

Healthwatch Islington Report



Gathering views and providing
information



May 2014

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Acknowledgements:

Healthwatch Islington wishes to thank all those who have given their views and all Healthwatch Islington volunteers who have helped collect these views. We would also like to thank the many small local voluntary sector organisations who have given up their time to work with us in supporting people to give their views and putting us in contact with local people needing information about services.



1. Introduction

About Healthwatch Islington

- 1.1 Healthwatch Islington (HWI) is a user-led independent organisation that is part of the community, led by local volunteers. It is part of a national network of Healthwatch organisations that involve people of all ages and from all sections of the community in local health and social care services.
- 1.2 HWI gathers views from the local community; reports these views to the people responsible for local services; engages local people in decisions about services, and monitors services. As part of its work to gather views it has the right to visit services. HWI gives local people information about local health, care and related complaints services.
- 1.3 In some areas local Healthwatch organisations provide complaints advocacy for people making a complaint about NHS services. For Islington residents, this service will be provided by VoiceAbility: details are given at the end of the report.



Local Healthwatch gather views on people's experiences of health and social care services, one of the ways they can do this is by visiting local services.



2. Providing information about local health and care service

Introduction to the signposting service

- 2.1 Healthwatch signposts people to information and services covering health (GPs, doctors, specialist treatments), social care (personal budgets, care homes, homes care) and children's services (children in care, parenting support) and a range of well-being services (exercise clubs, healthy eating) as well as specialist organisations (supporting carers or people with Diabetes for example).
- 2.2 We are mainly contacted by service users and their friends/ neighbours or carers, though we do also take queries from staff within local services.
- 2.3 Our aim is to acknowledge all queries within five working days and respond to queries within ten working days. There are occasions when queries take longer because it can be difficult for us to make contact with the relevant agencies such as specialist voluntary organisations with information on a particular health condition or NHS England for information on procedures and entitlements, in such cases we keep callers updated.

How people make contact

2.4 We want to make our signposting service as accessible as possible within the constraints we are operating in. Our office hours are 9 to 5, but by the nature of our work the staff team are often not in the office. People can contact us by email, in writing (we offer a Freepost address) and through the web-site, but as we want to reach people who may not be aware of our service we also visit local community groups and offer signposting at our information stalls.

Method of contact	Number of contacts
Email	8
Letter	1
Meeting	1
Out-reach	47
Phone call	123
Web Enquiry	2
Other	2
Grand Total	186

2.5 We have also worked with four local groups to deliver signposting workshops to their staff and volunteers so that local organisations are more able to signpost their service users on issues such as how to find their nearest local services.

2.6 Moving forward we have plans to train volunteers to increase our capacity.

The reach

2.7 Between April 2013 and March 2014 we sign-posted 186 local residents. Although LHW took on its signposting function from 1st April 2013, the service has been most active since October 2013 once staff were recruited to a Signposting and Out-reach Officer post. Uptake of the service has continued to increase.

Period covered	Number of queries
Quarter 1 (April to June 2013)	24
Quarter 2 (July to September 2013)	34
Quarter 3 (October to December 2013)	48
Quarter 4 (January to March 2014)	80
Total for 2013 - 14	186

Equality Monitoring Data

We have not been able to collect sufficient equality monitoring data at this stage. We are recruiting a volunteer to go back through enquiries and collect monitoring data as well as asking people for a view on the signposting service that they received from Healthwatch Islington. We strive to reach a diverse audience in all our work and target our signposting work to reach groups which may be considered ‘harder to reach’. As the service develops and we have more monitoring data we will target people who we know we are under-representing.

Themes

Health, social care and children’s services

2.8 We take enquiries relating to health, social care and children’s services. Over three quarters of enquiries relate to health services: 145 out of 186 enquiries, 78%. Changes to the health service which have resulted in the removal of Patient Advice and Liaison Services within primary care meant that we expected more queries to be about health services and entitlements. Our promotional materials refer to our role in providing information on health and care services.

Area to which enquiry relates	Number of enquiries
Children and social services	1
Children's Services	9
Health	145
Health and children's services	3
Health and social services	3
None	5
Social Care	16
(blank)	4
Grand Total	186

Those whose comments were about either, health, social care or children’s services, listed above as ‘None’, were re-directed to appropriate organisations.

Service areas about which people made enquiries

2.9 During our first year we have been developing a system for coding the enquiries. We receive a very disparate range of enquiries which means that it is difficult to highlight themes at this stage though we note that most enquiries relate to: GPs with 57 out of 186 enquiries (31%), dentists with 20 out of 186 enquiries (11%) and an additional four enquiries relating specifically to orthodontic treatment, and mental health services and support with 18 out of 186 enquiries (10%).

