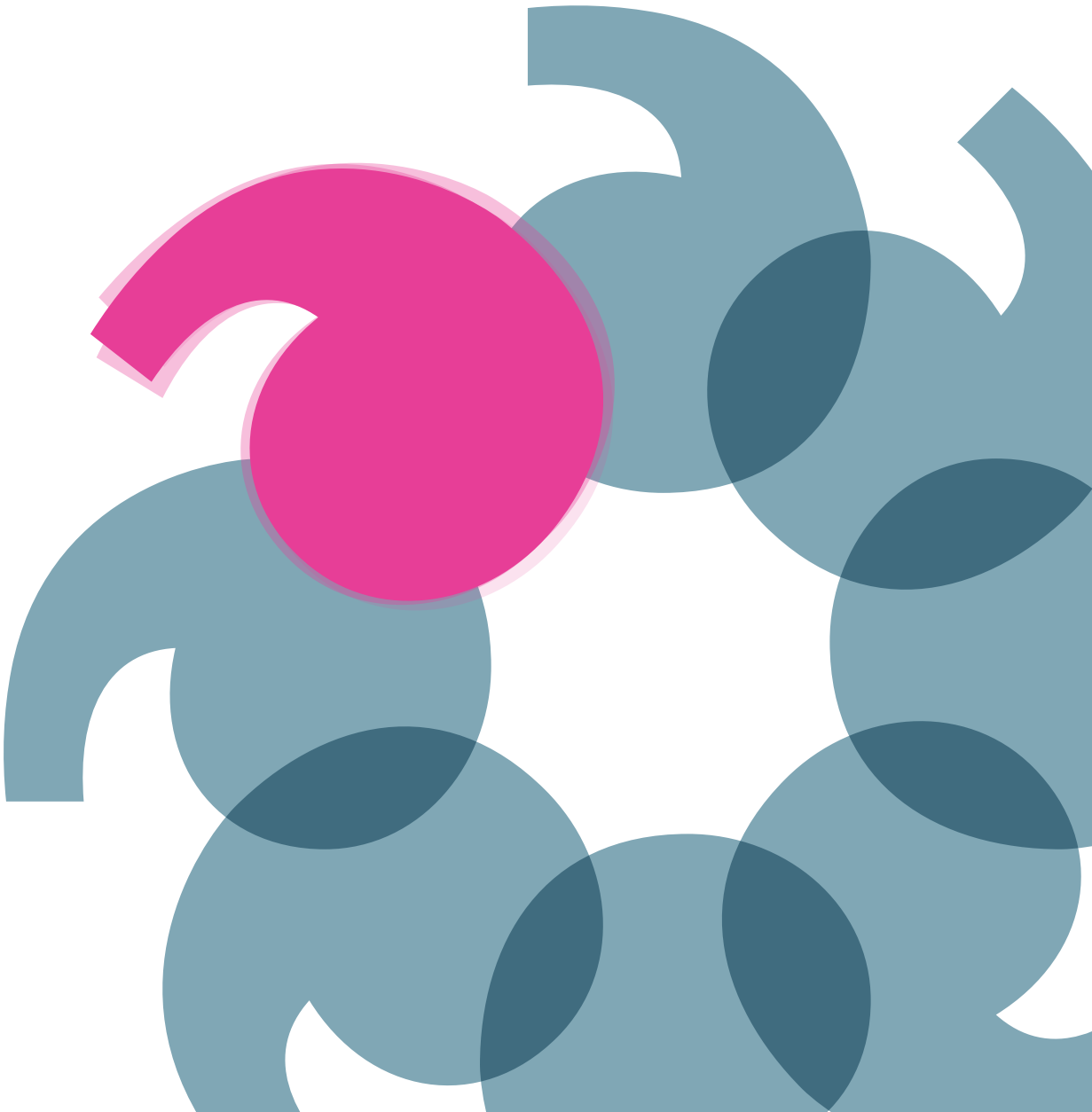
healthwatch Islington

Conversations with our local community about Whittington Health and their plans for the future



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.

