



## Local Voices:

# What are the public saying about health and care in Humber, Coast and Vale?

A joint report from local Healthwatch to help shape the Humber Coast and Vale Sustainability and Transformation Plan (HCV STP)

July 2016 (updated)



**healthwatch** North Yorkshire   **healthwatch** York   **healthwatch** Kingston upon Hull

**healthwatch** North Lincolnshire   **healthwatch** North East Lincolnshire   **healthwatch** East Riding of Yorkshire



---

# Contents

	Page
Background	3
What we do and what we know	5
What are people saying they are unhappy about?	7
What is making their lives better?	11
What do they say would make them happier if it were available/ done differently?	13
Healthwatch engagement around the key STP themes	15
Urgent and Emergency Care	16
Cancer	20
Mental Health	21
Acute and Specialist Care	23
Out of Hospital Care	26
Conclusion	36
Appendix 1 - full text of submissions by local Healthwatch	37
Appendix 2 - full list of Healthwatch reports by STP theme	52



---

# Background: Healthwatch in Humber, Coast and Vale

Healthwatch came into existence across England in April 2013, with the remit to act as the independent voice for patients and the public in matters relating to health and (adult) social care.

Healthwatch England is an umbrella body whose primary role is to support the local network to influence services in their local area. Healthwatch England is the national consumer champion in health and care with significant statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services.<sup>1</sup>

In addition, every upper tier Local Authority in England is responsible for ensuring the effective operation of an independent Healthwatch in their area. Healthwatch organisations are commissioned by Local Authorities and vary widely in size, scope, structure and resourcing. They all have the same statutory duties and functions, which are:

- Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services.
- Enabling local people to monitor the standard of provision of local care services and whether and how local care services could and ought to be improved.
- Obtaining the views of local people regarding their needs for, and experiences of, local care services and importantly to make these views known.
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services and shared with Healthwatch England.
- Providing advice and information about access to local care services so choices can be made about local care services.
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England.

---

<sup>1</sup> <http://www.healthwatch.co.uk/about-us>



- 
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations (or, where the circumstances justify doing so, making such recommendations direct to the CQC); and to make recommendations to Healthwatch England to publish reports about particular issues.
  - Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.<sup>2</sup>

There are six independent Local Healthwatch (LHW) organisations working within the Humber Coast and Vale (HCV) footprint:

- Healthwatch York
- Healthwatch North Yorkshire (NY)
- Healthwatch East Riding of Yorkshire (ER)
- Healthwatch Kingston upon Hull (Hull)
- Healthwatch North Lincolnshire (NL)
- Healthwatch North East Lincolnshire (NEL)

The contracts for delivery of Healthwatch in the HCV area are currently held by three different voluntary sector infrastructure organisations:

- Meeting New Horizons/Hull CVS (ER, Hull and NL)<sup>3</sup>
- North Bank Forum (NEL and NY)<sup>4</sup>
- York CVS (York)<sup>5</sup>

---

<sup>2</sup>

[http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20130822\\_a\\_guide\\_to\\_the\\_legislation\\_affecting\\_local\\_healthwatch\\_final.pdf](http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20130822_a_guide_to_the_legislation_affecting_local_healthwatch_final.pdf)

<sup>3</sup> <http://hullcvs.org.uk/>

<sup>4</sup> <http://www.northbankforum.org.uk/>

<sup>5</sup> <http://www.yorkcvs.org.uk/>



---

# What we do and what we know

Local Healthwatch conduct regular programmes of engagement with the communities in their area on a wide range of issues, often with a particular focus on listening to ‘quieter voices’ or ‘hard to reach’ communities.

Over the past 12 months, as a collective, we have engaged with around 20,000 individuals across the HCV area through a combination of face to face engagement, paper and online surveys, focus groups, listening events and ‘Enter and View’ visits to health and care facilities. The work we carry out and the topics we focus on are, wherever possible, shaped by the priorities identified by our communities.

The following report highlights some of the key themes emerging from that engagement and some of the things that people in the Humber Coast and Vale area have told us about their health and wellbeing.

To structure the report, we asked all six Healthwatch within the Humber Coast and Vale footprint to answer the following three questions based upon their recent engagement:

- 1. What are people saying they are unhappy about?** (For example, can’t find NHS dentist, want to lose weight, not enough buses to get out and about).
- 2. What is making their lives better?** (For example, having some support to do their shopping, cheap gym membership, good social life based around local community centre).
- 3. What do they say would make them happier if it were available/done differently?** (For example, information about support for depression/anxiety, someone to help them use the internet, easier to book appointments with GP).

Our initial report provided a brief overview of what people have been telling us in the HCV area in relation to these questions. This report provide further evidence and analysis of what the public is telling us about their health and care in Humber, Coast and Vale in relation to the key STP themes of Urgent & Emergency Care, Cancer, Mental Health Services, Acute Care, and Out of Hospital Care, as well as reiterating the answers to these three key questions.

This report is produced in order to provide a starting point or a baseline upon which further public engagement can be built. It is not intended to replace that genuine engagement on the STP in our area. Healthwatch are glad to be partners with local



---

NHS organisations and local government in taking forward this new phase of planning and look forward to more meaningful discussion in the future on how the public voice will be used to genuinely co-produce the a Sustainability and Transformation Plan for our local health and care economy.



---

# What are people saying they are unhappy about?

Local Healthwatch across Humber, Coast and Vale help people when they wish to raise concerns or complain about services they have received. We also proactively seek views from the public about how services could be improved so that they work better for the people who use them.

From this feedback we have identified a number of key areas where people are unhappy and/or think improvements could be made. It should be noted that the following summary is based upon a mixture of self-generated feedback from the public as well as intelligence gathered from targeted engagement around specific issue areas. Where issues are highlighted in some parts of the footprint and not others this is not to say they are only a problem in that area as this could be down to which local Healthwatch has looked into this service area.

## Access to GP appointments

Issues and concerns about access to appropriate GP appointments have been raised by the public across the entire Humber, Coast and Vale area. The concerns/issues are not always the same even within CCGs. Some of the concerns that people have told Healthwatch about include:

- Getting through on the phone and/ or frustration with systems that require people to call at 8am for same-day appointments.
- Length of wait for non-urgent or routine appointments and/or unable to book in advance for routine appointments (rolling 2-wk appointment system used in some areas causing problems for those needing to make routine appointments).
- Hard to get an appointment with the same GP and/or a GP of choice. This has been highlighted as a particular problem for people with learning difficulties.
- Practices change systems and/or don't communicate the system they are using very well to patients (e.g. some practices have implemented a triage system for same-day services but not communicated this effectively to patients who all still phone at 8am for appointments).

In addition, several local HW have evidence that patients are using A&E services and/or out of hours GPs due to difficulties getting appropriate GP appointments in their area. See also: Out of Hospital section (pp. 26-30) for further issues identified by Local Healthwatch relating to GP appointments.



---

## Mental Health Services

The quality and availability of mental health services has been another priority area for many of the local Healthwatch within the Humber, Coast and Vale footprint due to significant public interest in this area. Some of the concerns that people have raised with Healthwatch around mental health include:

### CAMHS and services for young adults:

- particular concerns around services for young people with eating disorders
- lack of services locally and/or long waiting lists and high demand for services
- issues of transition between children's and adult services.

### Community mental health services:

- Poor response from out of hours mental health crisis care teams highlighted in NL and NEL
- Lack of communication, poor case management and constant changes in personnel highlighted as concerns in community mental health services in NL and NEL
- Poor communication with carers and/or family also highlighted as a concern.
- Over-reliance on medication or lack of information about or opportunities to take up talking therapies was highlighted (ER).
- Lack of support for adults with ADHD (highlighted in York and NEL).

### Inpatient services:

- Issues in York area exacerbated by closure of Bootham Park Hospital (but many concerns pre-date the actual closure) e.g. issues around unsuitable buildings, access to inpatient facilities locally.
- Lack of beds and use of out of area placements also highlighted in N Yorks.

### Dementia

- Issues around diagnosis rates and post-diagnosis support in some areas (e.g. East Riding)
- Concerns were raised about the availability of information following diagnosis and frequency of follow-up.

## Delays

Another issue that Healthwatch is aware of in the Humber, Coast and Vale area is delays in relation to diagnosis, follow-up assessment and treatment. Some of the things people have told us they are unhappy about include:





- 
- Long waits for scan results with no communication reported (NL)
  - Delays and/or cancellations of outpatient appointments and other follow-up appointments within secondary care settings were highlighted across Hull, ER, NL and NEL. This was of particular concern in relation to eye clinic appointments within NLaG and HEY.
  - Long waits in A&E, trolley waits and delays in admission also highlighted in some areas (ER, NEL).
  - In East Riding, delays were also reported in paediatric orthotics in getting replacement equipment and for care home residents getting replacement dentures.

## Poor Communication

Where delays, cancellations or schedule changes take place these are often not communicated effectively to patients, which is another source of frustration.