2.10 There were also a range of enquiries about services including wheelchair, exercise on referral, podiatry, choose and book, and specific health conditions.

2.11 Although the nature of enquiries is fairly wide ranging, we received most calls about contacting a service, 45 out of 186 (24%), people's entitlements to services, 30 out of 186 (16%) and availability of particular services, 20 out of 186 (11%) and on the existence of specific services, 20 (11%) as well as information on registering with services (19) and information on complaints services (16).

3. Gathering the views and experiences of our local community

Introduction

3.1 Healthwatch Islington has developed a programme of out-reach work to ensure that we are gathering a diverse range of views we have used a range of techniques to engage with our local community and gather views. Staff and volunteers work together to gather views from the local community, our Ambassadors gather views at a wide range of local community events and meetings.

3.2 We host regular stalls at:

- Citizen's Advice Bureau
- Islington Tennis Club
- Islington Central Library
- Whittington Hospital
- Community centres

3.3 We have also hosted stalls or drop-in sessions at:

- Children's Centres including Holloway and Packington
- Local university, London Metropolitan
- Local college, Westminster Kingsway
- Local day centres including Drover's Day Centre for older people
- Islington Museum (as part of LGBT month)
- Finsbury and Clerkenwell Volunteers
- St Mungo's for support workers

3.4 Alongside our programme of generic out-reach (referred to above) we also carry out more targeted work. Using the data from the Islington Joint Strategic Needs Assessment we have identified particular groups that we should liaise with, for example groups supporting the Black and Minority Ethnic Community, carers, young people, people with mental health needs, Learning Disability and those experiencing substance misuse issues. See appendix A.

The reach

- 3.5 Our out-reach service started operating fully from October 2013 once staff and volunteers were recruited. During our first year, from April 2013 to March 2014, 403 issues were reported relating to 180 named services from 121 interviews. Respondents are able to comment on more than one service at a time. For the benefit of reporting, each comment may then be broken down in to several parts, because a respondent may comment on different aspects of the same service.
- 3.6 **Sex:** We know that 60 (out of 121) interviews were with females (50%) and 38 interviews were with males (31%) who gave us their views during 2013 - 14. We do not have data on sex for the other 23 respondents who gave their views.
- 3.7 **Age:** Of these 121 respondents four were aged 18 - 24 (3%), 39 were aged 25 - 49 (35%), 33 were aged 50 - 64 (27%), 14 were aged 65 - 79 (12%) and six were aged 80 or more (6%). We do not have this data for the other 17% respondents. The 2011 census data suggests that 20% of our population is under 19, 71% is aged 20 - 64 and nearly 9% is aged 65 or more. In year one, the work we have done with under 18s has been more targeted and not covered within this generic out-reach.
- 3.8 **Disability:** 15 of 121(12%) respondents reported having a disability, 85 (70%) did not and we do not have this data for 21 (17%) respondents.
- 3.9 **Ethnicity:** See table below for a breakdown of the ethnicity of respondents, these have been merged in to larger groups to protect anonymity as some groups had only small numbers of respondents.

Ethnicity	Number of respondents
Asian	6
Black	21
Mixed / Dual Heritage	6
Not asked	12
Prefer not to say	17
White British	38
White Irish	7
White Other	14
Total	121

Which services people talked to us about

- 3.10 We have split the feedback gathered in to three levels:

- **Interviews** - the number of interviews carried out (in theory each interview represents a different person, though we do not identify respondents who come back to comment on further services),
- **Comments** - One interviewee may give us several comments relating to different services, each of these is a 'comment',
- **Services** - the service to which a respondent's comment relates, for example, GP, care home,
- **Issues** - the subject area that service users commented on, for example waiting times, respect & dignity. One interviewee may raise several 'issues' relating to one service or several different services.

3.11 The 180 comments covered 82 named services. Overwhelmingly out of the 180 comments, the greatest number related to GP services than any other services (85), followed by hospital services (56) with 6 people talking to us about social services including care homes and home care and small numbers of comments about a wide range of other services including dentist care (4), pharmacy (3), specialist services such as gynaecology, mental health and emergency services as well as comments on advice services. These findings emulate the findings of Islington LINK's '*1,000 Voices*' report, [June 2012].

