



# Health and care in Coventry



A summary of issues for local people  
identified by Healthwatch Coventry

March 2015



# 1. Introduction

Healthwatch is the consumer champion for health and social care in Coventry.

We work to influence the planning and delivery of NHS and social care services based on what local people tell us.

We are independent of services (such as hospitals and GPs) and decide our own programme of work. We have a statutory role and legal powers including the right to request information and to get a response to our reports and recommendations.

Healthwatch runs an information service for the public through a phone line and supporting Information Access Points in community settings. Healthwatch Coventry also provides the Independent Complaints Advocacy Service (ICAS) to support people making a complaint through the NHS complaints system.

## 2. Purpose of this report

The Healthwatch Coventry Steering Group has decided to publish this report as a sister report to the Healthwatch Coventry annual report, in order to:

1. Highlight the top concerns we have been hearing from people in Coventry over the last 12 months
2. Summarise work which Healthwatch has been doing to raise these concerns and influence action
3. Summarise the work of other organisations to address these concerns
4. Flag up further actions which are needed and by which organisations

The central function of Healthwatch is to argue for the interests of patients, carers and the public in NHS and social care services.

## 3. Where insight has come from

Healthwatch Coventry has set up and uses a number of different channels to gather feedback and views on local NHS and social care services:

- Recruitment of Community Connectors in voluntary, community and self help groups who can pass on information to Healthwatch about issues, service gaps, positive experiences etc

- Monitoring the topics of information enquiries to the Healthwatch Information Line and Information Access Points and topics of complaints supported by our Independence Complaints Advocacy Service (ICAS)
- Maintaining a Healthwatch membership of individual local people and voluntary/community organisations in order to spread the reach of the network
- Carrying out visits to see how NHS and care service run (Enter and View Visits undertaken by trained Authorised Representatives)
- Community outreach to promote Healthwatch and gather feedback eg in supermarkets
- In order to ensure that we reach different communities within Coventry we carry out outreach focusing on reaching those who are less heard, disadvantaged or more difficult to reach; our engagement priorities have been:
  - Homeless/vulnerably housed people with addiction problems
  - People from black and ethnic minorities - especially newly settled communities
  - People with long term conditions, including their carers
  - Children
- Conversations with professionals delivering and managing services

Through these methods we can build a picture of where there are or may be issues with how NHS or care services are being provided; identify gaps in provision, or barriers to using services.

## 4. Issues for local people we have identified

### 4.1 The NHS complaints process

The issues:

We have been gathering information about people's experiences of using the NHS complaints process and following up on work we completed in 2013 to look at awareness of how to raise a concern at University Hospital Coventry<sup>1</sup>.

Common concerns local people have about making a complaint are:

- Not knowing how to go about raising their complaint or concern

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<sup>1</sup> Investigation into routes for patients and carers to raise concerns with UHCW Coventry: Recommendations for action (December 2013)

- Complicated NHS structures - it is not clear to local people which organisation is responsible for which services and complaints that cross organisations are hard to raise
- Fearing that raising a complaint will impact on their treatment or care or lead them to be removed from a GP list
- Feeling intimidated by the process
- Not believing that any changes will be made
- Thinking that making a complaint requires a lot of time and energy

#### **The solutions:**

- Improvements to information for patients and the public about how to complain and about Patient Advice and Liaison Services in Trusts
- Services should think about things from the perspective of a lay person
- Services should make it clear that patients will not receive a lesser service or lose services because they raise a complaint or an issue
- People need to know their concerns will be taken seriously
- Adopting 'you said we did' approaches to let people know what organisations have done as a result
- Putting in place processes that are easy to use

#### **Local Healthwatch Coventry work:**

- Followed up with UHCW regarding their plans to develop Patient Advice and Liaison Services (PALS) and complaint handling
- Ensured that joint Coventry and Warwickshire Task Group looking at the quality of NHS Trust services held a session focusing on NHS complaints processes in Trusts
- Worked with Coventry and Rugby CCG on their information about the NHS complaints process and their role in this
- We recommend in our report on GP Quality that GP practices adopt a more customer service focused approach which would have a positive impact on complaints handling; and that there were more ways for patients to feedback on services
- Started to talk to Coventry and Warwickshire Partnership Trust to feed into their complaints review

### What needs to happen now?

There has been some positive progress but there is much more to do to make raising a complaint easier, improve how satisfied people feel about the outcome and to demonstrate the organisations have learnt from the things that have been raised.

The ongoing drive for more integration of the services people receive across organisation boundaries in order for care to be more joined up has implications for complaints processes. The current complaints approaches will not be able to respond to these new ways of working.