- Failure to communicate with carers and/or family members upon discharge from hospital was highlighted in some areas (NL, NEL, ER).
- In domiciliary care, changes to appointments and personnel are often not communicated to people receiving care (highlighted in ER & York).
- Poor communication in relation to appointments, tests and results was also highlighted in the acute sector (Hull, ER, NL).

There is also a general sense of a lack of clarity for patients and the public due to the vast amount and rapid pace of change over the past few years. We frequently encounter people who ask us “why does the Council do x and NHS does y?” or “why do I have to go to Hull for x but Scunthorpe for y?” In addition, some areas have highlighted a lack of clarity regarding complaints processes.

## Lack of Continuity

Many people we spoke with highlighted the negative impact on their care of constant changes to services and the people delivering them. Some of the issues highlighted include:

- High turnover in domiciliary care workforce (highlighted in ER and York)
- Use of locums and high staff turnover in a number of areas (particularly in N Yorks and ER)
- Changes to key workers in mental health services (raised in NL and NEL)
- Lack of continuity of care was also highlighted in relation to GP services across the footprint.



---

## Lack of flexibility

Services were often criticised for not being sufficiently person-centred - this is an issue within social care services as well as health services.

- Rigidity in service offered was highlighted in relation to domiciliary care and continuing health care (York, ER)
- Difficulty making changes to care plans was an issue in some areas (York, NEL)

## Social Care

Across the footprint, the public highlighted problems in social care (not mentioned above) in relation to:

- Quality of residential care (Hull, ER, York)
- Delays in assessment (including for carers) (NEL, York)
- Delays in putting packages of care together (NL)
- Information and access to services (York)

## NHS Dentistry

Lack of availability of NHS dentists was identified as an issue in NL, NEL and York.

This was not echoed in a survey carried out by Healthwatch East Riding (NOTE: this survey only covered younger people, aged 14-25).



---

# What is making their lives better?

Through our engagement work with the public, including lots of targeted engagement with 'hard to reach' groups, we have gathered many stories and experiences of how services are helping to make peoples' lives better.

The following key themes have been highlighted by people we have spoken to across Humber, Coast and Vale and identify some of the things that make services work well for people.

## Timely support/interventions

Where appropriate support is identified and offered quickly, people have good experiences and are better equipped to deal with their health issues. Getting help to find appropriate support (whether that is a specific medical treatment or access to wider support provided by voluntary sector organisations, peer support networks and/or the statutory sector) is helping many people across the HCV area to stay healthy and live well.

## Person-centred care

Where bespoke support is offered this improves peoples' experiences. Understanding what people want and need from services - not just providing a standard offer for all - is crucial. This theme recurs often, in particular, in our engagement with 'hard to reach' groups such as people with mental health issues, people with long-term conditions etc.

## Caring staff

Caring, patient and friendly staff across the whole health and social care sector are praised by the public across the Humber, Coast and Vale (HVC) footprint. Many people we speak with recognise the immense pressure health and care services are under and want to tell us about their appreciation for the work of front-line caring staff, despite the pressures. We also hear concerns from the public about the working conditions of care staff, particularly in the domiciliary care sector (e.g. unmanageable schedules, payment for travel, working hours etc.).

## Social contact and VCSOs

Opportunities for wider social contact and interactions with others are really important for people's health. Voluntary and community sector organisations (VCSOs), local hubs and support groups all make a significant contribution to the health and wellbeing of people Healthwatch engages with and are highly valued locally. Another key aspect that is important to people is having access to information about what support is out there and help to take it up. Some areas in



---

HCV have piloted work around social prescribing and this is something that local Healthwatch are interested in working together on.

## Good general practice

Through our reviews of GP services, many local Healthwatch have highlighted the positive impact of good primary care on people's health and wellbeing. See also: Out of Hospital section (pp.26-30).



---

# What do they say would make them happier if it were available/done differently?

We also ask people we speak to for their ideas and suggestions on how to improve their local health and care experience. They often come with suggestions or ideas about how services can be delivered and what health and care commissioner and providers can do to improve services and make their lives that bit easier.

The following key themes have been highlighted by people we have spoken to across Humber, Coast and Vale and identify some of the things that could be done to make services work better for people locally.

## Better communication and involvement

People expect a certain element of change within the health and social care system. Most people recognise that sometimes appointments have to be rearranged or their usual homecare worker can't attend due to illness or holidays etc. However, people want to be kept informed when plans do change so that they are not taken by surprise. The need for better communication was highlighted across the whole HCV patch, with the public identifying a number of key areas where improvements could be made that would significantly improve their experiences. These include:

- Clear pathways and good communication throughout
- Communicate reasons for particular decisions being taken (transparency)
- Written information that can be taken away and digested in own time
- Better communication with wider family, carers etc.
- More co-production and opportunities to shape changes to services. People are asking for greater control over their own care and a say over what is provided locally.

## Continuity and joined up services

The need for care to be joined-up and focus on the needs of me as an individual (and not a series of conditions or diseases) has been a key theme highlighted by local HW. People have said they would be happier if:

- Services offered genuine person-centred care
- They were able to see the same GP, same homecare worker, same key worker etc. over a period of time. Many people we spoke to highlighted the



---

importance of relationships to recovery (particularly for those with a mental health condition).

- There was a seamless transition between services. For example: people not having to be asked by different care providers for the same basic information; not wasting a clinician's time by having to provide a full history at every GP visit because they are not known to the GP; being able to move between different services without delay (e.g. between hospital sites, from children's to adult services etc.).
- "Only having to tell my story once".

## Easier to access GPs

People value good quality primary care and help to access it would make their experiences of local health services better. Suggestions for improvement include:

- Easier to understand booking systems
- Responsive appointment systems
- More telephone/Skype consultations, especially for parents of young children

## Better transport links

- Able to access health services by public transport
- More responsive/joined up transport services - for example, an approach that connects voluntary, public and private transport providers to provide for the needs of local people.



---

# Healthwatch engagement around the key STP themes

Over the past 12 to 18 months, local Healthwatch around the Humber, Coast and Vale STP area have conducted a number of investigations, Enter and View visits and themed engagements on a wide range of topics and service areas.

The following section of this report provides an overview of what work has already been undertaken in each of the five STP priority areas and what are the key themes coming from the public engagement in those areas. For each area, we have included, where possible, a brief background and methodology followed by a list of themes, issues, conclusions, or recommendations. In some cases, Local Healthwatch are currently working on reports which cover these themes. Unfortunately, they have not been included in this summary report at this time.

This report gathers together the independent work of local Healthwatch in the region that has been undertaken over the past 12 months. While we have attempted to pull together existing Healthwatch work on the STP priorities, this report in no way represents a genuine discussion with the public in terms of future planning. We provide this report as a starting point or a baseline and look forward to more meaningful discussion in the future on how the public voice will be used to genuinely co-produce the a Sustainability and Transformation Plan for our local health and care economy.



# Urgent and Emergency Care

## Key Facts

**Healthwatch Coverage:** Kingston upon Hull, East Riding of Yorkshire, York, & North Lincolnshire.

**Approx. Engagement:** 584 people.

**Headlines:** Insufficient/inadequate signage;  
Lack of amenities in waiting areas;  
Public confusion over alternatives to A&E;  
Lack of information given to patients (i.e. approx. waiting times).

## Hull Royal Infirmary A&E Department

Enter and View visits were conducted at Hull Royal Infirmary by Healthwatch East Riding of Yorkshire (in July 2015) and Healthwatch Kingston upon Hull (in February and March 2016).

Healthwatch Kingston upon Hull, received contact from a number of patients regarding A&E facilities at Hull Royal Infirmary. These contacts related to delays in A&E treatment over the winter period. After significant investment and a programme of modernisation to the A&E infrastructure, the purpose of this visit was to ascertain reasons for delays in patient's treatment and gather patient opinion of the Accident and Emergency process. Healthwatch East Riding conducted an extensive enter and view visit in July 2015, shortly after the new facilities were opened in order to find out what patients thought of the new arrangements.

### Issues highlighted at both visits:

- Inadequate signage
- Patients would like to be given an approximate waiting time at check-in
- Clearer information is needed about alternatives to A&E.

### Recommendations (East Riding visit - July 2015):

- Review signage for the Minor Injuries area to make it easier to find.
- If it is not possible to maintain an open reception for children's A&E beyond midnight, ensure there is clear and adequate signage to direct people appropriately.





- 
- Consider measures to stagger the opening/closing of the entrance doors to children's A&E in order to improve safety for toddlers and young children in the waiting area.
  - Install a water fountain/dispenser in all waiting areas.
  - Consider what measures could be taken to give patients an approximate waiting time upon check-in to help manage expectations around waiting.

#### That East Riding of Yorkshire and Hull CCG's:

- Review with providers policies around Minor Injury Unit referrals to ensure a consistent approach across all MIUs and a clear and consistent message to patients as to where to go if they suspect a fracture. [An issue that was highlighted during the visit was that people were often being referred via a Minor Injury Unit to the Emergency Department for X-rays. Some were referred directly into the Radiology Dept. and had a swift process through but others were told at MIU to self-present at A&E and had to be triaged like any new patient and, as a result, waited much longer.]