We gather 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.

https://healthwatchislington.co.uk

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Introduction

Whittington Health is considering its Estates and Clinical Strategies for the years ahead. Based on conversations with clinical staff, the Trust were interested to learn about resident's experiences and thoughts in relation to the following areas:

1. Maternity and gynaecological services
2. Children and young people's services
3. Urgent and Emergency Care services
4. The use of digital technology in healthcare, and what affects people's attitudes to this
5. Whether people prefer services closer to home or closer to a hospital and what affects that choice

We particularly targeted residents with recent experience of these services 1 – 3 as we felt this would make it easier for them to respond. However, people who had not recently used Whittington Health services were also invited to take part and discuss areas 4 and 5. Respondents focussed on areas 1,3,4 and 5.

At this preliminary stage we are aware that the Trust hopes to build a new maternity wing, and to reduce the number of sites from which it delivers community services. We know that Camden and Islington Foundation Trust will be building a new in-patient wing next to Whittington Health's hospital site and propose a community 'hub' in the centre of the borough. As such we asked residents about their general experiences of the specific services areas.

The Trust commissioned Healthwatch Islington to deliver a series of discussion groups during May 2019. Healthwatch Islington is a local charity that gathers community experiences to influence health and care services. We engage local residents on a range of health and care topics. For further information from local residents on some of the themes in this report, please visit our web-site:

https://healthwatchislington.co.uk/news-and-reports

Healthwatch Islington worked with partners Arachne, Community Language Support Services, Disability Action in Islington, Elfrida, and Manor Gardens Welfare Trust. All have a long history of working with vulnerable groups covering a range of protected characteristics.

Who we spoke to

As agreed with Whittington Health in April 2019, we hosted a range of focus groups and interviews, using Easy Read materials and interpreting where needed. We planned for focus groups to cover either emergency, maternity or children's services. As there were no participants for the children's services we have covered emergency and maternity services only.

- 2 focus groups with Learning Disabled residents and support workers,
- 1 focus group with Greek women,
- 1 focus group with North African participants,
- A series of interviews with new mothers who do not have English as a first language,
- Telephone interviews with Healthwatch members.

During the three weeks we spoke to 90 people. Most were Islington residents with some from Haringey and a few from other North Central London boroughs.

Several support workers also gave their views, in terms of supporting people with Learning Disability and Autism to access services. Due to time constraints we were unable to engage family carers as hoped. Respondents answered questions based on their own experience accessing services for themselves or for someone they care for.

Disabilities and Long term health conditions

54 respondents had a disability.

The 28 respondents from the Learning Disability groups did not complete equality monitoring forms. Data on these respondents' age and gender could not be included in the tables below, but they were all aged from 25 to 64 and from a range of ethnic backgrounds.

Sex of residents

Female	Male	No answer	Total
43	19	0	62

Age of residents

0-17	18-24	25-49	50-64	65-79	80+	No answer	Total
0	4	28	14	15	1	0	62

What people told us

Maternity and gynaecological services

Participants reported a range of good and bad experiences, with some finding staff helpful and others finding staff rude. Some wanted more privacy and better facilities such as a café, and a bigger waiting area which could be addressed in the strategy as it will apparently include a new maternity ward. Other suggestions made included: higher staff numbers for better care and more attention for mothers (not just babies), access to interpreting on wards and within gynaecological services, more scans during the pregnancy and longer stays after giving birth.

'Prefer to have more ultrasound scans, and breastfeeding sessions to have an interpreter'

'Maternity Unit - Women after c-section (caesarian) to be given separate ward space. Women after c-section to be kept in hospital for more than 23 hours.'

Other local views: Healthwatch previously spoke to residents about sexual and reproductive health services, on behalf of Public Health, in 2017. Many reported seeking this sort of information from their GP, or community organisations that they trusted, in the first instance.

Urgent and Emergency Care services

Across groups there was mixed feedback about the support experienced from staff in the Urgent and Emergency Care departments at the Trust. Some participants had experienced very positive treatment and felt well cared for, whereas others had found staff could be abrupt. Long waits were one of the reasons participants had been less happy with urgent and emergency services. Suggestions were made that patients with a Learning Disability be prioritised or given a quiet space whilst waiting. This had sometimes been offered in community settings. Currently A&E (Accident and Emergency) has a separate area for children for example, and maybe other quiet spaces would help for residents with a range of needs as long as this didn't make it harder to alert them it was their turn to be seen.

