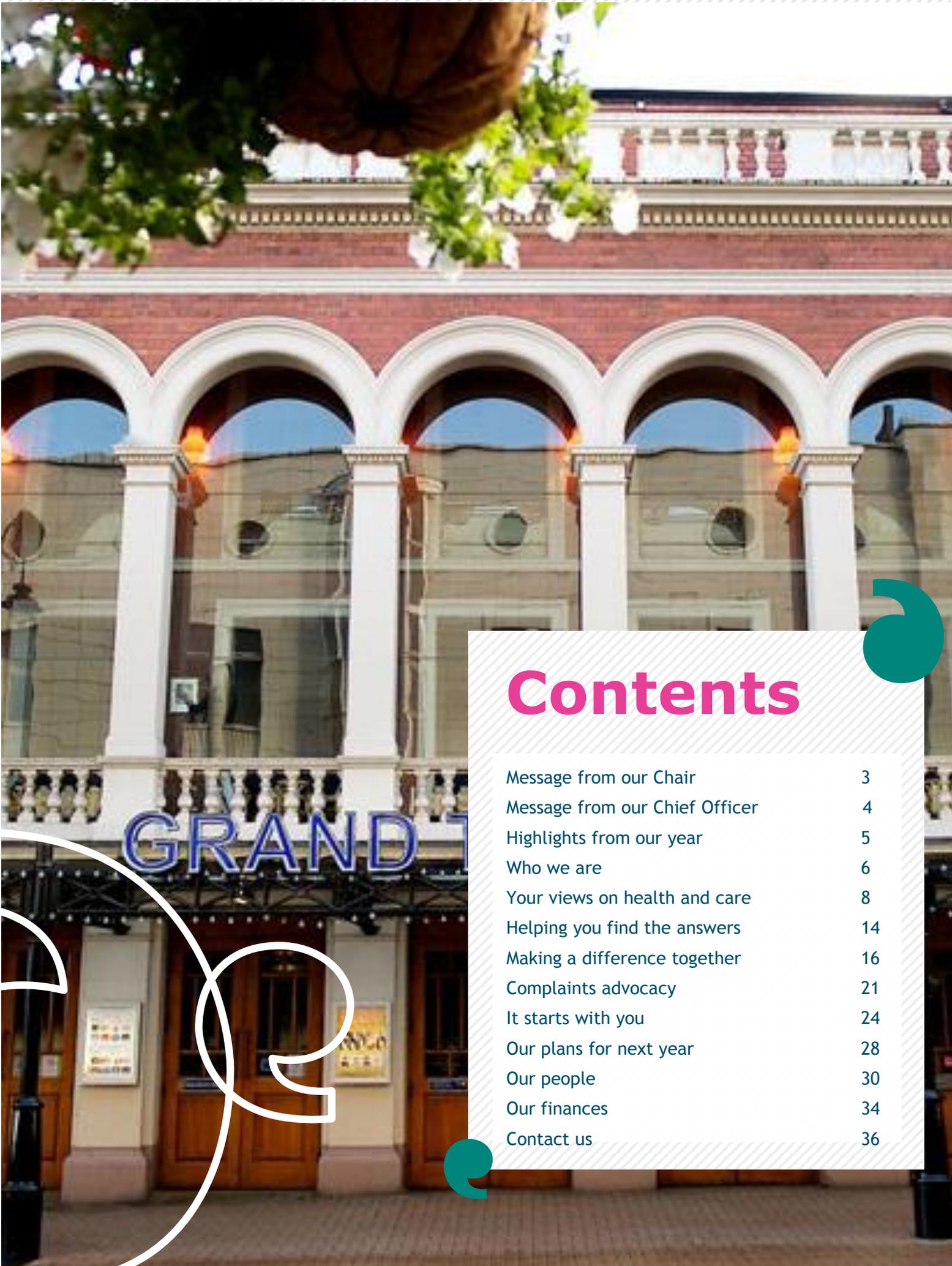




healthwatch
Wolverhampton

**Annual report
2017/18**



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Message from our Chair

Following the departure of Dr Isobel Gillis the previous Chair of Healthwatch I assumed the role of Chair on an interim basis until a permanent replacement could be appointed. My term of office was from September 2017 until January 2018.

During this period I oversaw 3 main projects: - a review of dental services, a review of the application of the Red2Green initiative in local hospitals and a mental health project which was ongoing when I relinquished the role of Chair.

The findings of the dental project were that finding a dentist local to where patients live was an issue for some people as was access to some dental practices for disabled patients. A major issue was identified with the cost of dental treatment even when it was undertaken as an NHS patient. Our findings replicated a national study undertaken by Healthwatch England. We issued a report which is published on our website and forwarded our recommendations for further action to local commissioners.

The Red2Green initiative has been led by NHS Improvement and is basically a graphical representation of a patient's stay in hospital. Red depicts a negative result for a patient and represents for instance a patient suffering delayed transfer for various reasons. Green represents a positive outcome for the patient, an example being the early discharge from hospital with an appropriate care package. We undertook a review of the local hospitals performance on this initiative and found them to be adopting the principles and producing positive "green" results.

During my time as, Interim Chair we were constantly seeking a permanent Chair. I am pleased to report that following a competitive process Sheila Gill was appointed and commenced her duties on the 9 January 2018.



Robin Morrison, Chair September 2017-January 2018

As I have been a member of Wolverhampton Healthwatch Advisory Board since July 2016, I have gained a good understanding of the changing health and social care landscape. Since my appointment as Chair in January 2018, I have worked with Healthwatch Advisory Board members and staff to deliver Healthwatch priorities and core functions of engagement, monitoring, challenge and influence. We are trying to drive up the quality of local health and social care services and ensuring the views and experiences of local residents are considered by commissioners and service providers. Although we have achieved a lot this year, there is still a lot to do!