#### Recommendations (Hull visits - Spring 2016):

- It is recommended that there is additional signage for the Emergency Department.
- It is recommended that there is additional signage notifying patients of alternatives to A&E.
- Reception staff or booking in point to give estimated time to treatment or be seen time to patients.
- Alternative seating arrangements could be established for the comfort of patients.

#### York Hospital A&E Department

In its 2015/2016 work plan survey 75% of respondents said that Healthwatch York should examine A&E departments and alternatives. To do this they conducted a 24 hour Enter & View visit at York Hospital during which they conducted a survey. They also visited the NHS 111 service HQ and conducted interviews with various interest parties. (Report published June 2015).

#### Findings:

- The majority of patients who were in the A&E waiting room were there for what NHS Choices (2015) define as minor injuries and illnesses.
- Only 29.4% of respondents spoke to their GP or the GP Out of Hours service before attending A&E.
- Only 28.6% of respondents called NHS 111 before attending A&E.



- 
- A large majority of respondents (72.0%) said that if there was an NHS Walk-in Centre in York, which was separate from A&E, they would have tried that instead.
  - It was not always clear to the patients in the waiting room and to Healthwatch York Enter and View visitors why the waiting time was lengthy during certain periods.
  - There was a lack of amenities in the A&E waiting room.
  - A patient experiencing mental health issues received negative comments from staff.
  - There was an over representation of the 0-25 age group attending A&E.
  - Patients were confused over the differences between an Urgent Care Centre and A&E.

### Scunthorpe Hospital Emergency Care Centre

In light of public concern regarding increasing pressure on the Emergency Care Centre at Scunthorpe General Hospital (previously A&E), Healthwatch North Lincolnshire wished to examine why people had chosen to attend the hospital. To do this they conducted an Enter & View visit (which involved semi structured interviews) at the hospital and carried out a survey during October 2014, which received 206 responses.

#### Recommendations:

- North Lincolnshire CCG to take the lead in encouraging GP surgeries to develop an education campaign to raise awareness of GP appointment systems (particularly the implementation of Patient Online) and the capacity of GP practices to treat illness or injury.
- The Northern Lincolnshire & Goole Hospital (NLAG) Trust to address the longer waiting times after triage, for example when waiting for tests, results, admission or discharge.
- The NLAG Trust to clarify responsibility for nutrition and hydration of patients waiting in the Emergency Care Centre and explore the possibility of volunteers ensuring cups are replaced following the weekend or restocked at other times. The Trust to ensure vending machines are in good working order or signpost patients and visitors to suitable alternative refreshments.
- The NLAG Trust to consider the need for availability of a private room at all times and improving signage to signify that services available in the Emergency Centre include not just Accident and Emergency but also a GP Out of Hours service and when that service is available.
- The NLAG Trust to improve information displayed within the Emergency Centre about pharmacy opening hours and location of late opening pharmacies.



---

Consideration should be given to using the electronic media in the waiting area to display useful signposting information.

- The NLAG Trust to clarify responsibility for the observation of patients in the waiting area and ensure the need for observation of vulnerable and very poorly patients is considered.
- As the specialism for ENT currently rotates between the Grimsby and Scunthorpe sites, the Trust should ensure there is consideration of the inter-hospital transport needs of patients transferred to Scunthorpe General Hospital for emergency ENT treatment, for their return home.
- The NLAG Trust should consider the duty of care in respect of patient discharge arrangements from the Emergency Centre
- North Lincolnshire CCG to consider undertaking research into patient perceptions of the purposes and function of a walk-in centre and a GP Out of Hours service.
- To work alongside partners within the health community to develop and deliver education to address perceptions around what care a GP surgery and pharmacy can provide for minor illness and injury and to reiterate when it is appropriate to attend the Emergency Centre.



---

## Cancer

At the current time none of the six local Healthwatch organisations in the Humber, Coast and Vale area have done specific public engagement around Cancer services. Some of the concerns or views of people who require cancer services, and their families, may be fed back to their local Healthwatch in a wider context, such as quality of GP services or hospital services.

This exercise has identified a gap in our work plans and is something that all Healthwatch should consider for the future. The STP team may wish to consider a discrete piece of engagement work around Cancer services that local Healthwatch could help to facilitate.



---

# Mental Health

## Key Facts

<b>Healthwatch Coverage:</b>	<b>York and East Riding of Yorkshire.</b>
<b>Approx. Engagement:</b>	<b>187 people.</b>
<b>Headlines:</b>	<b>Lack of information for patients and carers; Poor cooperation between agencies.</b>

### Healthwatch East Riding of Yorkshire, May 2016 report, Mental Health Services Report.

Mental health services have been identified by both the Department of Health and Healthwatch England as a priority. Healthwatch East Riding of Yorkshire wished to examine services being offered to those experiencing mental health issues and those closest to them. To do this they spoke to four focus groups, of approximately ten people each, at VCS-run support groups across the East Riding of Yorkshire.

Whilst recognising that their findings could be historic and may not reflect the current service on offer, some areas for improvement were highlighted. For example, the report found significant variability in both the treatment quality and knowledge of mental health issues amongst GPs with a perceived over-reliance on medication. In addition, some examples of poor communication between healthcare professionals and carers were noted.

Healthwatch East Riding of Yorkshire made the following recommendations:

- **Recommendation One:** GP practices to consider how they can allow those experiencing mental health issues to have greater continuity of treatment and for their needs to be taken into account when booking appointments.
- **Recommendation Two:** East Riding of Yorkshire and Vale of York Clinical Commissioning Groups to work closely with GPs in the East Riding to review procedures for diagnosis of mental health conditions and promote better mental health training amongst primary care practitioners and support staff.
- **Recommendation Three:** Local commissioners to continue to invest in services that promote wellbeing such as libraries, arts, leisure and other community services and promote access to such services through, for example, well-



---

funded, coordinated social prescribing schemes (such as the VCS pilot currently funded as part of the Better Care programme).

- **Recommendation Four:** Mental health service providers to consider how to improve their communication with carers and to re-examine their confidentiality procedures to ensure that practice genuinely reflects patients' wishes.

### Healthwatch York, March 2016 report, Bootham Park Hospital: What next for mental health in York?

The purpose of this report was to examine the impact of the closure Bootham Park Acute Mental Health Hospital, which occurred at the end of September 2015.

To compile the report Healthwatch York requested, through the local media and the local Community and Voluntary Sector, that members of the public share their experiences with them. Desk research was also conducted using press cuttings and other online sources.

#### Issues found/Recommendations:

- The speed of the closure and lack of information caused stress and anxiety for current and former patients. It was recommended that interested parties should receive regular e-bulletins, which would also be available in other forms for those not on the internet, that would provide information on the current situation, any changes to service provision, and details of engagement events. There should also be a greater number of public engagements events.
- The anxiety of the closure was exacerbated by patients and relatives having to travel as far as Middlesbrough for further treatment. This raised concerns regarding the wider capacity and suitability of mental health services in the region.
- Concerns we raised around perceived lack of cooperation between agencies. It was recommended that a protocol be developed highlighting how local organisations can work together in the event of a future emergency situation in health and care.
- Despite issues around the closure, some people saw it as a chance for an improved service. It was recommended that a briefing paper be developed that explains how decisions such as how many beds are available in the new hospital are made and that details around building timelines be made clear to the public.



# Acute & Specialist Care

Our information regarding Acute & Specialist Care has come solely from 'Enter & View' visits. It is important to point out that these visits give us an idea of the conditions present at the time of our visit and may not be representative of patient experience at other times.

## Key Facts

**Healthwatch Coverage:** North East Lincolnshire and North Yorkshire.

**Approx. Engagement:** 102 people.

**Headlines:** Storage issues and environment more generally;  
Lack of information given to patients (i.e. for delays in treatment or discharge, issues with signage);  
Perceived lack of sensitivity amongst some staff regarding traumatic experiences or mental health conditions.

## North Lincolnshire and Goole Hospitals NHS Foundation Trust (DPoW Hospital)

Throughout 2015, Healthwatch North East Lincolnshire conducted a number of Enter and View visits to wards at the Diana Princess of Wales Hospital in Grimsby.

**3<sup>rd</sup> December 2015**, Enter & View visit to Ward C7 (Stoke Unit), Coronary Care Unit, & High Dependency Unit of Diana Princess of Wales Hospital in Grimsby.

### Issues found:

#### Stroke Unit:

- Lack of storage space, meaning equipment was either stored in corridors or took up use of other areas i.e. patient bathroom.
- Lack of hand wipes at meal times.
- One incident of isolation notice not being displayed.

#### Coronary Care Unit:

- Potentially hazardous storage of chairs.
- One incident of an injection being given at an inappropriate time (during a meal).



---

7<sup>th</sup> September 2015, Enter & View Visit to Ward C1 and Ward C5 of Diana Princess of Wales Hospital in Grimsby.