## 4.2 Support for people with dual diagnosis of mental health and substance misuse issues

### The issue:

We have gathered significant feedback regarding a service gap/catch 22 in the treatment of people who have both mental health issues and substance misuse issues. Service users are finding it difficult to access services to address both mental health and substance misuse needs because there is a lack of clarity about provision and services are not joined up enough.

Some examples of the problems are:

- Lack of access to IAPT service for those with substance use issues
- Issues regarding referrals between mental health and substance misuse services
- When people who are well into recovery from their dependency mental health service do not consider them recovered enough to work with
- The delivery model of key organisations is different in Warwickshire and Coventry
- Example of a woman who was encouraged to give up her tenancy as she was alcohol dependent being admitted into the Caludon Centre as there was no other provision available

It would be helpful if GPs gave a dual diagnosis. Often the mental health issues are the primary issue that has led to self medicating with alcohol but the mental health issues are not being treated until a patient is not using alcohol.

## Local Healthwatch Coventry work:

- Healthwatch sought information from Addaction regarding their services and from Coventry and Warwickshire Partnership Trust (CWPT) regarding the interface between mental health and substance misuse services. We have seen joint working protocols, which were in the process of being agreed
- Healthwatch fed this concern to Coventry and Rugby CCG and fed into the Mental Health Needs Assessment being undertaken by Public Health Coventry
- Healthwatch continues to identify individuals whose experiences indicate a lack of a joined up approach to dealing with mental health and substance misuse issues

### What needs to happen now:

**Commissioners (the CCG, City Council, Public Health) need to ensure that more work is done to both join up services and ensure that the right model for supporting people with mental health and substance misuse issues is in place in Coventry. Providers need to show commitment to joining up services.**

## 4.3 Capacity within mental health services for adults and children

### The issues:

- The capacity of the Crisis Resolution Home Treatment Team, its responsiveness and the understanding of its role by patients and other agencies:  
  
Service users and support agencies feel that the Team are supporting less people. Issues are being reported regarding making contact out of hours and that some patients receive only support over the phone. Service Managers report that they are supporting more people than the service is designed to support
- Concerns about the availability of community mental health support
- Capacity of Child and Adolescent Mental Health Services - this is both a national and local issue. We hear about long waits to access services and young people being cared for in UHCW and on adult wards at the Caludon Centre
- GPs have an increasing role in the treatment of people with mental ill health, with more mental health patients being discharged into GP care

under new models of care. Some GPs are very knowledgeable and understanding regarding mental health issues/treatment, however others are not, leading to variation in the quality of support

- Pressure on inpatient beds: mental health in-patients have to 'sleep out' on other wards; there can be reallocation of beds occupied by patients who are on home leave to other patients; and patients being transferred between units because of lack of beds

#### **Local Healthwatch Coventry work:**

- We have made a number of information requests
- We fed into the Mental Health Needs Assessment being undertaken by Public Health Coventry
- We called on the local Health and Wellbeing Board to look at mental health service commissioning in Coventry

#### **What needs to happen now:**

**Coventry and Rugby CCG, the City Council and Public Health should undertake a review of what mental health services are needed locally and of mental health service funding.**

**The local Health and Wellbeing Board should lead on ensuring that a joined up approach is taken to the provision of mental health services and that local commissioners are addressing local need. They should also ensure that other work which benefits mental wellbeing is taken forward locally.**

**GPs should be supported by the NHS England Area Team, CCG and Local Medical Committee to ensure they have up to date understanding of treatment of mental ill health.**

## **4.4 Putting in place good quality GP services**

The issues:

- People see GP receptionists as very important to their experience of their practice and some report concerns about how they have been dealt with by receptionists
- Patients value knowledgeable; listening; and compassionate/reassuring GPs and practice nurses, but not all think that their practice offers this

- 🌀 Patients don't necessarily know how to give their feedback on services and may be fearful of doing this
- 🌀 GP complaints processes are not user friendly and some practices do not respond to complaints quickly
- 🌀 Patient/practice information varies in quality and accessibility

#### Local Healthwatch Coventry work:

- 🌀 We undertook two surveys, visits to the Walk in Centre, 4 focus groups in specific communities and conversations with a sample of GP practice managers to gather views of 277 people on what makes good quality GP services
- 🌀 Healthwatch has produced the report and recommendations GP quality in Coventry: what is important to local people and recommendations for action (see: [www.healthwatchcoventry.co.uk/wesay](http://www.healthwatchcoventry.co.uk/wesay))
- 🌀 We sit on the Primary Care Sub Group of the local Health and Wellbeing Board to represent the interest of patients and have fed our findings through this group as well as to the Local Area Team and CCG.

#### What needs to happen now?

Healthwatch Coventry's recommendations should be put into action and the voices of local people should be heard in the planning and development of GP services.

As there is no publically recognisable statement of good quality GP care, GP Services and commissioners in Coventry should adopt a statement of what a good quality GP service is. Healthwatch had drafted content for this based on what local people have told us<sup>2</sup>.

## 4.5 Access to GP appointments

### The issues

In common with other parts of the country Healthwatch is picking up concerns about access to GP appointments:

- 🌀 Waiting times for appointments vary between practices however we have seen more people talking to us about longer waits of up to two weeks and some of even longer. There were also comments gathered through our GP quality piece of work.

<sup>2</sup> GP quality in Coventry: what is important to local people and recommendations for action (January 2015)



- In our survey completed at the Walk in Centre in 2014 some people said they used the service because they could not access an appointment at their local practice quickly enough

#### What needs to happen now?

GPs, the Area Team of NHS England, the Coventry and Rugby CCG, and other bodies which support local GPs need to consider how additional capacity can be developed within local GP services and how capacity can be developed in the areas of most need.

Local and national work needs to take place to understand work force issues and how these can be addressed.

## 4.6 Getting to the hospital

### 4.6.1 Patient transport

Healthwatch Coventry has been gathering peoples' experiences of using patient transport service in Coventry.

#### The issues:

- Delays in collection for inbound or home bound journeys
- People being late for outpatient appointments due to transport delay
- Long journey times
- Communication issues
- Patients discharged from hospital needing to be found a bed as they had not been collected
- Poor quality service for renal dialysis patients

#### Local Healthwatch Coventry work:

- Asked the Scrutiny Board of the local council to review the work of the CCG in re-commissioning the service
- We have reviewed draft specifications for the re-tendering of the patient transport service and argued for quality standards regarding waiting times and journey times
- We have also argued for greater patient engagement

- We have taken part in discussions regarding the eligibility criteria for public transport

#### **What needs to happen now:**

**A new contract has been awarded and the service starts from 1 April 2015. The CCG needs to ensure that this is properly quality monitored and the provider West Midlands Ambulance Service needs to be committed to providing a quality service and ensuring that past problems do not continue.**

#### **4.6.2 Getting to hospital appointment elsewhere**

##### **The issue:**

Choice of location for hospital outpatient and other care has been promoted and increasingly regional specialist centres of excellence are being created. This leads to problems for people on low incomes who need to/want to access services outside of Coventry, as they struggle to meet the cost.

#### **What needs to happen now:**

**Consideration needs to be given to this by national and local commissioners to ensure that some people are not disadvantaged in accessing the service they need and arrangements exist to meet transport costs, sometimes this need to be by upfront payments.**

#### **4.7 Hospital discharge**

##### **The issues:**

- Effective hospital discharge is vital for maintaining patient flow into the hospital as well as out of the hospital
- Straight-forward hospital discharges ie where no continuing health care or social care input is required can be delayed by factors such as waiting for medication and ineffective discharge planning
- There can be a lack of communication with relatives and carers regarding discharge plans and on the day of discharge
- Delays can also be caused by blockages in access to other healthcare services needed after discharge or social care assessments and social care services being put in place to support patients
- Patients admitted for regional specialist services eg trauma are not going back to their local services when they are well enough
- Practice across different wards is not consistent

- Organisations tend to blame other organisations for the issues

#### **What needs to happen now:**

There must be a continued focus on how to improve hospital discharge and ensure good quality patient experiences. This is not just the responsibility of the hospital and NHS commissioners but requires improved ways of joint working.

Local organisation need to work together to ensure that support is put in place to facilitate discharge.

## **4.8 Good engagement practice**

The issues:

- Not enough time is allowed to carry out a process for gathering feedback or views from patients or the public
- Patients and the public are encouraged to give their views and feedback even when there is no clear route for this to have a direct influence on what will be done
- Some organisations carry out tick box consultations or feedback gathering exercises
- There is a lack of feedback to those who took part about what happens next
- There is not enough emphasis on “you said we did” types of approaches

#### **Local Healthwatch Coventry work:**

Healthwatch Coventry and Healthwatch Warwickshire have been promoting the Good Engagement Charter and supporting Toolkit aimed at those in NHS and other organisations who work to gather feedback, or views on local services.

#### **What needs to happen now:**

Some organisations have made good progress in taking on board what local people have said would make them want to give their views or get involved. This work should continue and other organisations should review their practice. GP practices should consider how to gather meaningful feedback on their services eg how to make the friends and family test survey worthwhile.

## **5 Recommendations**

The Steering Group of Healthwatch Coventry recommends that:

- 4.1 The Health and Wellbeing Board in its strategic role, commissioners services and providers of local NHS services must work to address the issues highlighted in this report and add the specific calls for action we have highlighted into their priorities and work plans.**
- 4.2 Commissioners of service should report back to Healthwatch on actions taken the plans they are making and actions they are taking in response by September 2015.**

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