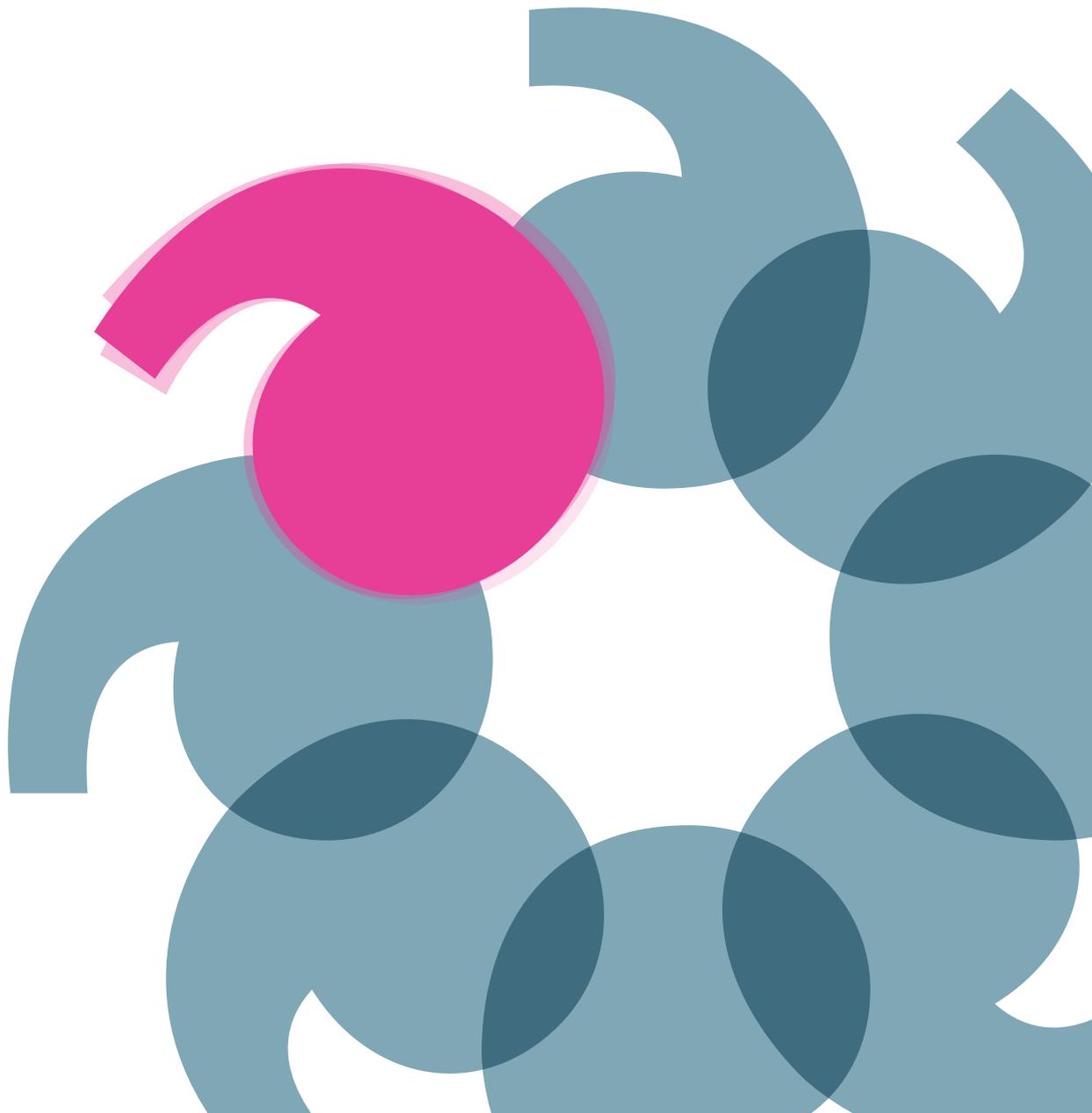


Islington care homes: Experiences of accessing health services for residents



Healthwatch Islington

Healthwatch Islington is an independent organisation led by volunteers from the local community. It is part of a national network of Healthwatch organisations that involve people of all ages and all sections of the community.