Sheila Gill, appointed Chair January 2018

Message from our Chief Officer

Healthwatch will ensure that residents voices are heard through service design and deliver.

The ongoing challenge across health and social care is around the Black Country Sustainability and Transformation Plans and how the services are going to be delivered locally for Wolverhampton residents

Healthwatch have engaged with the public around our priorities, summaries can be found further on in this report and the full report can be found on our website:

www.healthwatchwolverhampton.co.uk.

I would like to say “Thank you” to all our staff and volunteers that have worked to ensure that residents of Wolverhampton had an opportunity to engage in the priorities that they have chosen.

Healthwatch have continued to increase the number of volunteers that are working with Healthwatch Wolverhampton

Healthwatch have joined up with Compton Care and Black Country Neurological Alliance to start a Café Neuro in Wolverhampton, this is a monthly meet for a chat and a coffee with other carers, users, staff of people who have a neurological condition. The café runs the third Thursday of every month for 2 hours in the afternoon.

Healthwatch having been working with the University of Wolverhampton and Wolverhampton College to provide placements for students within Healthwatch to gain additional experience / knowledge around Health and Social Care. The University nurse student that was placed with us found the placement informative. The college students gained more knowledge of Healthwatch but also how to work in an office environment.

Healthwatch will continue to work with both the university and the college to support students.

We have a very busy year ahead but the focus is still the same; ensuring that patients have a voice within the Health and Social Care settings



Elizabeth Learoyd, Chief Officer

Highlights from our year

32,700

The number of people we have reached on social media



Our volunteers have carried out

14

Enter and View Visits, as well as surveys and other engagement activities



We've visited

224

local events



Our reports have tackled issues ranging from

Sign Language Interpreters

to

Dental charges



We've spoken to **4100** people

We've given

2723

people information and advice



Who we are



Healthwatch Wolverhampton exists to make sure health and social care services in the city work for the people that 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 and backgrounds who use services and to speak out on their behalf.

Our role is to ensure that local decision makers and health and social care providers 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.

Our vision

Healthwatch Wolverhampton acts as an independent voice for local people, championing quality health and social care services. It is our job to argue for consumer interests 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 and feedback received
- Analyse service user 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 local residents have their voices heard

Working in partnership

We are continuing to work hard to raise our profile with local decision makers and developing strong working partnerships throughout the city 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
- Systems Delivery Board
- Wolverhampton Health Scrutiny
- Wolverhampton Safeguarding Adults Board
- Wolverhampton Clinical Commissioning Group Board
- Local Pharmaceutical Network
- NHS England Quality Surveillance Group
- Integrated Care Alliance

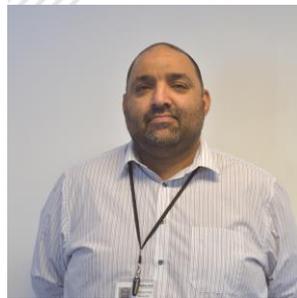
Meet the team



Elizabeth Learoyd
Chief Executive



Tracy Cresswell
Engagement / Volunteer
Manager



Rasham Gill
Community Engagement
Outreach Officer



Sam Hicks
Research and Evidence
Officer



Shooky Devi
Operations Co-ordinator



Danny Cope
Information / Signposting
Officer



Judith Stroud
Advocacy Officer



Eve Aston
Information / Administration
Officer

Your views on health and care





Listening to people's views

In 2017/18, we engaged with local residents through a variety of methods, ensuring our outreach work reached people at the grass roots level with a focus on localism and community empowerment.

- Our Community Outreach Officer uses a collaborative approach to engage with individuals, voluntary groups and community organisations.
- We develop capacity through the recruitment of Healthwatch volunteers 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 from local people so that we can influence health and social care services design and delivery
- We offer opportunities for real involvement for local people
- By conducting Enter and View visits into services, we observe and gather patient experiences so that we can help bring about service improvements



What we have 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, relatives, carers and staff at the point of service delivery.

“An Enter and View Visit is not an inspection”

Healthwatch offers a laypersons perspective rather than an in-depth formal inspection conducted by the regulatory body, the Care Quality Commission (CQC). Our Enter and View Programme is not a standalone activity; it is just one tool available to use for collecting evidence and feedback and is part of a wider engagement strategy.

We have 24 trained Authorised Representatives who support the Enter and View programmes. During 2017/2018 we carried out 14 Enter and View visits across GP Practices, Care homes, Nursing homes and hospital these visits were both announced and unannounced.

MGS Medical Practice: Lowhill Branch

Healthwatch had been contacted in 2016 from a patient who was having problems with their prescriptions. Healthwatch with the support of the business manager and main GP partner carried out drop in sessions across the practices in June 2017, the report was shared with the GP and business manager and a number of recommendations were made.

These recommendations were used as a guideline for the announced visit that took place in December 2017.



MGS Medical Practice, Lowhill

The following key observations and comments were made during our visit:

- There were still issues with patients getting appointments, and prescriptions not being ready
- No clear guidance on how to complain.
- Patient Participation Groups ensure patients are engaging with the practice, however there was no notification of these meetings in the practice. The Authorised Representative met with the chair of the group, who had not been aware of a meeting that had taken place earlier on in the year at the practice
- Patients did not know how or who to complain to.
- The notice boards were far too busy, needs to be a lot easier for patients to read, and they are all in English

Update March 2018:

Prior to the practice joining Royal Wolverhampton Trust Vertical Integration programme, the average appointment per 1000 patients was 56 per week, through the data collected since the beginning of the programme in June 2016. Royal Wolverhampton Trust can now show that they are providing an average of 66 appointments per 1000 patients per week. This is a total of over 7000 appointments additionally available to the practice population since June 2016.