Generally participants in the English as a second language groups would prefer to wait and see their GP for treatment and wait for the GP to refer them on to the hospital if needed. Participants were unhappy with waiting times, wanted an interpreter to be available and want to be provided with more information. Participants felt that more resources to deal with referrals internally would be helpful, as clients would prefer not to go back to the GP for a referral once at the hospital. One client suggested that elderly patients could have a dedicated area within A&E.

In one group several participants suggested that non-medical staff could be more considerate and polite and more helpful. This group also complained about long waits. One of the participants mentioned that it would be good if test results could be announced quicker, as it took her 12 hours to find out her results. Another said that staff need to tell patients about what the next steps are after treatment.

Reasonable adjustments were cited in some cases, 'they put me in a quiet room because I was swearing because it hurt', 'they look at you when they are talking to you', and many talked about kind, friendly staff and many commented that staff had explained their treatments to them clearly. However, the Learning Disability nurse not being available at weekends or during the evening meant that many people had not been seen by them.

Some respondents noted that waiting times could be long and it was difficult to find your way around.

Other local views: These findings reflect those from other recent Healthwatch Islington work on the main Whittington site and community services well as patient complaints data. Patients called for clearer signage, and timely appointment reminders by text/ e-mail.
Full report: https://healthwatchislington.co.uk/report/2019-02-22/whittington-hospital-enter-and-view-visits

Digital Technology

It is important to note that not all residents have access to a computer. London Borough of Islington's Digital Strategy acknowledges this gap. Furthermore, those with low income, living in poverty, who are older, and who have English as a second language, are less likely to have access. These groups are also likely to have lower levels of health literacy and already experience health inequalities. Healthwatch Islington has undertaken a range of work with local residents to develop digital confidence and skills, this is intensive work. We would be happy to share further information on this. Through our general engagement work we know that residents do generally have a desire to self-care, but need more information, confidence and initial support in order to do this.

Some participants had mobiles (support workers noted that people they support with Autism tend not to have phones). Several respondents across all groups didn't have access to smart phones or tablets. Some Learning Disabled participants only use the 'house phone' / landline. Some only had access to computers through local community settings, and therefore access to 'old' technology. Even some of those that did have access to the technology didn't necessarily feel that they could use it well, or wanted to use it, preferring face-to-face. This reflects findings in other recent Healthwatch work where we have spoken to hundreds of Black and Minority Ethnic residents across Islington.

- ### Technology for self care
  There were mixed views on the use of technology to support self-care, more were against this than for it. There were examples across all groups of using technology (for example monitoring blood sugar levels and blood pressure) and people doing this appreciated being shown how to do it. Others stated that they would be happy to use this kind of technology if shown. However, some were worried about being shown but forgetting how to use the technology, particularly those with memory problems.

- ### Telecare – using video-calling for an appointment with a healthcare professional
  'no mobile, no computer, I don't know how to use them I want face to face.'
  There were mixed feelings about seeing a healthcare professional via a video call. In the Learning Disability groups, there were some concerns about seeing a healthcare professional in this way. Worries included: running out of battery on your device during the session, keeping up-to-date with technology and the associated costs of that. Support workers felt that digital technology could make it easier for them to support the patient they work with, because their care plan, medication, dietary requirements and so on could be logged electronically. They used computers rather than mobile phone apps, which they felt currently limited the opportunities for booking on-line appointments and repeat prescriptions.

In one group, participants who were younger and from Black and Minority Ethnic communities talked about wanting an emergency, phone-based counselling service. It was noted that this group felt they are experiencing increased levels of depression exacerbated by discrimination and inequality in the work place.

When discussing video calls, some participants assumed that this would mean that digital appointments would give them more immediate, faster access to advice. Many participants could see the benefits to patient and the NHS of saving time with these kind of appointments. Again, the need for interpreting to be available was emphasised.

However, there was concern about the impact on rapport and also whether residents and institutions had the right technology for this. Whilst over half of participants would never want to see the consultant over video phone, others thought it would be useful for some types of appointment for example reassurance about the severity of nappy rash. Others were keen to use any system that meant they could avoid the journey to hospital. Whatever is decided, the Trust will need to make sure it offers a range of ways for patients to be seen and that these are agreed with the patient so as not to create further barriers to access.

'In situations where I need access to advice quickly but do not want to wait for appointment'
'I prefer video calls if an interpreter is available'

Other types of technology, such as text reminders for appointments, were also mentioned as a helpful tool. Again this is something that Healthwatch picks up regularly through our conversations with the community. People want to be given a choice of ways to communicate with services, not expected to call in but to be able to e-mail or receive a text message. Time constraints meant we could not arrange a focus group with Deaf residents, but Deaf residents who need British Sign Language interpreting have been raising the need for clearer information on appointments, and whether an interpreter has been booked, for years. Repeatedly residents complain of poor communication from providers, at Whittington Health this often relates to the community services.

Sharing records

Patients welcomed this idea across all groups, though many emphasised that they would only want their data shared where necessary and with their consent (not just assuming consent). Some felt this would be particularly helpful if they needed to be seen privately or abroad. It would need to be made clear to residents the extent to which records would be shareable and any technological and governance limitations of this.

A small number of Learning Disability group participants were worried about data protection, and participants wanted to know more about what would be shared and how.

Outside of the Learning Disability group, those with severe mental health problems are reluctant for their information to be shared electronically other than with the GP. For other services, they would prefer it to be shared on paper.

Location of services

In the Learning Disability Group there was a feeling that health centres can be a bit stressful. However participants valued the continuity of care that seemed to be more available in those centres, and being known by staff at the centre. Some participants felt that for some services it would be better if professionals came out to locations where residents already are (such as Leigh Road for people with a Learning Disability).

As found in previous Healthwatch Islington work, residents are very happy to be seen in the community as long as the centres "have the expertise and the equipment" because they assume this will mean easier geographical access, and that they will be seen more quickly. Perceived advantages included easier access, shorter waits as clinics are smaller, better parking, easier drop-off by car, known centres being more welcoming and patient-focussed, way-finding and pushchair/ wheelchair access being problematic at the hospital (though this could also be an issue at some community health settings).

'I'm a supporter of health service professionals going out in to the community. For example my son has a problem with his ears, a specialist comes out to Laycock Street and as it's known to him and smaller he is happier with that.'

Respondents welcomed the idea of bringing more services together as long as this didn't cause overcrowding (some describing local centres as already being full and wondering if more centres were needed). They felt that this would improve access and their experience because their health needs would be better met. There were also calls to have out of hours services in the community, and still being offered a range of options for appointments.

'It's always helpful if it is closer. Can they do out of hours, evening and weekend appointments that way? Like when you're in the hospital. I had my retinopathy appointment at 8:30 in the evening. It gives you more control, for parking, for avoiding busy traffic, makes it less stressful. When using medical centres, it is better to have other types of appointments like that.'

'Sometimes not enough local appointments so had to go to hospital, sometimes have to go to another centre, but I know the area. My friends didn't know they had the right to say they would rather be seen at home for some of the early [post-natal] appointments. That could be clearer. Clinics in the community run to time as they are smaller.

Suggestions for other services that could be housed together with existing services included: massages and other 'holistic' services such as yoga including pregnancy yoga, meditation, breastfeeding support, perinatal mental health, parenting classes in languages other than English. Several respondents simply asked for more staff so that existing services have shorter waits, and the need for consistent and timely access to interpreting was emphasised.

'Not service but facilities. Heating. I was very cold during my visit.'
'Just improve current service. More staff'
'Increase resources on the weekend.'

Conclusion

- Experiences of the Trust's services are mixed. There are many things the Trust is doing well, and staff are regularly mentioned positively.
- Many participants are willing to try technology, but many would need support to do this. Some of this support is skills-based, but some is about the infrastructure we need to access technology.
- Generally, people are happy for their data to be shared with consent to support their care.
- The residents' view of joined up, holistic services is broad, pro-active and not constrained to the medical model. Residents include a wide range of community-based, non-clinical, preventative and well-being services in their vision. Residents see the social and well-being impact of their health. So it is essential that Whittington Health consider any development of community settings in discussion with council and voluntary sector colleagues and really start a structured facilitated conversation with community partners to take advantage of these opportunities.

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