**Issues found:**

**C1:**

- Not all staff wore name badges.
- Corridors felt cluttered by different types of trolleys.
- Privacy issues when patients using the toilets.
- Concerns regarding speciality meals i.e. diabetic, vegetarian.
- Lack of clarity on flower policy.

**C5:**

- Staff name badges not always visible.
- Protective clothing not always worn when treating patients in isolation areas.
- If discharge is delayed, patients not adequately informed as to why.
- Overhearing of private/confidential discussions with patients.

13<sup>th</sup> July 2015, Enter & View Visit to Acorn Ward (Outpatients), Holly Ward, Honeysuckle Ward, & Laurel Ward of Diana Princess of Wales Hospital in Grimsby.

**Issues found:**

**Outpatients:**

- Lateness/delays of appointments with no explanation given.
- Outpatients: Perceived lack of sensitivity from consultants regarding previous traumatic events i.e. miscarriages.

**Honeysuckle:**

- Lack of storage space with boxes and equipment stored in corridors.
- Honeysuckle: Once incident of lack of room cleanliness.
- Honeysuckle: Perceived lack of sensitivity/knowledge of autistic disorders.

**Holly:**

- Lack of storage space with boxes and equipment stored in corridors.
- Some patients felt they were being made to stay in their rooms.





---

## York Teaching Hospital NHS Foundation Trust (Scarborough Hospital)

In November 2014, Healthwatch North Yorkshire conducted an extensive Enter & View visit to Scarborough Hospital. During this visit a total of ten wards were visited, including A&E. The purpose of the visit was to get a snapshot of life on each ward.

### Recommendations:

- There is an urgent need to update the signage and environment to be more accessible and user friendly, as this would limit any distress to vulnerable patients, and inevitably lead to a better patient experience.
- Standardise all procedures across wards, including dementia signs and compliment/complaints forms, as this allows for improved outcomes for patients and supports staff that may need to move between wards.
- Personalise bed areas using patient names and not just numbers, as this forms part of your commitment to person-centred care, and reduces the perception that each patient is just a statistic.
- Decide which wards are for what conditions and adhere to the plan as much as possible, as the frequent changes to ward functionality is potentially a real risk to patient/staff safety and improved patient outcomes.
- As much as possible, reduce the reliance on agency staffing, which should hopefully save costs. Focus instead on improving staff benefits and morale.
- There is a great need for a forum to be created for regular senior management and staff liaison, where staff can be empowered to be involved in some of the decisions that will inevitably affect their day to day work.
- Consider asking all patients on admission and discharge whether they currently look after anyone (family, friend, neighbour etc.), and use this information to identify appropriate support within the community for the cared for person.



# Out of Hospital Care

Over the past 12 to 18 months, local Healthwatch have conducted a number of reviews into services that fall into the 'Out of Hospital Care' area. In particular, primary care/GP services have been highlighted again and again by the public as a priority area for Healthwatch to focus on. Several local Healthwatch have also conducted reviews (or have reviews forthcoming) into various aspects of adult social care.

## GP Services

### Key Facts

**Healthwatch Coverage:** York, East Riding of Yorkshire, Hull, North Lincolnshire and North East Lincolnshire.

**Approx. Engagement:** 3600 people.

**Headlines:** Difficulties in booking appointments (especially over the telephone);  
Lack of evening/weekend appointments (not enough flexibility, particularly for people who work/carers);  
Perceived lack of awareness/understanding of mental health conditions amongst some GPs;  
Confidentiality concerns at reception areas.

**Healthwatch York, June 2016 report, Access to GP Services.**

On the basis of evidence from their 2015-2016 work plan survey, Healthwatch York made it a priority to examine the accessibility of GP appointments in York.

To do this they gathered feedback from the public on their website, by email, letter, phone, and in person. They held public workshops and attended forums, where they asked questions regarding GP services. They also distributed a survey on the subject which received 260 responses. York's Young Inspectors carried out further work, such as website research, visiting surgeries, and attempting to book appointments.



---

### Issues found/Recommendations:

- Difficulties in making appointments, especially over the telephone, which could lead to a 2-3 week wait for an appointment. Booking online could also present problems for some people. It was recommended that GPs make efforts to improve their systems and increase use of technology.
- A perceived lack of awareness/sensitivity to certain conditions i.e. autism, hearing impairments, visual impairments. This also included building accessibility problems for disabled patients. It was recommended that Patient Participation Groups make efforts to be representative of the patient population.
- Lack of information concerning out of hours services.
- Confusion for patients when GP mergers had taken place. It was recommended that greater consultation with patients occurs prior to mergers and that the practical implications for patients are given greater consideration.
- Confidentiality issues in reception areas.

### Healthwatch North Lincolnshire, March 2016 report, All Booked Up? Access to GP Appointments in North Lincolnshire.

At a time of increased pressure for GPs to provide their services to a growing population, Healthwatch North Lincolnshire wished to examine the provision in their area. To do this distributed a survey, both online and in paper form, which received 375 responses, visited a number of surgeries to speak to patients, and held/attended a number of public engagements events.

### Issues found/Recommendations:

- The practice, used by many GPs, of requiring patients to call at 8am to book appointments may have a negative impact on certain groups i.e. people who are working or travelling to work at that time. GPs should ensure that there are a number of routes to booking appointments. With this in mind, the use and patient awareness levels of online booking needs to be improved.
- Some patients expressed annoyance at having to answer medical questions asked by a receptionist. Whilst there are practical reasons why surgeries do this these reasons are not always made clear to patients and can cause confusion. Patients need to be reassured that they are being asked questions in order to improve their treatment and that they are not being interrogated.
- In general, it was concluded that there is not a 'one size fits all' approach to appointments systems. Practices must be reactive to the changing needs of their patients through regular engagement and communication.



---

## Healthwatch East Riding of Yorkshire, November 2015 follow up report, GP Appointments Systems.

The purpose of this report was to follow up on Healthwatch East Riding of Yorkshire's March 2015 report into GPs appointment systems in the East Riding of Yorkshire in order to see what progress had been made and to, briefly, look into the service being provided by GPs more generally.

To do this they conducted four main strands of research; writing to all GP Practice Managers in the East Riding of Yorkshire Council area, conducting a survey which was handed out to patients at a selection of surgeries as well as being available online, conducting an examination of GPs websites and viewing their NHS Choices page, and conducting seven prearranged 'Enter and View' visits to GP surgeries spanning the East Riding.

This built on a large-scale survey carried out in late 2014 of over 1000 people across the East Riding of Yorkshire (Healthwatch East Riding of Yorkshire, March 2015 report, General Practice Appointment Systems in the East Riding of Yorkshire). The key issues they highlighted were:

- Variations in the information provided on websites and practice leaflets.
- Some practices still used premium rate 0844 numbers.
- The vast majority of negative comments from patients comes from frustration with the way practices ration and release appointments; giving rise to a wide range of undesirable outcomes.
- There is a marked variation in the ratio of appointments practices offer, in relation to both the list size and the number of clinical hours in the practice.
- Some practices offer the facility to speak to a clinician on the phone. 69% of patients who used this facility felt it was worthwhile and on occasions saved an appointment.
- 10% of respondents did not find appointment times fit with their domestic or work situation and asked for sessions to be offered at weekends and evenings.
- The arrangements for patients to be seen urgently vary significantly across the area, as does the likelihood of obtaining an urgent appointment.
- Several practices said they would like to do more to accommodate patients' needs, but consider they are unable to do so because of a lack of resources - be it funding for improved telephone technology, more staff, or the availability of clinicians.

Overall, Healthwatch East Riding of Yorkshire reported that since its initial report in March 2015, a number of improvements had been made both in terms of appointments systems used and to GPs services more generally. For example, the use of premium rate numbers had been eradicated and in general patients found it



---

easier to book same day (or urgent) appointments than previously. However, overall people were finding it harder to get non-urgent appointments and particularly difficult to obtain an appointment with the same clinician each time, which is particularly important for some individuals (as we have heard again and again).

### Recommendations

- Make efforts to increase the availability of appointments with the same GP.
- Continue to improve the general standard of websites and for GPs without websites to set one up.
- To be alert to the needs of patients in the ratio of urgent to routine appointment availability.
- Improve the levels of privacy in reception areas.
- Increase the availability of evening/weekend appointments subject to patient demand.

### Healthwatch North East Lincolnshire, April 2015 report, Review of GP Access.

Due to its higher than average elderly population, Healthwatch North East Lincolnshire wished to examine the quality of services being offered in areas of health and social care, such as GPs surgeries, that could be under pressure due to an increased elderly patient population. To do this they conducted a survey, asked for feedback through posters in GPs surgeries and local media assistance, held a drop in event, and communicated with GPs and Patient Participation Groups.

### Conclusions/Recommendations:

- GP practices attempt to review supply and demand regularly but demand for appointments is likely to exceed supply, resulting in delays
- Practices operate different appointment systems, approaches to triage and to prioritising patients
- Existing telephone systems are struggling to deal with the volume of calls they receive
- Practices use different approaches to direct people to the most appropriate help and advice to enable doctors to concentrate on the most urgent cases. The public do not fully understand, or possibly like, some of these solutions. Practices need a better understanding of their patients' experiences and expectations
- These approaches tend to focus on signposting people within primary care rather prevention, early intervention, social prescribing or other community based activity that could reduce the demand made on GPs by some patients.



---

## Healthwatch Kingston upon Hull, 14 month programme of Enter and View visits to 56 GP practices (April 2015 to June 2016).

Healthwatch Kingston upon Hull carried out a series of visits to every GP surgery within Hull in order to be fully aware of the variation in standards and facilities offered locally. As a result of the 56 visits, Healthwatch Kingston upon Hull made a total of 132 recommendations; an average of just over 2.35 per practice.

Amongst the recommendations, the most commonly made suggestions for improvement related to:

1. Patient information (30 practices)
  - that patient information leaflets be regularly reviewed
  - to regularly review and update the practice information board
  - that information be displayed in a clearer, less cluttered way
2. Signage (11 practices)
  - that additional signage and/or clearer signage be implemented

From the visits they noticed huge disparity in provision and service offerings for patients. Purpose built and modern units often reflected much lower in terms of recommendations, but were often viewed as much more clinical, particularly not offering reading material, children's toys etc. for fear of infection control.

Whilst much loved older practices were clearly no longer fit for purpose often offering limited or no parking, very poor disabled access and limited services.



---

## Discharge

Healthwatch York, October 2015 report, Discharge from health and social care settings.

**Approximate Engagement: 200 people.**

Healthwatch York decided to investigate discharge procedures due to individual pieces of feedback they had received regarding the issue and as 75% of people who completed their 2014 workplan survey highlighted it as a priority.

To do this Healthwatch York spoke to 31 people using the Age UK York Hospital Discharge Service in May 2014, they carried out a survey on the Healthwatch York website, visited York Hospital's discharge lounge in October 2014, and gathered feedback from various health and social care events.

Findings:

- Communication between hospital staff and patients, families and carers about when they will be discharged is not always good.
- There is not enough affordable and safe transport to take patients home.
- The care and support people need after discharge is not always in place.
- Some people have experienced problems with discharge from mental health services.
- Being discharged from hospital consultants to GPs has caused concern and anxiety.

### Hull and East Yorkshire Hospitals NHS Trust

Healthwatch Kingston upon Hull and Healthwatch East Riding, March 2015, Enter & View to Hull Royal Infirmary to examine discharge process.

**Approximate Engagement: 12 people**

Issues found:

- 'Ticket Home' system not in use due to frequency of changes.
- Communication difficulties between ward staff and Patient Transport Service.
- Inconsistent use and staffing of patient discharge lounge.



## Residential & Domiciliary Care

### Key Facts

**Healthwatch Coverage:** East Riding of Yorkshire.

**Approx. Engagement:** 500 people.

**Headlines:** High turnover of staff/lack of continuity of care  
Inconsistent use of patient passports/issues relating to transfer between health and social care services  
Social interaction and building positive relationships are a top priority for people who receive care.

### Healthwatch East Riding of Yorkshire, June 2016 report, Home Care Services.

Given the UK's aging population, especially in areas such as the East Riding of Yorkshire, Healthwatch East Riding of Yorkshire wished to examine the current level of home care service in the region and peoples' experiences of using those services. To do this, with the assistance of the local council, they distributed 600 surveys to people currently receiving home care services and received 226 replies.

From the survey results, they identified that four most important elements for people receiving care were:

- Long enough care visits
- Friendly care workers
- Continuity (i.e. seeing the same carer regularly)
- Punctuality

Whilst, in general, most people were happy with the care they received, Healthwatch East Riding of Yorkshire made the following recommendations:

- Home care agencies to review their procedures for communicating with their clients when changes occur to appointment times and/or personnel to ensure that, wherever possible, people are informed of changes in advance.
- Home care agencies to prioritise continuity and make efforts to ensure that their service-users can see the same carer(s) wherever possible.
- To East Riding of Yorkshire Council, to consider what further steps it (and its partners) can take to invest in the domiciliary care workforce to tackle high turnover rates and help ensure greater stability in this volatile industry.





- 
- Commissioners and providers to continue to identify and make use of possible opportunities to commend front-line staff for their hard work and dedication and ensure positive feedback from people they provide care for is passed on to care workers where possible.
  - To East Riding of Yorkshire Council, to consider how to reflect the priorities of people using home care services as identified by our survey (long enough visits, friendly care workers, continuity and punctuality) in their service specifications when commissioning home care services in the future.

### **Healthwatch East Riding of Yorkshire, August 2015 interim report, Residential Care Provision in the East Riding of Yorkshire.**

Over an eight month period, Healthwatch East Riding of Yorkshire visited 15 residential care homes in the East Riding of Yorkshire. Since this report was published they have visited a further 10 and will be publishing an update report in the near future.

The two key themes that came from this series of visits related to personalisation and dementia care.

In regards to personalisation, the degree of choice and control over what and when to eat and how residents can spend their day varied from home to home. This also applied to areas such as bedroom and living area personalisation.

Many, but not all, of the homes visited cater for residents with some form of dementia. As a result, many homes are adapting their practices and their physical surroundings in order to provide the best possible care for residents with dementia. There is, however, variation in the extent to which homes are adopting the latest thinking in dementia care.

The report also highlighted concerns around the storage of continence supplies and mobility aids and the effectiveness of patient passports and joining up with other health and care agencies.



---

## Other reports

### Healthwatch York, April 2015 report, Who's who in Health and Social Care.

Given the changes that have occurred in Health and Social Care since The Health and Social Care Act 2012, Healthwatch York wished to examine how patients were navigating through the health and social care sector. The matter was also identified as a priority in their 2013 work plan survey. To do this they examined the available resources which help people to find information on services and held focus groups.

#### Issues/Themes found:

- Printed information uses small fonts or fonts which are not easy to read.
- Information is only available via the internet.
- Both online and printed information uses language which is not easy to understand such as 'high level' English, acronyms and jargon.

### Healthwatch York, September 2014 report, Loneliness.

Healthwatch York looked into loneliness as it was identified as a top priority in their work plan survey. To do this they spoke to, and examined the work of, various organisations in the area that work with people at risk of loneliness.

#### They recommended:

- Set up a working group to look at how we can pro-actively address loneliness in the City of York.
- Consider whether the Campaign to End Loneliness Toolkit, and the JRF Resource pack are useful tools to help further work locally to address loneliness.
- Make sure the Rewiring York work looking at information and advice helps us respond to tackling loneliness.
- Develop social prescribing options and pathways into volunteering for people able to make the most of these routes.
- Consider support to make sure key workers are confident signposting to services that address loneliness where people are more isolated or vulnerable.



---

**Healthwatch York, December 2013 report, Access to health and social care for deaf people.**

Through feedback received, Healthwatch York became aware that deaf people, and their families, are a group of people who are likely to experience difficulties accessing health and social care services. In order to investigate this, Healthwatch York held a public meeting for deaf people and encouraged people to share their experiences of accessing any area of health and social care.

**Issues/Themes found:**

- A number of comments were made, highlighting a lack of understanding that BSL is a Deaf person's first language. Deaf people often receive standard letters in high-level English which they may struggle to understand.
- There was a general lack of awareness regarding the difference between profoundly or severely deaf people and those with some degree of hearing loss. There is also a lack of awareness of the different communication methods (people who sign and people who do not).
- There was frustration and anger that these issues have been raised through a range of channels for a number of years with no subsequent action.
- The recent changes to the health service have made things worse, with less access to face-to-face interpreters and greater reliance on technology than before.



---

## Conclusion

Over the past 12 months, Healthwatch in the Humber, Coast and Vale footprint have interacted with an estimated 20,000 members of the public in a wide variety of ways. As a result, we have a wealth of information collectively about the views and experiences of people living within this area in relation to the provision of health and care services.

Since Healthwatch came into existence in 2013, we have carried out many reviews and investigations of services in the HCV area and published a number of reports into the key STP themes. We hope that the information contained in this report will be fed into the STP planning process to ensure the voices of patients and the public in Humber, Coast and Vale are reflected in the drafting of the plan. We have produced this report to provide a helpful starting point for further public engagement, which will be essential throughout the whole planning process. Local Healthwatch are well-placed and willing to be partners in this process to ensure genuine public engagement is at the heart of future health and care planning for our area and look forward to working in partnership with the STP team to ensure that local voices are at the forefront when it comes to planning future health and care services.