Oxley Lodge Care Home

Authorised Representatives carried out the visit after Healthwatch Wolverhampton received concerns from members of the public. The visit took place in April 2017. The visit received both positive and negative reviews from the residents.

A number of recommendations were put to the home as listed below:

- To ensure all staff have confidentiality training on a regular basis, not just on induction
- Encourage residents to sit in the 'pass over', more stimulating for the residents who can sit and watch what is going on outside, they can watch the birds, rather than just sitting in the chairs in the lounge, looking at the walls etc
- Ensure that the notice board is free of clutter and residents, visitors, carers and relatives can view the information without having to search for it
- The lift was out of order due to a part being ordered, the home to chase up the part
- Ensure that the carpets are fitted correctly before the residents are allocated the rooms
- Ensure that the rooms are appropriate for the needs of the residents, for example if you have a resident who has fallen or is prone to falls, do not place them in a room where the floor is uneven or the carpet is coming away from the door
- Re-iterate to staff the importance of putting signs up after cleaning, i.e. Wet Floor by the bathroom
- The management to enquire on who can support them with falls prevention in the home

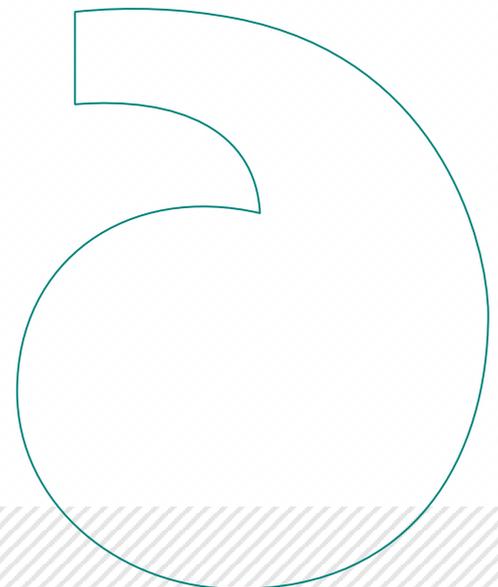
Other observations included:

- There seems to be confusing evidence with regards to who communicates with the relatives / carers when a resident has had an accident / incident / fall. Better communication from the management is required on who needs to contact the relatives / carers
- If a patient has a fall and it is alerted by the mat, what is the procedure for dealing with the residents?



Oxley Lodge Care Home

There was no provider response because shortly after the visit from Healthwatch the home was put up for sale and has closed.



Royal Wolverhampton Trust: Ward C16 Diabetes

Healthwatch Wolverhampton receives feedback on a range of services and treatments received by patients at the Royal Wolverhampton Trust. This visit was unannounced and was responding to recently received concerns to Healthwatch in respect from a patient. These were primarily around care received on Ward C16.

Upon arrival the Authorised Representatives noted that the ward was very busy, with a number of staff around the Nurse station and the immediate area. The Ward Sister had recently left the Ward to carry out other duties and therefore was not available for us to introduce ourselves and inform her of the nature of the visit. However the member of staff who we spoke with made us welcome and sought to locate the Ward Sister.

The following key observations and comments were made:

- The ward was mixed gender made up of four bays and two side rooms
- Two of the bays were single gender
- The Authorised Representatives were able to speak to nine patients and one relative. The majority of whom said that they had no complaints about the care they were receiving. However they did observe staff were under considerable pressure as noted that they did not attend promptly when the buzzer was pressed
- A patient in the side room raised concern of sleep disturbance, which we believe the noise was coming from the TV monitor, also the bed was too small for the patient which meant being uncomfortable when in bed
- The majority of patients arrived onto the ward via accident and emergency upon which a care plan would be produced
- Those patients who were referred from a nursing home would arrive with a care plan which would be integrated with one produced by the ward

- Visiting times are flexible which both patients and family members appreciated
- There had been some recent management changes on the ward which were still settling in
- Overall we found that the ward appeared to be somewhat cluttered with equipment and chairs in the corridors leading to the bays



New Cross Hospital, Royal Wolverhampton Trust

Provider feedback

Thank you for your positive feedback of your observations during your visit on 21 December 2017. During the time of your visit 09.55 - 11.30 nursing and healthcare staff were washing patients, changing clothing and bed linen; all the necessary equipment required is stored on trolleys which are located outside each bay during this period in accordance with Infection Prevention advice. Unfortunately this may have resulted in the “cluttered” appearance outside each bay. However this is temporary as once patient washes and bed making has been completed the trolleys are dismantled and returned to the linen store.

Our Authorised Representatives

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

- | | | | | |
|------------------|---------------------|-------------------|--------------------|-------------------|
| ❖ Anita Kainth | ❖ Donald McIntosh | ❖ Kerry Southall | ❖ Mary Brannac | ❖ Roger Thompson |
| ❖ Anu Sandhu | ❖ Elizabeth Learoyd | ❖ Kirpal Bilkhu | ❖ Matthias Katanga | ❖ Rose Urkovskis |
| ❖ Beverley Davis | ❖ Jane Emery | ❖ Louise Omekoko | ❖ Pat Roberts | ❖ Sheila Gill |
| ❖ Dana Tooby | ❖ Janice Edwards | ❖ Maggie Macombe | ❖ Raj Sandhu | ❖ Tina Richardson |
| | ❖ Judith Stroud | ❖ Marlene Lambeth | ❖ Rasham Gill | ❖ Tracy Cresswell |

The Enter and View Visits undertaken in 2017/2018 are listed below:

- **Arbour Lodge Residential Care Home**
- **Aspen Lodge Residential Care Home**
- **Atholl House Nursing Home**
- **Eversleigh Care Centre**
- **MGS Medical Practice**
- **Mountfield House Care Home**
- **Outpatients – Fracture and Orthopaedics**
- **Oxley Lodge Care Home**
- **Ward A8 – Geriatric Medicines**
- **Ward A21 – Childrens**
- **Ward C16 – Diabetes**
- **Ward C24 – Renal**
- **Woodfields Residential Home**
- **Wulfrun Rose Nursing Home**



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

If you would like to join our team of Authorised Representatives, contact a member of the Healthwatch Wolverhampton team for more information on 0800 470 1944.

Helping you find the answers



How we have helped the community get the information they need

We are often contacted by members of the public who do not know where to get the information that they need, and we help to point them in the right direction, here are some examples of how we have helped people find the answers they need.

A Recovery Support Worker required information on how they could register their homeless clients with a GP. Healthwatch signposted them to 2 GP's in their local area.

Healthwatch was contacted by an individual who wanted a list of Home Care Agencies near Essington. Healthwatch e-mailed over the name of some of the care agencies (and CQC reports) that were local to the home address,

An individual had an issue with a dentist over dentures. The individual had had some new dentures made however was unable to wear them due to the thickness of them. The individual had raised it with the dentist who had not been very helpful, Healthwatch contacted NHS England to see what the options were for the individual. NHS England explained that the individual needed to go back to the practice and explain to them again, however, the individual was unable to go as they felt uncomfortable and they had no one to support them. Healthwatch left the individual with NHS England contact number alongside the number for WHACs in case they wanted to pursue it further.

Citizens Advice Bureau (CAB) had sent an individual to Healthwatch as they had an issue with a GP. On listening to the individual around the issues, it was clear that they wanted to go down the complaint route. Healthwatch passed their information with their consent onto WHACs.

An individual contacted the office seeking support with some conditions they were suffering from. The individual had Fibromyalgia, so they were signposted to Rheumatology Support Group. The individual also had anxiety and depression and were signposted to Healthy Minds and Starfish.



Tracy Cresswell, providing contact details for to local services at an event.



Making a difference together



How your experiences are helping to influence change

In 2017/18 Healthwatch Wolverhampton's priority areas included:

- Red 2 Green
- Dental
- CAMHS
- Accident and Emergency Department

Red 2 Green

Healthwatch Wolverhampton were invited to take part in a trial project that was being led by Emergency Care Improvement Programme (ECIP) around a hospital discharge process called Red 2 Green. The idea behind the project is reducing the number of days patients are in the hospital without having any interventions.

Healthwatch engaged with 107 patients across 10 medical wards at New Cross Hospital. There were several questions that the patients answered ranging from "do you know why you are in hospital?" to "do you know when you are going home?".

One of the aims of the project is to encourage patients to ask the following questions: -

- "What is the matter with me?"
- "What is going to happen today?"
- "When am I going home?"
- "What is needed to get me home?"

The response from the patients regarding these questions was mixed, several of them were happy to ask and are regularly asking, however several of the patients did not feel comfortable asking and felt it was up to the doctors and nurses to decide.

Whilst carrying out the surveys Healthwatch was invited to listen in on the Multi-Disciplinary Team Meeting (MDT), these are where consultants, social workers, nurses, OT, Physio's discuss the progress of the patients. These meetings take place daily.

In addition to the surveys, patients were asked if they wished to take part in an interview once they were discharged home, several of the patients agreed to this. The overall feeling from the patients that were interviewed was there should be better communication between the staff and the patients, as some of the patients were having tests but did not know why. Some were given medication but did not know why. There was also miscommunication between different doctors, changing medication without discussing with the patients.

Respondents offered a few suggestions for ways in which patients could be encouraged to ask questions. These included:

- A patient pack on admission to hospital, which could include an information leaflet about Red 2 Green and a prompt card with the four questions.
- Information on the ward noticeboards and posters on the walls.
- Staff be trained to welcome the questions and support patient confidence to speak up.
- Dementia friendly information.

Access to Health and Social Care Services for Deaf and Hard of Hearing People in Wolverhampton.

In July 2017 we held two public events at the University of Wolverhampton, this attracted over 60 attendees. The events provided a rich source of information about what it is like to be deaf or a hard of hearing service user of health and social care in Wolverhampton. The events gave the attendees an opportunity to share their experiences on the following subjects:

- GP Surgeries / GP Provision
- Hospitals
- Dentists
- Urgent Care / NHS 111 / 999
- Opticians / Pharmacists
- Community services
- Nursing homes / care homes

Some of these experiences were positive for individuals who had used health and social care services, however there were some negative responses. Some of the themes that came out of the events are:

- Lack of clear communication
- Trained and Qualified British Sign Language interpreters
- Deaf awareness training for front line staff in health and social care settings
- More opportunities for Deaf parents to socialise with other parents in child - based forums
- Degree of frustration with voicing concerns for a considerable time, yet very little has been done to remove barriers

There were several recommendations for local partners to consider. Healthwatch to meet with the partners to work together on considering these recommendations and producing an action plan.

Recommendations:

- Patients decide if an interpreter is required not the staff
- Deaf patients are involved in the commissioning process for interpreting services
- All health and social care services with waiting areas have non-verbal communication methods in place.
- CCG and local authority commission sufficient interpreters to meet the demand and they have the required recognised qualifications



To view the report and all the recommendations visit our website at:

www.healthwatchwolverhampton.co.uk

CAMHS (Children Adolescents Mental Health Services)

Mental Health Support and CAMHS (Children Adolescent Mental Health Services)

CAMHS was one of Healthwatch priorities. The project was split into two parts, with the first part engaging with senior staff in secondary schools and colleges, and the second part engaging with the users of the service.

Part 1

A survey was electronically sent out to 46 secondary schools and colleges, with 17 responding. The questions asked ranged from training the staff, knowledge of the service, referrals into the service to support for the staff and students.

The responses identified that some of the staff had received training, however there were still a number that had not received any training. The staff that had received the training expressed that they would have benefitted from having the following:

Awareness of Mental Health conditions
Understanding on how to support the students
Specialist training
Knowledge of resources to help young people
Cognitive Behaviour Therapy

The respondents had heard of CAMHS and several of the schools had made referrals into the service, even though the referral criteria is “very medically orientated” and was reliant on a diagnosis being in place.

There were several respondents that experienced accessing CAMHS for certain groups was restricted.

The length of time averaged between 1 to 3 months from referral to assessment and between 3 to 6 months from assessment to treatment. There had been issues where the referrals had been closed for vulnerable students, even though it had been agreed to keep it open due to their vulnerability.

There were a number of solutions that were offered, these can be found in the full report on our website

www.healthwatchwolverhampton.co.uk

Part 2

An electronic survey was sent out to users of the service, however there were no responses received. Further work needs to be carried out with these users.

Recommendations:

- Review the provision of children’s advocacy services in Wolverhampton and provide signposting information
- Develop a range of different therapeutic approaches, either within CAMHS or other service providers
- Review the referral process to allow it to be more inclusive of non-medical professionals
- More face to face meetings between CAMHS, psychologists and school staff

To view the report and all the recommendations visit our website at:

www.healthwatchwolverhampton.co.uk

Dentistry in Wolverhampton

One of our priorities was around the dentists in Wolverhampton.

Healthwatch carried out a survey engaging with over 500 people, the report highlighted that there were mixed feelings around registering with a dentist, the majority who are not registered expressed that “they did not have the time”, there was a small number who were frightened / scared of the dentist, or who did not know how to register.

Over 50% of patients that are registered with a dentist go on a regular basis (every 6 months), mainly for routine check-ups.

Not all patients can attend the dentist due to work or other commitments, 45% of these would like more appointments to be available in the evening, 15% of patients would like more appointments available at weekends, however over 38% of patients would not know where to go for emergency treatment.

These findings were similar to the report that Healthwatch England carried out last year.

There were several recommendations that came out of the report and these can be found on the website www.healthwatchwolverhampton.co.uk

Evolution of Transfer of services from New Cross Hospital

One of our priorities was around the patient experience following on from the Transfer of Services between New Cross Hospital and Cannock Chase Hospital.

Healthwatch conducted surveys with patients in the specialist services affected by the Transfer of Services at both sites. The specialist services are Orthopaedics, Obstetrics and Gynaecology, Acute Medicine, Cardiology, Paediatrics, Acute Surgery, General Surgery and Oncology.

213 patients participated in the survey with 66 patients from Cannock Chase Hospital, 137 patients from New Cross Hospital and the remaining 10 not stating which hospital they had used.

There were several patients that had not been offered choice of hospital by their GP, however the quality of care received was rated positively by over 94% of the patients that responded.

Over 90% of patients at New Cross and 95% of patients at Cannock Chase Hospital would recommend the hospital to their friends and family.

The information that was given to patients when they were discharged was different across the 2 sites, with Cannock being rated a lot higher than New Cross, some of the patients at New Cross did not know who to contact if they needed support.

There were a number of recommendations that arose from the report and they can be found in the full report on www.healthwatchwolverhampton.co.uk

Complaints advocacy



NHS complaints advocacy service

Wolverhampton Health Advocacy Complaints Service (WHACS) 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 **109** new referrals for advocacy support. Our dedicated advocacy Freephone number 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.



Wolverhampton Health Advocacy Complaints Service

Do you have a complaint about the NHS?

Talk to us. Make your voice count.

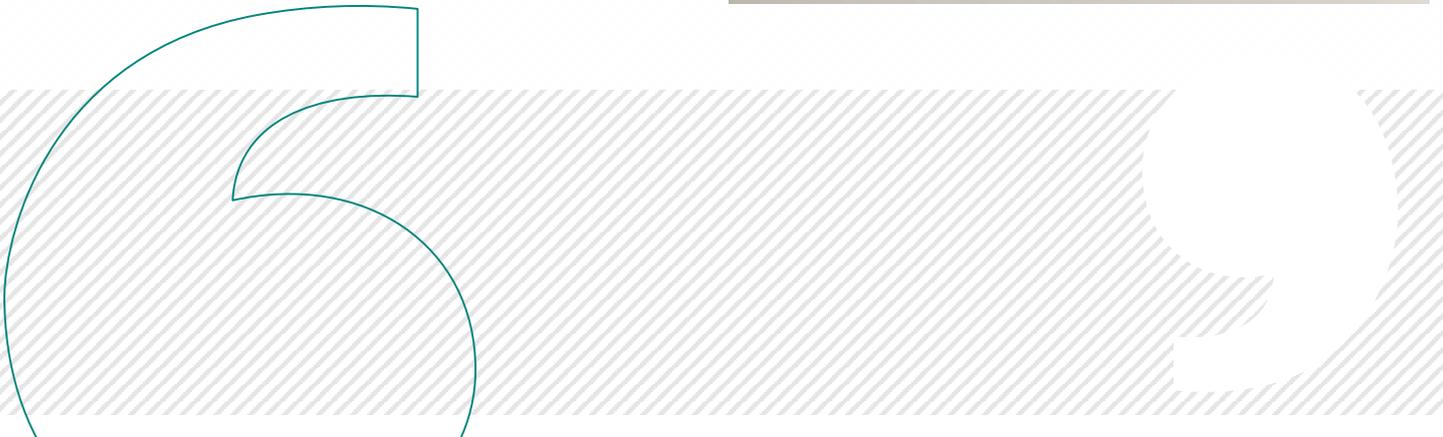
Freephone 0800 161 5600

FREE, CONFIDENTIAL and INDEPENDENT

Advocacy QPM AWARD

MINDFUL EMPLOYER

Engaging Communities
Inspiring Change, Improving Outcomes



What our clients say:

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:

“My advocate went above and beyond to support me to progress my complaint. She kept me updated at every single step and is an asset to your team”

“My advocate’s support and understanding of my issues was reassuring. She was reliable and informative, guiding me through the complaints procedure”

“I was supported throughout, and my advocate assisted me to draft my complaint letter, and helped me to review the responses I received. My advocate helped me to prepare for a meeting with the hospital, and as a result I achieved my desired outcome, and the hospital provided me with an Organisational Learning Action Plan. This was always my aim, and I am satisfied that the hospital listened to me and made changes to benefit other patients. I have recommend the advocacy service to others”

Advocacy case study

WHACS supported Mr K to make a complaint regarding the care and treatment of his late wife, who was receiving cancer treatment in hospital. Mr K was unhappy about the manner in which his wife was discharged home for end of life care. Her pain relief medication was dispensed by the hospital pharmacy, but when the District Nurse arrived at Mr K’s home she was unable to administer pain relief as it was dispensed as oral medication instead of medication to be administered by injection. Some medication was also missing.

Mrs K was left in pain, which was distressing for the family. A new prescription had to be obtained from the hospital, with the help of the District Nurse. Mr K spent 2 hours driving around various local pharmacies to collect the correct medication once the correct prescription had been issued, as the hospital was unable to dispense at the hospital pharmacy as it had closed.

Mr K drafted a complaint letter with the support of his advocate and received a response which Mr K was unhappy with. The hospital confirmed that the prescription for pain relief had been changed from injection to oral for discharge, and that the correct procedure had not been correctly followed by the hospital pharmacy. However, there was no clear indication within the response about what action the hospital intended to take to prevent the same situation arising in the future. Mr K decided to ask for a meeting with the hospital.

Mr K’s advocate supported him to prepare his questions for the meeting and attended the meeting with him.

Following the meeting the hospital produced an action plan with completion dates which would address the issues as follows:

Measures would be taken to ensure adequate stock control within the pharmacy

Electronic prescribing system to be introduced.

Supply of palliative care drugs to be available, if needed in the community, and this is to be raised with NHS England.

Pharmacy to liaise with community nursing teams to make them aware of the pharmacy support available out of hours.

Mr K was satisfied that the hospital had taken his complaint seriously, and had identified where practice and procedures needed to be revised.

it starts with
YOU



“With the help of Healthwatch Wolverhampton I was able to have my operation which was a success.”

#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 and about in the community during our outreach work. Here are a few examples of the issues we have supported people with.

Case study one

Healthwatch was contacted by a lady who had been refused funding for a Hernia operation under the Procedures of Low Clinical Value (POLCV), this was having an effect on her health and she was losing weight. Healthwatch met with this lady and obtained her consent to engage with the Clinical Commissioning Group (CCG), and Royal Wolverhampton Trust (RWT). This lady had complex needs not just the hernia.

Healthwatch contacted the CCG regarding the commissioning of this operation and explained that it was not just a hernia operation. The CCG informed Healthwatch that they had not received the information that had been requested from RWT, that was why the operation had been refused.

Healthwatch contacted RWT regarding this, they were not aware of any information being requested, the operation request was resubmitted.

The lady contacted Healthwatch to say that she had got a date for early December 2017 for her operation and thanked Healthwatch for their input.

Healthwatch were contacted in January 2018 by the lady who informed Healthwatch that the operation was successful, and she was waiting for a follow up appointment with the consultant.



healthwatch
Wolverhampton



“You were one of the few people who have listened to me.”

Case study two

Following a presentation from Healthwatch Wolverhampton, a lady contacted the team regarding her friend who was at the ripe old age of 90. There were a number of issues that the gentleman had they were:

- Couldn't get a medical professional to sign his documentation for a blue badge as they had not known him for 2 years.
- He had been on the waiting list for approximately 3 ½ years waiting for a hip operation.
- This gentleman had never been in hospital and had lived independently without any support from carers etc. His family had ensured that his house was adaptable to his needs as they did not live in the country.

Healthwatch carried out some research with regards to his blue badge and found that this could be checked at a local library. Healthwatch contacted the library to see what the procedure was for this individual and explained the issues that the gentleman was having.

The library carries out all the checks, including taking the photograph, click here for more information about this service:

<http://www.wolverhampton.gov.uk/article/1720/Blue-Badge-Scheme>.

Healthwatch contacted the gentleman and gave this information which he was grateful to Healthwatch as he finally felt he had been listened to.

The second issue was that he was waiting for a hip operation and he informed Healthwatch that he felt that it was due to his age.

With his consent Healthwatch contacted the consultant's secretary, She explained that even though this gentleman had been to see the consultant in Cannock the operation would be taking place in Wolverhampton. She also explained that this gentleman was top of the list, and they would be contacting him as soon as a theatre had been booked.

Healthwatch explained to her that the gentleman had said that they were not doing it because of his age which she disagreed as it was due to waiting for theatre space at the hospital. This was relayed back to the gentleman. In the meantime, his family contacted Healthwatch from America for guidance on the services that would be supporting him after his operation. They were signposted to a number of organisations and the discharge co-ordinator within the hospital.

Within a week the gentleman phoned Healthwatch to say that he had got a date for his operation and said “you are one of the few people that have listened to me”

The gentleman contacted Healthwatch to say he had had his operation and it had all gone well, he was recovering well in Bradley before going home. Healthwatch visited him at home and he was walking independently without any aids. He shared his experience in hospital as being mixed as he had to have a catheter fitted even though he felt he did not need one, and it took him a few months to have it removed. He was given supplies but not told how to re-order.

The communication around the services that would be going in to support him whilst at home was poor, as the organisations did not look at him as an individual, they just saw a 90-year-old gentleman and assumed that he had care at home, he was unaware of district nurses and other services that would be able to support him.

“The recommendations were taken onboard by the GP practice. They are now looking in to other patients who may be affected.”

Case study three

Healthwatch was contacted via e-mail regarding Methotrexate medication. There was difficulty in getting blood tests to coincide with the repeat prescription which was delaying the patient on getting their medication on time.

Healthwatch met with the GP regarding this issue, the patient was currently having their blood tests at the hospital, the results were not getting through to the practice in a timely manner which resulted in delays in the prescription. Not all clinical staff have access to the trust portal which relays the results.

A number of things were suggested from this meeting:

- More clinical staff have access to the portal.
- Improve the communication for staff.
- Patients where possible to have blood tests at the surgery rather than the Trust.
- Patients to be encouraged to order their repeat prescriptions on line.
- Practice to look at prescribing the medication over a longer period.

This was taken on board by the practice and the patient that had the issue with the medication. The practice was going to look at other patients who are on this medication.

#ItStartsWithYou

Feedback from patients and services users is vital to allow Healthwatch Wolverhampton to champion peoples experiences of health and social care services. Without people sharing their experiences of these services it is highly likely that issues would not be identified and that they would continue.

Healthwatch not only use feedback to try and get a resolution to individual problems, but this information is used to see if there are wider problems in the services.

Our work and the ability of Healthwatch Wolverhampton to improve services starts with you.



healthwatch
Wolverhampton

Our plans for next year 2018/19



What next?

Throughout the year, we received thousands of contacts from residents across Wolverhampton outlining concerns, and providing us with feedback and insight into peoples experiences of local health and social care services.

We rely on people to talk to us and have their say on services as this information helps us to prioritise our work programme for the year ahead, ensuring that we can focus our limited resources to create the biggest impact.

To help support our decision making process Healthwatch Wolverhampton conducted a “listening tour” between January and March 2018. We spoke to over 500 people across Wolverhampton and talked to people about their experiences of health and social care. This helped to build a picture of what services are working well and where there are problems. It also allowed people to share what they are really concerned about.

The information collected from local peoples feedback as well as the information gathered during our listening tour helped the Healthwatch Advisory Board to set our 6 key priority work areas for 2018/19.

Strategic priorities have also drawn our focus onto ensuring that we are providing a voice for young people of Wolverhampton, and continue to develop a young persons Healthwatch, for people up to the

age of 25.

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

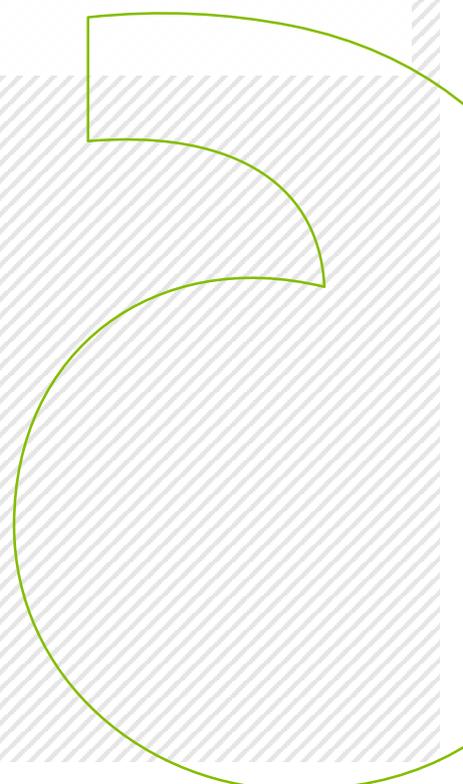
Wolverhampton is part of the Black Country Sustainability and Transformation Plan (STP) and our strategic focus for the year ahead is to ensure that there is meaningful and ongoing public engagement on the STP plans for Wolverhampton, to give people a voice and ensure they are at the heart of all decisions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

In addition to our priorities, Healthwatch undertakes a range of other research projects and activities into a wide variety of other topics based on the feedback of people using the service. We continually listen and respond to the views and experience of the public to help inform our ongoing work plan throughout the year.

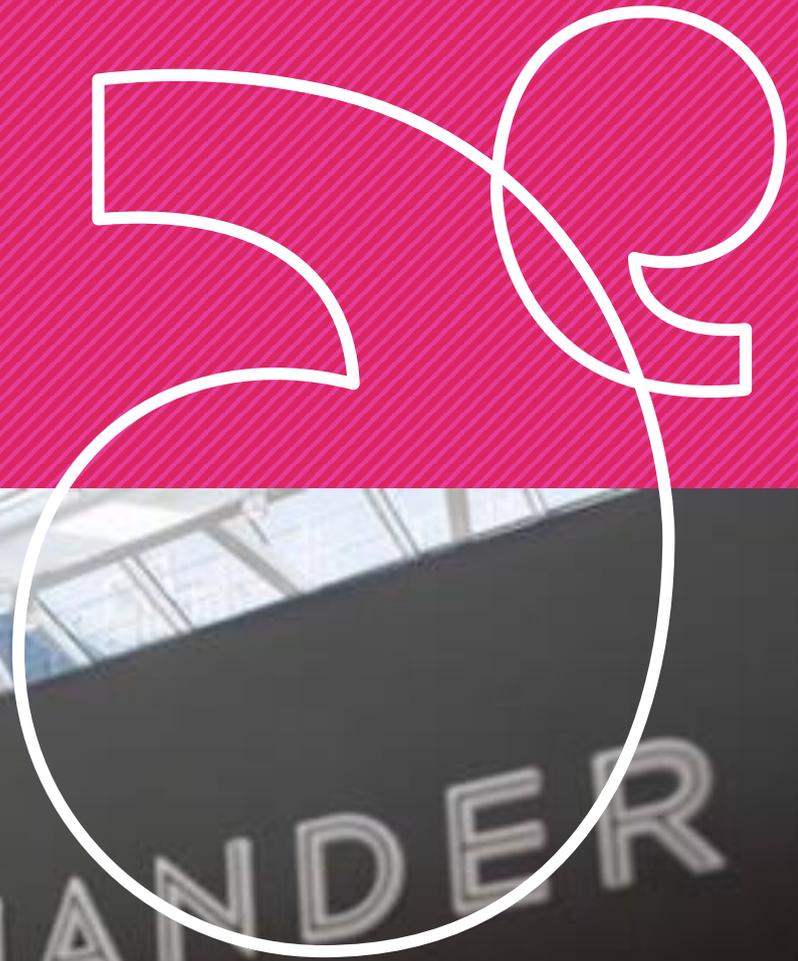
We welcome input from local residents who wish to put forward a priority work proposal.

Our top priorities for next year

1. Hospital Discharge
2. Cancer services
3. Domiciliary care
4. GP services
5. Loneliness and isolation
6. Drugs and alcohol



Our people



Decision making

Healthwatch Wolverhampton is delivered by Engaging Communities Staffordshire (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 MBE, Will Taylor and Yvonne Buckland.

How we involve the public and volunteers

There are a range of ways for the public to get involved with Healthwatch Wolverhampton, these include:

- Completing surveys
- Talking to us when we are out and about
- Message us on social media
- Experience Exchange
- Email or call
- Attend Healthwatch events

We also offer a number of volunteering opportunities for people that want to support the work of Healthwatch, these include:

- Office support
- Enter and View
- Reading Panel
- Community Engagement

People can also sign up to be a Healthwatch volunteer within their own organisation to promote Healthwatch to colleagues, as well as share any information of Healthwatch activities.



“When I see changes take place due to our intervention that makes me happy and I really enjoy meeting new people listening and learning about their journey in life.”

Our volunteers

“I just wanted to say a massive THANK YOU to you all for allowing me to commence my practice placement with you.

You all have made me feel very welcome and the range of experience you have shared with me has been very interesting.

I particularly enjoyed working with a community on International Women's Day, looking at both complaints and positive experiences people have had using services. I also enjoyed home visits with the advocacy service, completing surveys with patients using the Emergency Department, and being able to support an Enter and View visit with the team. I have also been able to format the briefings and reports in your office.

Now that I have had the pleasure of learning all about what Healthwatch offers I will champion your service both with my professional peers and patients/service users. I am sure the work you do will enhance services, inform and improve Nursing practice.

Once again Many Thanks, I wish you all the best for the future.” - **Tracy Jackson, Volunteer**

“In my day job as Service Development Manager for Action on Hearing Loss (formerly the RNID), I am involved in various meetings around the country and hear about new and exciting things that are coming into play.

When Healthwatch was in its shadow state a few years back now, I took a keen interest in how this service would develop around the country.

I encounter a lot of issues that I felt were not really being addressed in health services and social care and thought a good route to express my thoughts/feelings and to make a difference is to get involved. Although I held a busy schedule I decided I would sign up to Healthwatch so I contacted Healthwatch Walsall where I was born and at the same time Healthwatch Wolverhampton where I now reside (Bilston), Wolverhampton came through first so I opted to work with them.

I want to help organisations that support people who may be deemed vulnerable to improve their services so that people accessing them will receive a first class delivery. I get much joy from volunteering with Healthwatch Wolverhampton. When I see changes take place due to our intervention that makes me happy and I really enjoy meeting new people listening and learning about their journey in life and also sharing mine in the hope that someone will take note and do better.” - **Roger Thompson, Volunteer**

Healthwatch Advisory Board (HAB)

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 2017/18 board members were:

- **Dr. Isabel Gillis** (Chair 01/04/17-01/09/17)
 - **Robin Morrison** (Interim Chair 1/9/17- 9/1/18)
 - **Sheila Gill** (Chair- effective from 9/1/18)
-
- Dana Tooby
 - Michaila Tope
 - Yusuf Shafi
 - Jane Emery
 - Rose Urkovskis
 - Maggie Macombe
 - Vivienne Douglas-Watson

The Healthwatch Wolverhampton Advisory Board has grown and developed over the last 12 months. We have seen some new faces and said goodbye to old friends who have moved on to pursue new opportunities.

We were sad to say goodbye to our Chair Dr. Gillis who left us in September but want to thank her for her valued contribution throughout her time as Chair. We also said goodbye to Michaila Tope, Vivienne Douglas-Watson and Yusuf Shafi who we want to thank for all their commitment and input over the last 12 months

We started 2017/18 with a new Chair, we were delighted to appoint Sheila Gill as our new Chair in January 2018 and she continues to lead the board from strength to strength.

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
- 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

During our public meetings we have seen presentations from Jeremy Vanes from the Royal Wolverhampton Trust regarding the future of West Park Rehabilitation Hospital.

Other Public Healthwatch meetings were attended by Compton Care, Vocare Urgent Care Centre, and Connect regarding Musculoskeletal services.



Sheila Gill, Healthwatch Wolverhampton Chair and Jeremy Vanes, Royal Wolverhampton Trust Chair, discussing West Park Rehabilitation Hospital.

Our finances





Income	£
Funding received from local authority to deliver local Healthwatch statutory activities	194,289
Additional income	10,020
Total income	204,309
Expenditure	£
Operational costs	32,624
Staffing costs	159,613
Office costs	9,499
Total expenditure	201,737
Balance brought forward	2,572

healthwatch
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