Healthwatch Islington gathers local people's views on the health and social care services that they use. We make sure those views are taken into account when decisions are taken on how services will look in the future, and how they can be improved.

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Introduction

In 2021, as health and care services were returning to something like 'normal' after the first year of the pandemic, Healthwatch Islington identified the issue of access to services as a key priority for our community research. As part of this work, we wanted to engage care home residents. However, due to the continuing risk posed by COVID-19, we didn't feel it was safe to carry out visits to the homes. We decided instead to interview care home managers, asking them a series of questions around access to different health care services. We also ran a virtual residents meeting to engage the loved ones of care home residents in Islington and to ensure they were able to participate in the conversation.

We were able to interview six of the seven care homes we contacted for this project. One care home was unable to participate.

We undertook either video or telephone interviews that lasted up to one hour. Interviews were conducted by Healthwatch volunteers and Healthwatch staff. The questions used are listed as an appendix to this report.

We asked care home managers about resident access to five key health care professionals/service areas:

- ▶ GP
- ▶ Dentist
- ▶ Optician
- ▶ Other therapies (Podiatry, physiotherapy, speech and language therapy etc)
- ▶ Patient transport services - including hospital transport and escorts to appointments

We would like to thank all the care homes that took part: Bridgeside Lodge, Cheverton Lodge, Highbury New Park, 75 Durham Road, Muriel Street, and 60 Durham Road. We appreciate them taking the time to participate, especially when their services have been under immense pressure over the past two years.

Our findings

Access to a GP

All homes reported that it was very easy for residents to see a GP when they needed to. Four of the six homes specifically mentioned that they had a dedicated GP, but all care homes have a designated practice that serves all their residents.

Generally speaking, we heard that GPs tend to visit homes a couple of times a week for appointments with residents but are also available if they need to be called out to see a resident on another day. Managers reported that GPs were very flexible and tried to make themselves as available as possible to the care homes.

During the pandemic some GPs were unable to offer face to face appointments (or could only offer them rarely), relying instead on video consultations. However many of these GPs remained very responsive and many opened up other routes of communication (text, email, personal phone calls) so they could continue to support care home residents.

At one home the GP set up a messaging service called Pando with the home's clinical lead and the local pharmacist, so they could all communicate together and update each other. Whilst the GP's own surgery was closed, the GP decided to work from the care home, instead of from their own home. This meant the GP could continue to provide remote appointments to their regular patient cohort while being available in person to the care home residents. At another home the GP continued to do their weekly visits but did these outside with the home's nursing staff. They would only come inside to see residents when it was vital. As restrictions lifted, these practices were able to go back to normal.

It is encouraging to see that homes and GPs were able to quickly and safely adapt the way they worked at the start of the pandemic to continue to provide high quality care to our vulnerable residents in care homes.

Access to dental care

Access to dental care varied across the care homes. Some reported that it was fairly easy, whereas others said this could be challenging. During the pandemic this was noticeably more difficult - especially early on, as dental services were closed for a time.

The one home that said it was fairly easy to access dental care use a local dental service which reviews all residents' dental health annually. The routine screenings are usually done inside the home, but there can be long wait times. If a dental appointment is needed, these take place outside the home. Historically, transport was provided. However, this is no longer the case.

At other homes they said it could be much more challenging to access dental care and, during the pandemic specifically, this had put pressure on the GP as they needed to prescribe antibiotics for dental needs that would usually have been met by a dentist.