# Appendix 1: Full text of submissions by local Healthwatch North East Lincolnshire

## Public Voice Report for the Humber Coast and Vale STP: June 2016

### 1. What are people saying they are unhappy about?

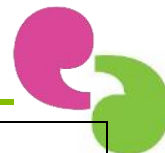
- Can't find NHS dentist (we carried out 'mystery shopping' exercise with 8 dental practices and then have taken up the lack of clarity on NHS Choices website between those practices providing NHS treatment at cost from practices just offering private care).
- Access to GP appointments (571 patients surveyed): getting through on the phone; length of wait before seen if not urgent; practices that keep changing their systems; delays where triage is in place; transport difficulties when practices not on bus route.
- GP clinical care/treatment: failure to diagnose condition correctly; 'bedside manner' of GP and/or nursing staff; side-effects of medication; changing medication without consultation; refusal to do home visits;
- Poor support from out of hours mental health crisis care services.
- Support/ visit failures in breach of agreed care plan (mental health); failure to safeguard; failure to consult carers on discharge.
- Delays in hospital out-patient appointments/treatment; delays in admission (trolley waits); specialities where resource limitations are impacting upon care/support available; communication and service breakdowns on discharge.
- Failure or delays in assessment of need including if you are a carer.

### 2. What is making their lives better?

- Timely assessments and interventions.
- Diabetes support group re-established.
- Local support hubs (not universal)

### 3. What do they say would make them happier if it were available/ done differently?

- More timely responses to presenting health issues.



- Better communication if agreed levels of support are not possible.
- Greater transparency on decisions/outcomes e.g. recorded meetings when patient and/or carer present.

### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

We engaged with 571 patients via a survey in late 2014/15 re Access to GP Services. We have also engaged with over 1,500 people at events during 2015/16. Specific engagements have included:

- With up to 12 parents of children with special needs re CAMHS.
- Interviewed 8 people with mental health difficulties re out of hours mental health crisis care.
- Initial `quick` survey of 11 people who have been in hospital in the last year re discharge arrangements followed by further survey of 20 patients going through Discharge Lounge.

### **What specific engagement (if any) have you done around the key STP themes?**

- Urgent and Emergency Care
- Cancer
- Mental Health - talking to service users re their experiences of out of hours mental health crisis care support (current investigation)
- Acute & Specialist Care - six enter and view reports about wards/services at Diana Princess of Wales Hospital , Grimsby
- Out of Hospital Care - Review of Access to GP services (included survey responses from 571 patients from late 2014/15).

### **Any additional comments/themes?**

Completed by: Paul Glazebrook

Date: 13.6.16



# North Lincolnshire

## Public Voice Report for the Humber Coast and Vale STP: June 2016

### 1. What are people saying they are unhappy about?

- Access to GP appointments (survey comprising 375 responses), frustration with 8am telephone booking system, not able to book non-urgent appointments in advance, lower satisfaction rates with booking than national average (47% of rated overall experience good or excellent).
- Difficulty in accessing GP appointments can sometimes prompt patients to visit Emergency Centre or out of hours GP as an alternative. Walk-in centre no longer provided in North Lincs. (Based on 169 enter and view interviews and 206 survey responses)
- Long waits for scan results without explanation or information about delay.
- Cancelled outpatient's appointments at SGH and missed appointment letters.
- Lack of NHS dentistry in local area, people seeking treatment out of area to secure NHS provision.
- Failure to inform carers of discharge plans from hospital, risk and incidents of self-discharge in older people without knowledge of carer.
- Poor response from out of hours mental health crisis care, ability to access at point of need, lack of communication with mental health services locally, constant change of key workers leading to lack of continuity. (Survey based on 79 responses)
- Those discharged from hospital into residential care as in interim arrangement find it difficult to return to their own home due to delays in assessments / home adaptations.
- Difficult to get package for home care after discharge, especially night cover to provide respite for carers.

### 2. What is making their lives better?

- When they can be accessed at the right time, CAMHS and IAPT services for mental health are said to be very effective and helpful.
- Staff at NLAG are said to be caring and reassuring.

### 3. What do they say would make them happier if it were available/ done differently?

- More accessible process for booking a GP appointment, responsive to varying needs of patients.



- Timely communications throughout the care pathway so that nobody is left wondering what will happen next or when will it happen.

#### **Information about numbers of people engaged with and specific events/engagement reports/reviews**

- Access to GP appointments - 375 survey responses
- Why people attend the Emergency Centre - 169 interviews, 206 survey responses
- Mental Health Services survey - 79 responses, one focus group and 4 one to one interviews

#### **What specific engagement (if any) have you done around the key STP themes?**

- Urgent and Emergency Care - Enter and View and survey to investigate reasons people present at Emergency Centre rather than visit other services Feb 2015.
- Cancer
- Mental Health - survey and focus group with mental health service users to inform CQC inspection of RDaSH.
- Acute & Specialist Care - Enter and view at 9 wards/departments at SGH during October 2014, with re-visit completed April 2016 (report imminent)
- Out of Hospital Care - Access to GP appointments survey

#### **Any additional comments/themes?**

Completed by: Kirsten Spark

Date: 16.6.16





# Kingston upon Hull

## Public Voice Report for the Humber Coast and Vale STP: June 2016

### 1. What are people saying they are unhappy about?

- Delays in contact from secondary care. Both after initial referral and during episodes of care. Delays in follow up appointments not being communicated to patients
- Lack of clarity and understanding around Health care / social care and public health. People are no longer sure who is responsible for what and who they should contact
- Residential care - further to publication of CQC reports we have seen an increase in calls from staff and families raising issues with residential care (escalated to LA & CQC if appropriate)
- Proposed changes to services
- GP appointment access

### 2. What is making their lives better?

Fantastic staff - all patients spoken to in the acute trust said how amazing the staff were and what a great job they did

This is echoed throughout all positive comments we receive, for all areas.

### 3. What do they say would make them happier if it were available/ done differently?

- Better communication with patients / carers / families
- Joined up services 'why do the council do this bit but the NHS do that?'

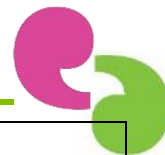
### Information about numbers of people engaged with and specific events/engagement reports/reviews

2015/16

- 89 scheduled outreach events seeing over 700 people
- 8 school events seeing between 80 - 100 children per event
- 43 community events
- Older peoples week events - attended by approximately 2600

### Specific engagement / reports

- Report into discharge process at HRI - 4 visits over a 2 week period - spoke to



approximately 50 patients and staff

- Have engaged with 60 practice managers and staff as well as 10 PPG during our programme of Enter & View to all 65 GP practice premises in Hull (E&V reports available for all)
- Enter & View report of Emergency Department at HRI - 4 visits over a 3 week period - spoke to approximately 60 patients, 43 of which completed surveys
- PTS - surveys - engaged with approximately 100 patients during visits to both outpatient areas at HRI and residential homes. Patients using PTS services were limited, response from approximately 8 therefore too low to produce a comprehensive report
- Young people's study - spoke to 53 people between the ages of 16 - 24. 37 completed a survey which contributed to the report

#### **What specific engagement (if any) have you done around the key STP themes?**

- Urgent and Emergency Care - E&V visits & report Feb 2016, in the process of completing a series of E&V to MIU's in Hull to complement this report
- Cancer
- Mental Health
- Acute & Specialist Care - Discharge survey in Feb / March 2015
- Out of Hospital Care - E&V to all GP practices in Hull & 18 residential homes

#### **Any additional comments/themes?**

##### Communication and understanding

We speak to a high number of people who do not fully understand the processes / situations they are currently in. However in the majority of cases the professionals and services involved feel that they have communicated and explained clearly. Although explanations may have been given the time has not been taken to ensure a suitable level of understanding of a situation.

##### Amazing Staff / poor service

The majority of the negative contact we receive is about services or situations, with the positive contact being about specific staff going 'above and beyond' what is expected. We receive very few concerns about specific staff in either NHS or LA services

Completed by: Gail Purcell

Date: 16.6.16

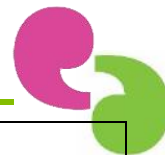


# East Riding of Yorkshire

## Public Voice Report for the Humber Coast and Vale STP: June 2016

### 1. What are people saying they are unhappy about?

- **GPs appointments** (we carried out a follow up exercise to a previous report into GP appointments during which we surveyed 111 people and visited 6 GP surgeries. Some issues had been resolved but others remained or new problems had arisen. These included; difficulties obtaining non urgent appointments, not being able to see the same GP, unavailability of evening/weekend appointments, and privacy levels in reception areas.)
- **Mental Health** (we produced a report examining the quality of mental health services in the region. Concerns raised were; over reliance on medication, emphasis being on the patient to re-examine treatment, and confidentiality issues faced by carers.)
- **Domiciliary Care** (we shall shortly be producing a report into domiciliary care services in the East Riding of Yorkshire. We the assistance of the local council we sent out surveys to over 600 people receiving home care and received 226 responses. Issues raised included; lack of continuity of carers, poor communication and management from administration staff, and carers not having enough time to complete all tasks thoroughly.)
- **Other comments and themes** through our signposting and issues log, and through other engagement, we have encountered the following problems:
  - long diagnosis procedure for both physical and mental health issues,
  - poor residential home care
  - delays receiving dentures - a significant problem for some care home residents whose dentures are lost or stolen
  - lack of locally available services (especially in relation to young mental health)
  - non-explanation of possible side effects from medical treatment
  - long waiting times at Accident & Emergency,
  - inappropriate discharge from hospital
  - lack of support for carers
  - problems with paediatric orthotics (one person reported that the delay for specialist insoles for their child was so long that by the time the new insoles arrived the child's foot had grown again - this happened several times over a period of around 18 months until the family gave up)



## 2. What is making their lives better?

- Good rapport with GPs.
- Availability of NHS dentists.
- Wide ranging Voluntary and Community Sector Organisations.
- Quality home care, which allows people to remain in their own homes longer.

## 3. What do they say would make them happier if it were available/ done differently?

- Continuity of care.
- Punctuality of appointments.
- Availability of non-medical treatment options.

### Information about numbers of people engaged with and specific events/engagement reports/reviews

In 2015/16 we have engaged with 5498 people in a variety of forms during engagement events and through report surveys and focus groups.

#### Specific engagement

- April 2015 - 550 people at volunteer fairs in Bridlington and Beverley.
- May 2015 - 120 people at East Riding Care Sector Forum.
- August 2015 - 250 people at family fun days in Goole and Beverley.
- September 2015 - 750 young people at East Riding College fresher's fairs.
- October 2015 - Spoke to 300 young people at South Holderness health event.
- February 2016 -200 people at Hull University volunteers event.

### What specific engagement (if any) have you done around the key STP themes?

- Urgent and Emergency Care - In the process of completing E&V visits to all MIU's in the East Riding, Enter and View visit to Hull Royal Infirmary A&E July 2015 <http://www.healthwatcheastridingofyorkshire.co.uk/resources/hospital-enter-view-reports>
- Cancer- N/A
- Mental Health- Recently produced a report into mental health services in the



East Riding during which we conducted 4 focus group meeting (approximately 40 people) and produced a directory of mental health services and support that is available locally.

<http://www.healthwatcheastridingofyorkshire.co.uk/resources/healthwatch-mental-health-services-report>

- Acute & Specialist Care - N/A
- Out of Hospital Care -

**Domiciliary care** - recent survey of 226 individuals receiving domiciliary care services across the East Riding;

**Residential Care** - Enter and View of 26 residential care homes and summary report reviewing quality of residential care in East Riding;

Enter and View of 26 residential care homes -

<http://www.healthwatcheastridingofyorkshire.co.uk/interim-residential-care-report>

**GP appointments** survey (original survey of over 1000 people in late 2014, follow-up survey in Sept/Oct 2015 plus 7 enter and view visits

<http://www.healthwatcheastridingofyorkshire.co.uk/gp-appointments>)

Any additional comments/themes?

Completed by:

Matthew Kay

Date: 16.6.16



## Public Voice Report for the Humber Coast and Vale STP: June 2016

### 1. What are people saying they are unhappy about?

**Access to GP Services** - Survey of approx. 250 people. Issues around booking system restrictions especially if not urgent (Rolling 2 week appointment system particularly). Challenges around the telephone system - not being able to get through. For people with learning difficulties not being able to see the doctor of your choice.

**Continuing Healthcare** - selected by the public in our workplan survey as a top 3 topic. Small numbers affected but significant issues around the marketplace to provide such care. Issues around lack of a person centred approach, processes, and suitability of language used.

**Domiciliary care** - selected by the public in our workplan survey as a top 3 topic. Issues around availability of care, rigidity of offer, (one person told us a relative was being put to bed at 7 in the evening and not being helped to get up till after 11am the following day. Had breakfast 40 minutes before lunch. Spent time in between being dressed and helped out of bed. Saw no one again until put to bed at 7), and poor working conditions for staff

**Mental Health** - whilst acknowledging response to Bootham closure, this has consistently been a key theme in York. Issues around range and suitability of services provided, unfit premises, lack of confidence in services, culture in CAMHS, eating disorder services especially for young adults, and access to inpatient facilities locally, exacerbated by Bootham closure.

**Adult ADHD** - regular theme through engagement events around mental health is lack of support for individuals with adult ADHD. In addition we have received detailed feedback from 4 carers and 3 individuals living with ADHD.

**Dementia Support** - issues around getting a diagnosis, signposting following diagnosis, frequency of contact with services. Feedback regularly received through a monthly dementia forum meeting with people with dementia and their carers. Also a frequent theme through our log of reported issues. Survey currently open until 22<sup>nd</sup> July - 28 responses so far.

Past 6 months themes and trends - unprompted contact from the public which highlight ;

**Social care** - 7 items on the log related to information, advice, rights and access to services; 5 related to awaiting assessment, both for social care and continuing care; 5



related to challenges with making changes to care plans, including 3 regarding moving from a care home to a care home with nursing; 2 related to poor care provision, both involving home care

**Hospital** - 9 items related to A&E services, 6 about discharge from hospital; 1 relating to physiotherapy, noted due to further issue raised under Other

**Dentists** - Issues around rights to access services, including one situation where patient has been told they will need to pay privately for treatment not available on the NHS - highlighted because there was a similar issue in the previous 6 months, and there are nationally emerging concerns over access to dentists

**GPs** - failure to provide BSL interpreters at different surgeries - suggests recommendations from report in 2013 not embedded; 2 items regarding refusal to visit 2 different patients with ME at home both indicating ME patients do not on principle get home visits even if bed bound (ties in with feedback through workplan survey regarding lack of support for people with ME / CFS); 2 people signposted to York Advocacy for support with making a complaint

**Other** - 2 items relating to wheelchair services; 2 relating to End of Life care; 1 item regarding MSK services and access to physiotherapy; 1 relating to public safety concern; 1 issue regarding transport and 1 regarding the library both relating to failure to make a reasonable adjustment; 1 regarding NHS Vale of York Clinical Commissioning Group's gluten free voucher scheme

## 2. What is making their lives better?

- Understanding what the person wants and needs, not just a standard offer
- Timely support, getting help when you identify you need it
- Support from GPs for people with mental health issues
- Praise for a GP practice that identified the waiting area was difficult for children with autism and will text parents if the GP is running late so they can stay in their car, walk around the block, or do whatever feels better for them.
- Pleasant, patient staff who do not rush you and take the time to make sure you are relaxed (consistent theme throughout compliments received)
- Social contact, interaction with others (especially came out through conversations with people with dementia as part of a major project, but also highlighted through work around loneliness)

## 3. What do they say would make them happier if it were available/ done differently?

- Having information in a physical format you can take away with you and digest



- Making it easier to get help from a GP when needed
- More telephone / Skype GP consultations (especially for parents of small children)
- Mental health inpatient facilities in York
- Better transport links (i.e. not needing 3 buses to get from Selby to hospital)
- More consistency / clear pathways

### Information about numbers of people engaged with and specific events/engagement reports/reviews

Wheelchair services report - <http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/The-Wheelchair-Service-A-HWY-Report.pdf> - Survey of 16 people, focus groups with 10 individuals and 4 organisations, feedback through facebook from a further 5 individuals, plus one 1-2-1 session with a carer.

Antenatal services report still in draft - survey of 59 people, looking at support for mums to be and new mums.

All other reports listed below.

### What specific engagement (if any) have you done around the key STP themes?

- Urgent and Emergency Care

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Accident-Emergency-and-Alternatives-Final-Report.pdf> - spoke to every person attending A&E at York Hospital within a 24 hour period

- Cancer - none
- Mental Health

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-report-Bootham-Park-Hospital.docx.pdf> Following the closure of Bootham Park Hospital, gathered feedback from people using services, concerned citizens and other agencies supporting individuals

- Acute & Specialist Care
- Out of Hospital Care

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Discharge-from-health-and-social-care-settings.pdf> Spoke to every person leaving hospital through the





discharge lounge, as well as a number being directly discharged from ward level.

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/11/Healthwatch-York-report-on-access-to-services-for-deaf-people.pdf> - Focus groups with 10-20 individuals each time, plus discussions with representatives from community groups for Deaf people.

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/11/Healthwatch-York-Loneliness-report.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-Whos-Who-report.pdf>

Our Access to GP Services report is in final draft. We surveyed 250 people, including 36 with learning difficulties. We also held a number of focus groups and meetings, with a further 20-30 people each time.

**Any additional comments/themes?**

Completed by: Sian Balsom

Date: 15.06.16



# North Yorkshire

## Public Voice Report for the Humber Coast and Vale STP: June 2016

### 1. What are people saying they are unhappy about?

- Having to repeat their story/case at different stages as they progress through the system.
- Confusion over who is responsible for what across health and social care, and the reasons for it.
- Inconsistency of service delivery across North Yorkshire as well as compared to other areas of the country. The same would apply to certain specialist services such as IVF treatment and the funding policies of CCGs for it.
- Lack of NHS Dentists available; particularly in the Scarborough area. Patients reported having to go as far as Leeds and Middlesbrough for basic services.
- Lack of beds for Mental Health patients seeing roughly one third of those requiring beds in North Yorkshire being sent out of the county in some cases as far away as London.
- Young people's access to CAMHS. Nationally we know that, due to threshold changes, 24% of those in need are turned away and those who are not can face waits of over 6 months for help.
- Limited and inconsistent access to health care services for those living in rural communities. Lack of joined up provisions between health/social care and public transport service providers.
- Waiting times for GP appointments and scans.
- High turnover of staff and use of expensive locums leading to lack of familiarity or worse, information being lost.
- Clarity on how to complain about, and compliment services, effectively and without their own services being compromised as a result.

### 2. What is making their lives better?

- Patients and their families having their individual needs catered for as and when possible.
- Social prescribing services, taking the strain off other services through preventative measures and support.
- Any staff that at least appear to be considerate and display empathy for all types of patients.

### 3. What do they say would make them happier if it were available/ done differently?

- Joined up services across health and social care services to avoid DTOC and key information being misinterpreted or lost.
- Following the above, a more joined up approach between transport providers (voluntary, public and private) and health and care services.
- More clarity on the reasons why services may cease or change; once properly explained the public are more understanding about the rationale.
- More co-production of changes to services; involving patients and the public



from the very beginning; allowing greater understanding for the public and a truly public-focused development of proposals.

#### Information about numbers of people engaged with and specific events/engagement reports/reviews

Unfortunately due to a long period of unexpected transition for Healthwatch North Yorkshire, we do not have data on this which pre dates April 2016.

#### What specific engagement (if any) have you done around the key STP themes?

- **Urgent and Emergency Care**  
Progressing with a research project assessing the impact of YAS handover and turnaround times on wider services, including UEC, and the patient experience. This will be done with a particular focus on Scarborough General Hospital.
- **Cancer**  
N/A
- **Mental Health**  
Currently developing a research project to assess young people's access to CAMHS specifically in the Scarborough and Ryedale area.
- **Acute & Specialist Care**  
Conducted an Enter & View visit to Scarborough General Hospital:  
[www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny\\_enter\\_and\\_view\\_report\\_-\\_scarborough\\_hospital\\_12th\\_november\\_2014\\_1.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny_enter_and_view_report_-_scarborough_hospital_12th_november_2014_1.pdf)
- **Out of Hospital Care**  
Conducted 5 Enter & Visits of Care Homes on the following sites:  
Rivermead Care Home, 123 Scarborough Road, Malton  
[www.healthwatchnorthyorkshire.co.uk/sites/default/files/healthwatch\\_enter\\_and\\_view\\_report\\_-\\_rivermead\\_care\\_home\\_malton\\_0.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/healthwatch_enter_and_view_report_-_rivermead_care_home_malton_0.pdf)  
Scarborough Hall, Scarborough  
[www.healthwatchnorthyorkshire.co.uk/sites/default/files/final\\_scarborough\\_hall\\_211015.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/final_scarborough_hall_211015.pdf)  
Mansion House, 164 Main Road, Selby  
[www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny\\_enter\\_and\\_view\\_report\\_-\\_mansion\\_house\\_selby\\_18th\\_november\\_2014.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny_enter_and_view_report_-_mansion_house_selby_18th_november_2014.pdf)  
The Hall, Thornton-le-Dale  
[www.healthwatchnorthyorkshire.co.uk/sites/default/files/the\\_hall.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/the_hall.pdf)  
Oak Trees, York  
[www.healthwatchnorthyorkshire.co.uk/sites/default/files/final\\_oak\\_trees\\_23\\_0915.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/final_oak_trees_23_0915.pdf)

In late 2016/early 2017 we will be conducting a research project to assess people's awareness of their Personal Care Plans, and how they are produced and reviewed.

#### Any additional comments/themes?

Completed by: Kallum Taylor

Date: 25/07/2016



---

# Appendix 2: List of Healthwatch reports

## Urgent and Emergency Care

### Northern Lincolnshire & Goole Hospitals

[http://www.healthwatchnorthlincolnshire.co.uk/sites/default/files/understanding\\_why\\_patients\\_choose\\_to\\_attend\\_the\\_emergency\\_centre\\_enter\\_view\\_report\\_final\\_2\\_2\\_1.pdf](http://www.healthwatchnorthlincolnshire.co.uk/sites/default/files/understanding_why_patients_choose_to_attend_the_emergency_centre_enter_view_report_final_2_2_1.pdf)

### Hull & East Yorkshire Hospitals

<http://www.healthwatcheastridingofyorkshire.co.uk/resources/hospital-enter-view-reports>

[http://www.healthwatchkingstonuponhull.co.uk/sites/default/files/kuh16-02-05\\_ev\\_visit\\_report\\_09\\_02\\_16.pdf](http://www.healthwatchkingstonuponhull.co.uk/sites/default/files/kuh16-02-05_ev_visit_report_09_02_16.pdf)

### York Hospitals

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Accident-Emergency-and-Alternatives-Final-Report.pdf>

[http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny\\_enter\\_and\\_view\\_report\\_-\\_scarborough\\_hospital\\_12th\\_november\\_2014\\_1.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny_enter_and_view_report_-_scarborough_hospital_12th_november_2014_1.pdf)

## Cancer

No reports available at this time

## Mental Health

### York (Bootham Park)

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-report-Bootham-Park-Hospital.docx.pdf>

### East Riding

<http://www.healthwatcheastridingofyorkshire.co.uk/resources/healthwatch-mental-health-services-report>



---

## Acute and Specialist Care

### North East Lincolnshire

[http://www.healthwatchnortheastlincolnshire.co.uk/sites/default/files/enter\\_and\\_view\\_reports\\_dpov\\_3dec15.ccuhtdu\\_final.pdf](http://www.healthwatchnortheastlincolnshire.co.uk/sites/default/files/enter_and_view_reports_dpov_3dec15.ccuhtdu_final.pdf)

[http://www.healthwatchnortheastlincolnshire.co.uk/sites/default/files/enter\\_and\\_view\\_reports\\_dpov\\_3dec15.c7\\_stroke\\_final.pdf](http://www.healthwatchnortheastlincolnshire.co.uk/sites/default/files/enter_and_view_reports_dpov_3dec15.c7_stroke_final.pdf)

[http://www.healthwatchnortheastlincolnshire.co.uk/sites/default/files/enter\\_and\\_view\\_reports\\_dpov\\_3jun15\\_with\\_trust\\_response.pdf](http://www.healthwatchnortheastlincolnshire.co.uk/sites/default/files/enter_and_view_reports_dpov_3jun15_with_trust_response.pdf)

Other Enter & View reports available as Word documents at:

<http://www.healthwatchnortheastlincolnshire.co.uk/enter-view>

### North Yorkshire

[http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny\\_enter\\_and\\_view\\_report\\_-\\_scarborough\\_hospital\\_12th\\_november\\_2014\\_1.pdf](http://www.healthwatchnorthyorkshire.co.uk/sites/default/files/hwny_enter_and_view_report_-_scarborough_hospital_12th_november_2014_1.pdf)

## Out of Hospital Care

### *GPs/Primary Care*

#### York

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Access-to-GP-Services-A-HWY-Report.pdf>

#### East Riding

<http://www.healthwatcheastridingofyorkshire.co.uk/gp-appointments>

[http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/gp\\_appointments\\_systems\\_follow\\_up\\_report\\_final\\_amended.pdf](http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/gp_appointments_systems_follow_up_report_final_amended.pdf)

#### North Lincolnshire

[http://www.healthwatchnorthlincolnshire.co.uk/sites/default/files/all\\_booked\\_up\\_-\\_final\\_report.pdf](http://www.healthwatchnorthlincolnshire.co.uk/sites/default/files/all_booked_up_-_final_report.pdf)

#### North East Lincolnshire

GP report available as Word Document from:

<http://www.healthwatchnortheastlincolnshire.co.uk/reports>



---

## *Discharge*

### **York**

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Discharge-from-health-and-social-care-settings.pdf>

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-Discharge-from-Hospital-Enter-and-View-report.pdf>

### **Hull and East Riding**

[http://www.healthwatchkingstonuponhull.co.uk/sites/default/files/hri\\_discharge\\_report\\_kuh15-03-08.pdf](http://www.healthwatchkingstonuponhull.co.uk/sites/default/files/hri_discharge_report_kuh15-03-08.pdf)

## *Social Care*

### **York**

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/The-Wheelchair-Service-A-HWY-Report.pdf>

### **East Riding**

<http://www.healthwatcheastridingofyorkshire.co.uk/interim-residential-care-report>

[http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/home\\_care\\_report\\_final\\_high\\_res\\_0.pdf](http://www.healthwatcheastridingofyorkshire.co.uk/sites/default/files/home_care_report_final_high_res_0.pdf)

## *Other*

### **York - Access to services for deaf people**

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/11/Healthwatch-York-report-on-access-to-services-for-deaf-people.pdf>

### **York - Loneliness**

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/11/Healthwatch-York-Loneliness-report.pdf>

### **York - Who's Who**

<http://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-Whos-Who-report.pdf>