3.12 197 issues were raised from the 85 comments received that relate to GP services. Of these 197 issues, 87 were positive, 94 were negative, with the remaining issues of either mixed sentiment or neutral. Respondents gave more positive comments about the general experience at their GP, feeling that they got what they needed (40). Of the 47 issues raised on the ease of accessing appointments, 25 of these deemed access to be difficult and/or poorly managed, perhaps more surprisingly, when appointment times are a nationally and politically recognised issue at the moment, 17 deemed access and management of appointments to be good. Negative issues were raised in relation to accessing the service (54) and communication with their GP (getting the right information/ feeling listened to) (12) and not always meeting the treatment, care and support needs of the patient (12).

3.13 132 issues were raised from the 56 comments about hospital services. Of these 68 were positive and 61 negative with 1 mixed and 2 neutral. Similarly to the issues raised regarding GPs, most positive comments related to general experience, how people felt treated by staff in the hospital (37), and 13 of the experiences of having needs met were also positive. Meeting needs (13) and communications (12) were also the most common areas of concern.

3.14 Although there were only seven comments on pharmacy, these were all positive. Respondents praised staff knowledge and the treatment they received.

3.15 We had a small number of comments about social care services (18), eight of which related to home care. There were more negative (14) than positive (3) comments about social care. Issues raised varied though four comments related to respondents not feeling that their needs had been met. In home care, the negative comments covered different areas but included continuity, co-ordination and meeting needs.

Experiences of services overall

3.16 As people can give us comments about any health, social care or children's service it has been difficult to theme these comments. However, we have grouped comments according to the service that they relate to and also the issue that the comment giver raised.

3.17 Of the 403 issues raised, around the same number were positive 177 (44%) as negative 196 (49%). Other issues mentioned were either neutral or a mixture of positive and negative.

3.18 Of the 177 positive issues, the greatest proportions were about people's general experience (which could relate to the service or how the respondent felt treated by the staff), with 86 (49%); accessing services (which relates to appointments, referrals, waiting times and length of consultation periods), with 31 of the positive experiences (18%); meeting service users' needs (which includes assessment, diagnosis and treatment), also with 31 (18%); and 20 (11%) positive experiences of communication (which includes information, respect and involvement).

3.19 Of the 196 negative issues, the greatest proportions were about access, 68 (35%); meeting the service users' needs, 40 (20%); communication, 36 (18%); and the general experience, 18 (10%).

Case studies - Some examples

3.20 From our out-reach work with local groups we have heard a range of issues from community members. The key themes include: Complaints; continuity of care; meeting treatment, care and support needs; waiting times in A&E; hospital discharge and aftercare; and appointments.

3.21 **Comment emailed in January 2014.** The individual was being monitored by their GP every two weeks but feeling unwell presented at A&E they were seen immediately and operated on within 2 hours.

Following one day's recovery from the operation aftercare was arranged which included daily visits from the surgery's practice nurse during the week, and support from the Out of Hours doctors at weekends. However, as the patient's dressing was leaking they returned to A&E. The patient waited for five hours.

Despite having been made to feel on arrival that the situation was not serious, the consultant acknowledged that the situation was worse than had been reported and badly infected.

The next day the patient had to go back to their surgery as the infection was still bad. The practice nurse attempted to admit the patient to hospital but in the end support was arranged with the Out of Hours team. It was noted that staff member changing the dressing had not washed their hands.

This individual's story highlights issues around hospital aftercare, as well as treatment and respect from front line staff.

3.22 Comment sent in writing February 2014. Patient presented at A&E due to pains. No beds available on wards so admitted to a bed in A&E. Blood tests results meant that the hospital wanted to keep the respondent in the hospital for further observation. Throughout the time in A&E the respondent was well fed and cared for and found the nurse to be kind and caring (though they noted the lack of a pillow on the bed). After 10 hours in A&E they were transferred to a ward.

The individual is a wheelchair user. On discharge from the ward no transport had been arranged and the patient was told that all the non-emergency ambulance drivers for the hospital had finished for the day. Private transport was then arranged. After waiting for about 4 hours, the transport arrived. Finally, on discharge, the individual noted that a discharge letter was "thrust into my hands" literally as they were leaving the ward.

This individual's story highlights issues around the process for when patients are being discharged from hospital.