Other homes also spoke about the change from dentists coming into the home to now residents needing to travel for dentist appointments. This can add a layer of complication to an appointment. Some homes also commented that the wait times for dental appointments were too long, especially when a resident is in pain or discomfort. These wait times have been exacerbated by the pandemic. This situation is not exclusive to care home residents, but something Healthwatch Islington is finding across all dental services in the community.

Access to Eye Care

All homes reported that access to eye care for their residents was ok. Each of the homes we spoke to seemed to have a different model. However, it seems that most homes (all but one) have an optician visit the home at least once a year for annual check-ups.

One home spoke about how accessing eye care for residents had been challenging until three to four months ago when they switched the service provider and now they have a far more responsive service. The service has been working so well they are planning to bring in audiology and dental services into the home under the same model.

Other homes stated that eye care access was usually ok, but this had stopped during the pandemic and they had subsequently had longer waiting times.

Other therapies

We asked the Care Home managers we spoke to about how easy it is to access other services such as podiatry, physiotherapy, speech and language therapy etc. Managers told us that a lot of these services were stopped or moved online at the start of the pandemic. However, most of these are now back up and running again.

A number of managers reported that there doesn't seem to be enough NHS podiatry service and so homes are having to bring in private podiatrists to care for residents' feet. At one home they gave all their staff some podiatry training so they could all cut nails, but mentioned that this can still be challenging.

Managers mentioned that despite there being a longer wait for some services (such as physiotherapy and occupational therapy), the service the residents do eventually receive is very good.

One home mentioned that some speech and language assessments had continued to be done by video meeting and that this hadn't worked well. They didn't feel that a resident's swallow could really be assessed on video and that this has led to some near misses in the home.

One home also reported that the Wheelchair Service was incredibly hard to get hold of and involved very long waits.

We have a resident GP so it's very easy for residents to see one if and when needed [...] The GP makes herself available even in emergency, she's flexible and considerate.

Care home manager, on access to GP services for residents

The home usually organises appointments. In the past, dentists have come to the home, but now they need to go out – which is more challenging.

Care home manager, on access to dental services for residents

Since the NHS commissioned DHL to run hospital transport it has been a misery for care homes and many of their rules don't fit care home residents.

Care home manager, on access to hospital transport for residents

Non-emergency Patient Transport

Healthwatch Islington has received feedback from the community that has highlighted some problems with non-emergency patient transport services. We wanted to find out whether these issues were also affecting care home residents.

We asked the care homes we spoke to about their experience of using hospital transport over the past couple of years. One manager responded saying 'even if you hadn't asked me about this, I would have spoken to you about it. You'd have to be a rocket scientist to work out this system.' Another manager told us that 'care home residents are deprived of treatment due to a lack of transport.'

Managers told us that they don't know which of their residents are entitled to hospital transport and that it can take half an hour or more on the phone, only to be told the resident is not entitled. Another home mentioned that they have sometimes spent up to two hours on the phone waiting to book transport.

One manager told us that hospital transport will not allow residents to be accompanied, which means that none of their residents are eligible. The alternative option is to use taxis, however there are sometimes problems with taxis arriving that are too small for a resident's wheelchair. Using taxis is prohibitive due to the cost.

At the start of the new contract with DHL for non-emergency patient transport, one care home manager recalled that call handlers wouldn't accept care home staff booking appointments and said that the resident had to book the transport themselves.

One home is served by three hospitals and commented that the transport for UCLH is much better than the transport for the Royal Free or the Whittington.

One manager told us; 'It would be nice to know ahead of time who's entitled. Maybe they could provide a flow chart in the appointment letter when the appointment is generated. We're thankful for transport, but it's not appropriate for residents to have to be ready three to four hours before transport arrives. The drivers also have little patience. They can't wait five or ten minutes for the resident. I think their schedules are too tight. Something needs to be done!'

Finally, we asked whether residents are accompanied to appointments when they are outside the home. There was a very mixed response to this question, from one home saying that all their residents are accompanied to another saying that it's not routine and residents can be charged for a staff member to escort them. However, family members are welcome to escort them.

Appendix

Views of relatives and loved ones

Five relatives and residents attended the virtual engagement event, representing four of the care homes participating in our research activity. Equality monitoring information was not collected. Feedback on specific homes from relatives and loved ones was on the whole positive. At one home a relative did mention that although they know their loved one is well cared for by the nursing staff and GP, both the resident and relative find it hard to have contact with the GP directly.

One attendee who has lasting power of attorney for a friend in an Islington care home told us that they are frustrated at how much time they spend ensuring this resident has the proper care they need. They feel it can sometimes be very inconsistent.

Relatives and loved ones felt it could be beneficial to have some support structure where they could share their experiences and support one another outside of usual relatives and residents meetings. We heard from relatives that advocating for their loved ones can be hard work, and it would be particularly useful for residents and relatives to have a better idea of what goes on in other care homes, and how procedures vary. The current structures don't enable this kind of knowledge sharing. It was also suggested that establishing an online support group could be helpful.

Attendees also reported difficulties accessing the Wheelchair Service. Relatives mentioned that it can take weeks and weeks to sort out an issue and both care home staff and relatives end up chasing for ages before someone eventually comes to look at the wheelchair. We were told that even then the chair is often not fixed but a part needs to be sourced. Previously this service used to run much more smoothly.

Summary of our findings

We know that the past two years have been incredibly challenging for our care homes. It is encouraging to hear how services adapted at the start of the pandemic to continue to provide care to some of our most vulnerable residents.

There are some homes which seem to have more responsive service provision for dental and eye care. Healthwatch Islington would encourage care home managers to share good practice at their regular team meetings so that other care homes could also benefit from this set up where possible.

We are aware that hospital transport continues to be a big issue for care home residents. Healthwatch Islington will continue to hold commissioners and service providers to account and will share this feedback with them.

1. General Practice

- a. Routine: How easy is it for your residents to see a GP when they need to?
- b. Emergency: if there's a sudden medical issue is it easy to get hold of the GP or do you have to use another service? [Prompt: Which service would you then use?]
- c. How has this differed over the past 18 months?
- d. Are there any areas of this service that you think could be improved? How?

2. Dental Services

- a. Routine (eg Check ups): How easy is it for your residents to see a dentist when they want to (for a check up)?
- b. Do dentists come into the home to provide these services or do residents have to go outside the home?
- c. Does the home arrange for a resident to see a dentist or is this something residents (and their friends and family) arrange themselves? [Prompt: what happens if someone doesn't have friends or family that can do this for them?]
- d. Urgent/ emergency treatment: What happens if someone has an urgent or emergency dental need?
- e. How does this differ for residents who are private patients?
- f. How has this differed over the past 18 months? Are there any areas of this service that you think could be improved? How?

3. Eye care

- a. Routine: How easy is it for your residents to see an optician when they want to (eg. For a routine check up)?
- b. Do opticians come into the home to provide these services or do residents have to go outside the home?
- c. Does the home arrange for a resident to see an optician or is this something residents (and their friends and family) arrange themselves? [Prompt: what happens if someone doesn't have friends or family that can do this for them?]
- d. Emergency: What happens if someone has an urgent or emergency eye care need?
- e. How has this differed over the past 18 months?
- f. Are there any areas of this service that you think could be improved? How?

4. Hospital Transport

- a. Please can you tell us about your experience of hospital transport - when it's worked well and when it hasn't
- b. Are there any specific areas of this service that you think could be improved? How?

5. Other therapies (eg Physio and podiatry)

- a. How easy is it for you to arrange for your residents to be seen by therapists from these services?
- b. How has this differed over the past 18 months?
- c. Are there any areas of this service that you think could be improved? How?

6. Follow up question

- a. When someone needs to go to an appointment outside of the home, are they accompanied by a staff member from the care home and does that person stay with them throughout the appointment?

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