3.23 Comment sent in December 2013. Patient decided to write a complaint to the hospital as they felt their eyesight had been put at risk unnecessarily. The patient was removed from a waiting list for having 'missed' an appointment of which they had not been informed and trying to re-arrange an appointment that they were unable to attend (in advance of the appointment date). Having been removed from the list they then had to be re-instated and during this time the condition of their healthy eye deteriorated. The provider told the respondent that notification of appointments could only be made by post. With the help of the Patient Advice and Liaison Service an appointment was arranged by email. When the patient arrived for their appointment the hospital had no record of it. Fortunately, the patient had the email confirmation saved on their phone.

The respondent felt that the appointment system was flawed and that the hospital lacked understanding of the respondent's needs and that the hospital's

communication had been ineffective. They felt that the NHS did not react to this 'lost' appointment appropriately.

4. Next Steps for HWI

- We will pursue more Equality Monitoring information and ensure that all ambassadors are able to explain clearly to participants why they are being asked for this information.
- We will amend our database to allow for more detailed data manipulation and we have recently revised our categorisation of comments to allow for clearer analysis.
- We will provide a map for ambassadors to aid the identification of GP Practices where commentators did not know the name or address of the service, which was found to be a common problem (patients often know GP names rather than practice names and landmarks rather than addresses)
- As previously mentioned, we will incorporate signposting training into our future Ambassador training, as Ambassadors have reported that this would have been a helpful service for many individuals who were interviewed.
- We have improved our comments forms for ambassadors, and designed self-completion forms, to improve accessibility for people wishing to comment on the service.
- We have added the key themes from our finding to discussions around our work plan for 2014 - 15.

Appendices

Appendix A: Groups visited during sign-posting set up:

- Arachne Turkish Cypriot Womens Oganisation
- Carila - Latin American Welfare Group
- Caris - support for homeless people
- CASA (Community Alcohol Service) coffee morning
- Community Language Support Service
- Community Hubs Meeting for 12 local community centres
- Elfrida - supporting people with learning disabilities
- Epilepsy Society
- Finfuture - businesses in the Finsbury Park area
- Finsbury Park Mosque
- Fit Womens Group
- ISIS - one-stop shop for people experiencing substance misuse
- Islington Bangladeshi Association
- Islington Carers Hub
- Islington Refugee Forum
- Mildmay Community Centre for International Women's Day
- Solace Women's Aid
- New River Green Children's Centre
- Packington Children's Centre
- Mind Yourself - mental health support for the Irish community
- Mosaada - education and support for BME women
- Islington Mind - mental health charity
- Jannaty - Muslim social group

- Peel Centre - day centre
- FLAME - young people's dance group
- Let's Get Talking
- Holloway School
- St. Mungo's
- Tollington Park
- Al-Ashraf
- Somali women and children
- Congolese Group
- Community Safety
- Finsbury Park Business Forum
- Community Accountancy Project
- Kurdish and Middle Eastern Women's Group
- Bi-Lingual support Advisor co-ordinator

Healthwatch Islington Membership Form

Contact details

Title First name Surname

Organisation (if applicable)

Address

Post code Email

Telephone Number

Mobile Number

My areas of interest / expertise in health and social care are:

- Primary Care (eg doctors, dentists, podiatry, eye tests)
- Secondary Care (eg hospitals, specialist clinics)
- Social / Community Care (eg Meals on Wheels/Home Help/District nurse)
- Residential Care and Nursing Homes
- Emergency services (e.g. ambulance service)
- Other (Please state)

I am interested in services for:

- Children & Young People
- Older People
- Carers
- Disabled People
- People with learning difficulties
- People with mental health issues
- Black and Minority Ethnic (BME)
- Lesbian, Gay, Bisexual and Transgender (LGBT)
- Other

Data Protection

Any information you have given us here will be treated as confidential.

We will not share your contact details unless indicated below.

- Please tick the box to **share** your contact details with other LINK members

Equality monitoring form

We would like to gather monitoring information so that we can understand the diversity of the people involved with the LINK to make sure that we are reaching out to the whole community. We are required by the Department of Health to record this data. You do not have to complete this form.

Please help us by answering these questions:

1. Are you?

Male Female Prefer not to say

2. Would you describe yourself as?

White British

White Irish

White Other: please specify

Black British

Black - African

Black - Caribbean

Black - other: please specify

British Asian

Indian

Pakistani

Bangladeshi

Chinese

Other - please specify

3. Would you describe yourself as having a disability?

No

Yes - please describe in your own words:

4. Would you describe yourself as:

Gay man Lesbian woman Bisexual Heterosexual

5. Which age group do you belong to?

Under 18 years 18 to 30 years 31 to 45 years 46 to 60 years
 61 to 75 years 76 years & over

6. Do you have a religion or belief?

No

Yes - please specify:

