



Healthwatch Slough

Annual Report 2014/15



Healthwatch Trade Mark

Healthwatch Slough has been using the Healthwatch trade mark and has the necessary licence agreement in place to enable us to use the Healthwatch trade mark in our work.





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Note from the Chair



Colin Pill, Healthwatch Slough Chair

Another year has passed, and it seems that so many changes have taken place with our health service. We now have 8am to 8pm GP cover as well as 8am to 1pm at weekends for appointments. This was mainly due to Slough CCG (Clinical Commissioning Group) putting a bid together and winning £2.9 million pounds from the Prime Ministers Challenge Fund. WELL DONE SLOUGH CCG!

We also had the acquisition of Wexham Park Hospital by Frimley Health NHS Foundation Trust; changes in preparation for the Care Act; and the build up to the Better Care Fund - all very important to the people of Slough.

I would now like to convey my thanks to the people of Slough, patients, service users and members of the public who have shared their stories, concerns and experiences of their pathways using the NHS and social care services. It is not easy for people to talk about the service they have received, and at times it can be very emotional. Most people just want to forget. However, telling these stories to

the Healthwatch Team can, and does, make a difference. With your information we can make sure that other people have a smoother pathway in the process.

We should also remember that the people providing these services are only human and do make mistakes just like we all do. But how ever bad or good the experience, talking about it to us, the team at Healthwatch, will help people to learn and forge a better future.

As you read this annual report, you will see how effective Healthwatch Slough has been and how, together, we can make it so much better and make better use of what we have now. In this time of constant change and financial restraints we need to be strong.

In the year to come I would like to see greater integration with our Slough community, and for the patients and public of Slough to put their faith and trust in Healthwatch.

Some people often ask why we all give our time so freely. For myself, it is because I am passionate about the NHS. We have to look to the future for our children, and our children's children's future. I say this because I have a son and when he was a youngster he needed the NHS. Now he is older he, like many others does not give health a second thought. I strongly believe it is up to us to create a legacy that will last. Lastly, I would like to thank my wife for the help and patience she shows me day by day.

About Healthwatch

We are here to make health and social care better for ordinary people. We believe that the best way to do this is by designing local services around their needs and experiences.

The population of Slough is now 143,024. The number of young children aged 0 to 9 years old living in the Borough is higher than the national average. There are also a higher proportion of young adults (aged 25 to 44). This suggests that there are a lot of young families living in Slough.

Everything we say and do is informed by our connections to Slough residents and our expertise is grounded in their experience. We are the only body looking solely at Slough residents' experience across all health and social care.

As a statutory watchdog our role is to ensure that Slough health and social care services, and Slough decision makers, put the experiences of Slough people at the heart of their care.

Our purpose

Local Healthwatch was created under the Health and Social Care Act 2012 and our role is outlined in the following eight statutory activities:

1. Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services;
2. Enabling local people to monitor the standard of local care services and whether and how local care services could and ought to be improved;

3. Obtaining the views and experiences of local people regarding care services and to make these views known;

4. Making reports and recommendations about how local care services could be improved. These should be directed to commissioners and providers of care services, and people responsible for managing or scrutinising local care services;

5. Providing advice and information about access to local care services so choices can be made about local care services;

6. Formulating views on the standard of provision, and on whether and how the local care services could and ought to be improved;

7. Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations;

8. Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively.

Our vision

Our vision is to empower **all** the residents of Slough to speak up and realise that their views, comments and stories are valued and important.

We will achieve this by:

- Vigorously campaigning to raise and maintain awareness of Healthwatch throughout the Borough, utilising every available communication channel that we are able to within our budget

- Understanding what matters most to all Slough residents
- Influencing those who have the power to change, design and deliver services for the benefit of the users

All organisations are being pressed to ‘do more for less.’ This has made Healthwatch Slough consider what is the value and impact of our work.

Our strategic priorities

- In everything that we do, to work to make sure the consumer’s voice is always heard and helps shape the provision of health and social care services in Slough
- To look at the discharge process at Wexham Park Hospital
- To understand how Slough Clinical Commissioning Group spent the £2.95 million Prime Minister’s Challenge Fund money and determine whether made a positive difference to people accessing primary care.

Our Year in Numbers

Number of stories told to us **551**

Number of calls to our helpline **257**

Number of calls signposted **113**

Average time per phone call **60 minutes**

Number of volunteers **18**

Number of tweets **303**

Number on mailing list **414**

Number of Slough Express adverts **4** reaching **44,846** people each time

Number of community engagements attended **40**

Number of people spoken to through community engagement **800**

Number of talks given **25**

Number of website visitors **3,220**

Numbers are undoubtedly a crucial part of the story but a true understanding of what is happening in health and social care lies with the people.



Some of the Healthwatch Team (from left to right): Najeeb Rehman, Equality and Diversity Manager, Frimley Health NHS Foundation Trust (Healthwatch volunteer), Arunjot Mushiana, Dolly Bhaskaran, Nicola Strudley, Mike Connolly

'Other Healthwatch Slough staff members not pictured':
Caris Thomas, Manvinder Sagoo,

As a publicly funded body, Healthwatch Slough must be able to demonstrate that it is achieving its objectives and making a difference to health and social care services for local people. Throughout this report we aim to be able to show what difference Healthwatch Slough has made using the following visual table;

OUR IMPACT

PROBLEM	
ACTION	
OUTCOME	

Engaging with people who use health and social care services

Understanding people's experiences

Healthwatch Slough has engaged with the following groups of people;

- Young people
- Parents of young children
- Patients in Wexham Park Hospital
- Older people
- Carers
- Deaf or hard of hearing people
- Health and social care professionals
- Gypsy and traveller communities

To highlight some of our engagement with the following groups:

Young people (under 21)

Healthy and Happy Workshop

Healthwatch Slough delivered a Healthy and Happy workshop to 15 young children aged 4-13 years. The aim of the event was to introduce Healthwatch and find out the children's ideas of being healthy and keeping well. The workshop included a Healthwatch talk, art activity and a chat session with the staff. The children could write, draw or share their ideas with the staff team.

What makes you happy?

- I'm happy when my baby brother laughs at me
- When you can watch TV
- School and my friends
- When we play sports
- When my mum is happy

What keeps you well?

- Eating healthy
- Exercise
- My friends

If I am unhappy who can I talk to?

- My friends
- My teacher
- My family
- My brother

The majority of children who attended the Healthwatch workshop were not born in England - their parents moved to England and have settled in Slough. The children could all confidently speak and write English. Many reported that they translate school and doctors' information for their parents. They are aware of the main health services such as A&E, hospitals, GPs and dentists.

The children all took home Healthwatch packs which contained leaflets, pens, balloons, a postcard, magnets and stickers.

The Great Food Fight

Public Health and Slough Libraries, along with five schools organised 'Food Fight activities'. Healthwatch Slough supported



two of these activities in conjunction with James Elliman Academy and Montem Academy.

We asked the children six questions. The majority of the children (33 children) provided responses.

<p>Question</p> 	<p>What keeps you happy?</p>	<p>52% of children reported family, friends and 'people being nice'</p> <p>15% reported playing</p>
<p>Question</p> 	<p>What makes you healthy?</p>	<p>63% reported healthy eating including fruit and water</p> <p>21% reported healthy exercise</p>
<p>What would you do</p> 	<p>If you were the leader of the council for the day what would you do to make people in the town happy?</p>	<p>75% making sure people have healthy food and drink</p> <p>15% access to sports and exercise</p> <p>6% for people to have enough money</p>

By delivering a Healthwatch talk to children and teachers, running a fun Healthwatch quiz and distributing Healthwatch fun bags which included free fruit and Healthwatch goodies.

Healthwatch as YES Associate

Youth Engagement Slough (YES) is a consortium of Slough based providers of services to young people led by Aik Saath (Together As One), Resource Productions and SWIPE. Healthwatch was appointed a YES Associate and worked with/regularly met with the consortium in 2014/15 to help the voices of young service users to get heard.



Older people (over 65)

Healthwatch Slough had a stall at Slough Older People's Forum annual public event promoting 'Active Mature Life'. Our Chair took part as a member of the panel. We also gave a talk to the Older People's Forum in Sept 2014. We were represented at International Older People's Day celebrations on 1 Oct 2014

Salt Hill Care Home visit


As part of the patient discharge project, we contacted four care homes in Slough. We carried out a visit to one of these homes - Salt Hill Care Centre.


The purpose of the visit was to inform staff, residents and family members about Healthwatch Slough and to collect views and experiences on the patient discharge system at Wexham Park Hospital.


We spoke to 10 residents at the care home. They were mainly frail, elderly, and had various degrees of mental capacity.

The residents that we spoke to were quite confused for the majority of the time. The concept of hospital discharge was difficult for them to talk about. However the Healthwatch visiting team were able to engage with them via general conversation in which the residents were able to talk about topics of interest to them.

We left every resident with a letter to share with their family members. The letter gave information about the purpose of our visit and ways to contact Healthwatch Slough.

PROBLEM  Collecting the views of residents in a care home on hospital patient discharge service

ACTION  Contacted 4 Care Homes in Slough to arrange a visit

OUTCOME  Visited one care home in Slough. Introduced HWS. Shared information with family members on how to share their family member's story.



Salt Hill Care Home, Slough

People volunteering or working in your area but who may not live in your area.

All our volunteers are Slough residents.

Disadvantaged people or people you believe to be vulnerable.

2,870 people were seen by a Citizens Advice Slough advisor last year in total. They are people in a variety of situations who are dealing with problems such as:

- Benefits 26%
- Debt 15%
- Housing 13%
- Employment 13%
- Legal 8%

Every case is passed to the Healthwatch Coordinator for consideration. We have found that whatever their presenting issue (why they came to talk us), the majority of people have underlying health or care related issues relevant to Healthwatch.

People who are seldom heard.

Traveller testimony:

"I took some letters in to Arunjot [the Healthwatch Supervisor] to read for me. I found out about hospital appointments to do with my husband's illness."

PROBLEM



Official communication with Gypsy Romani Traveller community not appropriate

ACTION



Healthwatch Supervisor able to read out letters

OUTCOME



Woman was able to get her husband to his medical appointment to receive treatment



Healthwatch Slough has also been hearing the voice of deaf and disabled people

Physically accessing some GP and dentist surgeries can be difficult for wheelchair users.

Patients with disabilities can have practical problems making a GP appointment. One patient told us how making an appointment was difficult for her because her GP surgery would not bend their policy of 'on the day'-only appointments. This did not allow the time she needed to arrange for a carer to take her to her appointments. We also know that elsewhere in Berkshire, deaf patients are being told they can only book over the phone.

There are problems with communication. We have found that not all surgeries provide a sign language facility. We heard of one incident where a deaf patient's five year old daughter had to translate for her due to a lack of British Sign Language translation services.

By law, under the Equality Act 2010, all health and social care providers are required to make 'reasonable adjustments' to make sure that a disabled person can access and use the service as close as possible to the way a non-disabled person would.

This means that all GP and dental surgeries should aim to provide suitable access for patients with hearing, visual and mobility impairments, including those in wheelchairs, as well as older people and those with learning disabilities. In addition, they should provide suitable means of communication which allows people to book appointments easily in the first place.

Healthwatch are now using this evidence and working with local commissioners to address these issues on the ground and improve the experience of patients whose views are not always heard.

Social Media and Website

We have 717 Twitter followers and have posted 292 tweets.

We have used Streetlife to ascertain the views of Slough residents, and started several conversations and polls;

- Can you see your GP after hours? (23 comments and 53 votes in a poll)

- How do you prefer to access information? (8 comments)
- How confident do you feel complaining? (18 comments)
- 20% of children in Slough living in poverty (1 comment)

Pop Up Shops

In order to raise our profile we held a number of pop-up shops between Jan - March 2014 at the following venues;

- The YES Shop, Slough High Street
- Slough Library
- Cippenham Library
- Langley Library

We wanted to make a visual impact on parts of the Slough community and hear new or seldom-heard voices.



Healthwatch Pop up shop

PROBLEM To increase the visibility of Healthwatch Slough



ACTION Pop up in busy local venues in order to raise profile and collect stories.



OUTCOME The YES Shop - made Healthwatch information visual in the Slough town shopping centre.



Slough Library: 20 comments, 50 people spoken to and given magnets

Cippenham Library: 10 comments, 30 people spoken to & given magnets

Langley Library: 12 comments, 25 people spoken to and given magnets

Enter & View

Healthwatch Slough have a team of trained Enter and View Authorised Representatives, who are able to visit publically funded health or social care premises to observe what goes on. However, Healthwatch Slough did not undertake any official Enter & View visits during this period. We prefer to work in conjunction with providers.

Our main project this year focused on discharge from Wexham Park Hospital.

Over 100 people were asked about their discharge experiences from Wexham Park Hospital. The work was conducted in May - July 2014, this project is described in more detail later on in the report.

Our team of Enter & View Authorised Representatives



We decided to work jointly with Healthwatch Wokingham Borough to recruit, train and support a group of volunteers to undertake visits. As smaller Healthwatches this created an efficient resource.

We held four Enter and View training sessions

We now have 25 trained volunteers that are able to go into publically funded premises such as hospitals, care homes or day centres and talk to people about their experiences;

Annette Drake

Tony Allen

Jackie Bastow

Myrleene Beckford

Nikk Brown

Nick Campbell White

Margaret Campbell White

Rebecca Day

David Chaffee

Dean Corcoran

Martin Connibear

Ros Croy

Carole Dawson

Vera Doe

Maureen Erdwin

Clare Jacklin (resigned 15.1.15)

Roger Kemp

Sarah Bowring

Sheila Laws

Shirley Stoddart (resigned)

Ulla Isaken

Jenny Wicks

Jane Lord

Estelle Myrlyn

Colin Pill

Jim Stockley

Heather Young

Assistance to Eat and Drink Study at Wexham Park Hospital

Healthwatch WAM (Windsor, Ascot & Maidenhead) were invited by Elaine Strachan-Hall, then the Director of Nursing Standards at Wexham Park Hospital, to conduct a study on patients' experience of obtaining assistance to eat and drink by *Enter & View*. Several of our volunteers have expressed an interest in helping with this project and we are awaiting confirmation of visit dates.



Providing information and acting as a signpost for people who use health and social care services

People often tell Healthwatch Slough how complex the health and care system is. At times of need people find it difficult to know where to turn to. We give information about Slough health and care services and how to access them.

People can get in touch with our service by calling our telephone helpline (01753 325 333) or through our web site or on Twitter and Facebook, or in person at Citizens Advice Slough.

In this, our second year we took 257 calls and Citizens Advice Slough spoke face to face with 101 people about their health and social care queries.

We took 257 calls to our helpline and spoke face to face with 101 people.

An example of the calls we received

"I need to make a complaint - my wife should not have been discharged from Wexham Park so early. She was in a terrible state"

Information is key! Here in Slough is no exception. We provide help with:

- Navigating through the complex NHS system
- Finding non-clinical information about local health or social care services
- Giving feedback/comments and experiences of local services
- Understanding the services available • guidance on how to make a complaint
- other sources of help such as CAB, the NHS Complaints Advocacy Services, etc.

Often our Information Support Workers are able to give the required information to the caller immediately, but on some occasions more detailed research is needed. We aim to resolve any telephone call within 1 to 45 minutes depending on the level of research we need to undertake. If research is needed, then we will always take details of the caller and call them back.

As well as recording callers' feedback and enquiries throughout the year, our Information Support Workers have signposted or referred people to appropriate organisations able to offer further information and support appropriate to their needs. This includes organisations such as the NHS Complaints Service, NHS 111, Thames Valley Police, Social Services, PALS (Patient Liaison Service), and Berkshire Women's Aid.


How we connect with people


It is important to give Slough residents a variety of ways to get in touch with us and share their experiences.


As well as receiving telephone calls, we are also contacted through all of our social media channels, by email and in person. As explained above, most people

who visit Citizens Advice Slough have, irrespective of their presenting problem (i.e. the specific issue they came to talk about), an underlying health or social care issue. Each and every enquiry received, whatever the communication channel, is recorded in our CRM system.

What has changed as a direct result?

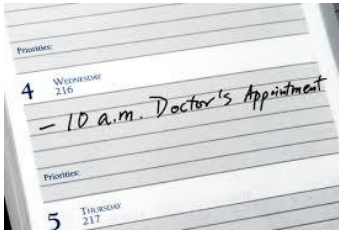
PROBLEM  Client’s mother in law and husband are both in care homes and have dementia. Client was struggling to understand condition and how to manage it. Client said she had not been offered any practical support or information.

ACTION  The Healthwatch Co-ordinator contacted the Alzheimer’s Society for information on the condition to be sent to client in their own language and also contacted Age Concern to enquire about running a course on Dementia.

OUTCOME  Client to attend course when available and attend Asian Carer’s Group.

“There is a real problem for carers when they are trying to book appointments for the people they are caring for. The doctor’s surgeries could help carers a lot more if they understood carers. We should all be able to see a doctor whenever we need one and the doctors should be aware of carers needs. Getting a doctor’s appointment in Slough is terrible.”

Slough Resident



The most popular methods of contacting Healthwatch Slough were through Surveys (246), Citizens Advice Slough (101) and Face to Face (48).

Influencing decision makers with evidence from local people

Producing reports and recommendations to effect change

Healthwatch Slough has produced four reports

- 'Consumer Voices' Wexham Park Hospital Discharge Report, August 2014
- Experience of parents with young children, February 2015
- Experience of deaf and hard of hearing people using health services, February 2015
- What will make a difference for people in Slough living with long term conditions? March 2015

Consumer Voices Report and Conference

60% of all feedback received by Healthwatch Slough is about Wexham Park Hospital.

73 people filled out questionnaires, 40 other people shared their stories and views.

63% of people didn't know how they could make a complaint

1 in 3 people said their discharge plan did not meet their needs

This investigation into hospital discharge highlighted the fact that some people are being discharged too early; others are being kept in for too long. In both cases discharge is happening without the right care, information and ongoing support

The Report highlighted six areas as needing improvement:

- Poor coordination
- Lack of clarity about discharge plan
- Discharge delays
- Caring attitude not shown by all staff
- Queries over discharge decisions
- Patients not aware of complaints channels

“We waited for five hours for discharge papers and medication”

And

It's always a big rush to get you out but nothing is ever ready”

Relatives of patients






A 'Consumer Voices' conference was held in November 2014 with over 40 people attending. This conference made real the stories of patients and moved several Frimley Trust staff to tears! The Consumer Voices conference and report made it clear that there was also positive feedback from patients as well, with compliments about staff, care and progress. The calm and caring environment of the discharge lounge observed by the team during its visits was commended as an example of good practice.

Following the release of our Wexham Park Hospital Discharge Report 'Consumer Voices', and our recommendations, the hospital are now:

- Developing relationships with other organisations to ensure improved communication and coordination.
- Planning, via its Discharge Performance Implementation Group, to work with the Care Home Forum in the coming the year and develop a trusted assessor scheme with a number of pilot homes.
- strengthening support to clinically-led services, and introducing changes to clinical practice to increase focus on patient flow, thanks to increased resources within the medical directorate.. More than eight consultants have been recruited as well as a full portfolio of junior doctors to support them.
- carrying out more frequent ward and board rounds, and undertaking ward rounds earlier in the day. This ensures that discharge planning is also started earlier – both in terms of overall stay and in the day.
- Improving processes to increase the time available for the pharmacy and medical team to clarify any queries and for the medicine to be prepared correctly and timely.
- Ensuring there is clear communication internally at the morning bed meetings concerning patients who will be discharged during the day.
- More actively involving members of the patient flow team in transferring patients from the wards to the discharge lounge. This has increased the number of patients discharged earlier in the day.
- Preparing to introduce new nursing documentation on the Wexham Park site. This will ensure that staff are documenting what is required in a clear format. This will include discharge planning.
- Continuing customer training all levels of staff; and commissioning leadership development programmes for senior team members across the Trust.
- Ensuring patients are aware of how to give feedback and how to make a complaint. An explanatory poster and leaflets are available across the Trust, and a bedside folder has been introduced recently to every bed that includes information on the feedback/ complaint procedures.





PROBLEM 	Hospital discharge delays at Wexham
ACTION 	100 patients surveyed
OUTCOME 	It was recommended that the hospital create an action plan which gives greater understanding to patients about the discharge process. The hospital has now produced a comprehensive action plan on how to improve the patient discharge process.

Child friendly posters were also suggested.

Overall parents were satisfied with maternity services, rating them good or better. Continuity of care was important throughout pregnancy. Parents suggested that more information be made available for patients to understand conditions and medications.

Parents would like to Health Visitors to be more visible and attached to the GP surgeries as well as at the children centres.

Our findings were fed in to Slough Borough Council’s consultation on child poverty, and to the Children and Young People’s Partnership Board which had been seeking evidence on the improvement of Children’s Centres ahead of a re-inspection by Ofsted.

Experience of parents with young children

A sample of 30 parents with children under the age of five were surveyed. These parents’ views on their GP services, maternity services and social care services were collated.

Nearly all of the parents said they always or nearly always get a GP appointment for their children when they needed one. However, just 56% said they always or nearly always were able to get an appointment for themselves. This suggests a good service for the children but less than satisfactory for adults. A number of suggestions for improved service were made, This included well-trained, well-informed, receptionists able to advise the patients of the best course of action regarding seeing the most appropriate professional, whilst demonstrating sensitivity and discretion, respecting confidentiality.

Experience of deaf and hard of hearing people using health services

There are an estimated 127 deaf people in Slough (many more hearing impaired) and an estimated 390 people with a visual impairment. These numbers are set to increase year on year.

Just think how difficult you find it to make yourself heard by medical professionals sometimes, and how difficult it can be to digest information you are being told by a clinician. Imagine how much harder it is if you had a hearing impairment.

Deaf people and their families are a group of people who are likely to experience difficulties in accessing health and social care services.

Deaf Positives Action, on behalf of Healthwatch Slough, conducted a survey with eight Deaf people to find



out about their experiences when dealing with GPs and Hospitals. We sat down with our eight Deaf volunteers and asked them to share the experiences of accessing GPs or hospitals in the Slough area. We wanted to identify areas that need improvements. We recognise that this focus group is not representative of all deaf patients' experiences but nevertheless it provided useful insight.

It was apparent that there is a clear and urgent need for deaf awareness training for professionals and support staff, as our volunteers reported problems such as not maintaining eye contact, failing to write important information down, and not allowing extra time for appointments. We took the results of this report to the Slough Wellbeing Board at its May 2015 meeting.



“What will make a positive difference for people in Slough living with long term conditions?”

The diabetic population of Slough is reaching 9,000 (not including the many more people with undiagnosed or undetected diabetes). This is 7.5% of the population, significantly higher than the national average of 5.5%. In Slough, diabetes continues to be a leading health priority for the GPs as well as the local authority. The additional GP appointments created by the Prime Minister's Challenge Fund has meant that GPs are able to track higher-risk patients and spend more time looking holistically at the person, not just focusing on the medical condition.

Living with a long-term condition brings challenges.

A total of 25 people were interviewed. Healthwatch Researcher, Dolly Bhaskaran, conducted interviews with a random sample of people living with long term medical conditions. Patients made a number of recommendations including the following.

Access to information

- More information about long term medical conditions (e.g. diabetes, arthritis, heart disease, lung problems, asthma, stomach problems, and skin disorders) easily accessible in convenient community places, such as places of worship. such as

Medical support

- Regular reviews so information is up to date.
- Develop single comprehensive care plan agreed between individuals, GP and all other professionals, with everyone involved having a copy.

Education & Training to better manage condition

- More free training for use of the internet
- Role of the community pharmacist promoted

Peer or community support

- Commissioners to encourage innovative responses in Slough and enable support groups to develop
- People would like to take ownership of their own health if suggestions and support given

Following the publication of our investigation the Frimley Trust Equalities Officer has initiated discussions with Healthwatch Slough about undertaking a



further piece of work on stroke in 2015/16.

Healthwatch Researcher & Board Member,
Dolly Bhaskaran

Putting local people at the heart



of improving services

Healthwatch Slough has questioned Slough Borough Council about how they have communicated and involved local residents in the plans for the Care Act and Better Care Fund.

A national Department of Health leaflet about the changes was sent to some households in Slough via Royal Mail. However many people mistook it for junk mail and threw it away. (a similar thing happened to NHS England's 'Care. Data' leaflet last year).

Slough Borough Council have distributed Care Act material to providers of Adult Social Care, GP surgeries, the local hospital, care homes in Slough, and community and voluntary groups via Slough CVS. But is this enough to make people aware of what is being called “the biggest reform to the social care system in the UK since the NHS was created 66 years ago”?

PROBLEM



People not knowing about major social care reforms

ACTION



Offered Council support in publication and reviewing implementation

OUTCOME



Yet to be seen

We have questioned Slough Borough Council on what they know about how people access information. Plans to develop the online Slough Services Guide as a one-stop directory are well-meaning - but is this what people really want?

PROBLEM



Council investment in online resource not necessarily going to work for all residents

ACTION



Asked Council to show how people currently use Slough Services Guide

OUTCOME



Met with project manager to look at joint working and reduce duplication

We also raised concerns duplication. SBC's 'Be Involved' project is aiming to create a reference group of service users.



In fact, Healthwatch Slough already has access to such a resource, but we were not consulted or asked to be involved!



Healthwatch representation at Wellbeing Board

Taking an active part in committees is an important element in being able to influence local decision-making and ensuring the consumer voice is represented. We use our seat on the Slough Wellbeing Board to keep patient and service user voices at the forefront of discussions. Key approaches to influencing commissioning include:

- sharing data and intelligence; for example, raising issues of concern and reporting on findings of ‘enter and view’ visits
- challenging commissioners on the improvements they are putting in place
- escalating issues to commissioners when we feels the response of the provider has been inadequate
- challenging commissioners on their engagement and consultation activities
- being involved in commissioners’ tendering and contracting processes



Working with others to improve local services




One in four children in Slough is living in poverty.

An independent trust has been set up to run Slough’s Children Services following

last year’s critical OFSTED report which rated the service inadequate.

We developed a relationship with Home Start Slough and asked them to investigate within their network the experiences of parents with young children.



PROBLEM 	Voice of young person difficult to access
ACTION 	Worked with Home Start to capture voice
OUTCOME 	More voices of young people being amplified

Working with Slough Clinical Commissioning Group (CCG)

The CCG Board’s lay member for public and patient involvement, Mike Connolly, is a member of our Healthwatch Slough Board. This has been particularly helpful with our focus on how the £2.95 million Prime Minister’s Challenge Fund money has been spent to increase access to primary care services.

Looking ahead, we are delighted that the CCG will be awarding £6,000 to Healthwatch Slough in 2015/16 to undertake the Slough Citizen Medallion Project.

Working with the Care Quality Commission

The Care Quality Commission invited Healthwatch Slough to submit information



prior to its planned inspection of the Clinical Commissioning Group in March 2015. We submitted an intelligence report containing all the data that we had gathered on all 16 Slough GP surgeries over the course of the last year.

No other recommendations have been made to the Care Quality Commission (CQC) to undertake special reviews.

Working with Healthwatch England

Healthwatch Slough took part in the Healthwatch England Special Review on Discharge, along with 100 other local Healthwatch organisations. In total, over 3,000 people across the UK shared their stories and experiences of the discharge process. Throughout the enquiry there was a focus on hearing the experiences of elderly people, homeless people and people with mental health conditions.

We found five core reasons people felt their discharged had not been handled properly;

1. People are experiencing delays and a lack of coordination between different services;
2. People are feeling left without the services and support they need after discharge
3. People feel stigmatized, discriminated against and that they are not treated with appropriate respect because of their conditions and circumstances
4. People feel they are not involved in decisions about their care or given the information they need
5. People feel that their full range of needs is not considered.

“I was told I could go home without the assessment, but when I got home I couldn’t get up the stairs. I had to

sleep downstairs for nearly six weeks”
(Slough patient)

Taking part in the enquiry showed that the need to get discharge right is a theme across the country. When discharge goes wrong, it has a significant physical and emotional impact on individuals and a financial impact on statutory organisations.



Impact Stories -

Case Study One

The saga of Mrs Dean's knee replacement*



Patients should be supported post-discharge

The journey started in June 2014, when Mrs Dean went for an appointment at Heatherwood Hospital to see a consultant. Mrs Dean was told she would need knee replacements on both legs and that they would be done one at a time. An appointment for a pre-operative assessment was arranged and duly took place

The date for the operation, to be carried out at Heatherwood Hospital, came through. However, just a few days beforehand, the operation was cancelled. A new date was sent to Mrs Dean. The letter explained that she would need to have another pre-operative assessment as the last one was no longer valid.

Since her last pre-operative appointment she had suffered two bouts of chest pain and had fallen over once. It was

therefore decided that the operation would be carried out at Wexham Park Hospital and not Heatherwood.

In September, the day of the operation arrived in September. It was a Monday morning, and Mrs Dean was asked to arrive early and report to ward one, which she did. She tried to stay calm but inevitably felt nervous about the surgery. After waiting nearly four hours, Mrs Dean was told there were no beds available and she was sent home.

“I had psyched myself up to have this operation and been let down yet again ... disappointed was not the word!”

On Thursday morning of the same week, the hospital telephoned. They asked if she could come in straightaway because a bed was now available and the operation would take place that very day. Her church friends rallied around and got her there. The operation went ahead that day, and the surgery went smoothly.

The day after the operation, at 6pm on the Friday of that same week, she was told that she was being transferred to Heatherwood hospital. She arrived around 10.30pm that evening, not feeling too well given it was so soon after her operation. Over the weekend she started

to feel a little better although she still had significant knee pain.

On Monday morning she was told she was being discharged. She arrived home later that day. During those first two or three days Mrs Dean, a widow in her 60s living by herself, was bedridden. At that stage she was unable to walk and in pain. She was not able to stand to prepare food and not able to use the bathroom. By Friday, Mrs Dean could stand no more. A friend arrived and called an out of hours doctor on her behalf. The doctor visited Mrs Dean and prescribed antibiotics as the knee had become infected. The next day, Mrs Dean contacted Healthwatch Slough (via an active volunteer and board member who was known personally to her) for advice because she could not cope and needed help.

How did Healthwatch help?

In talking with Mrs Dean, it was quite apparent that she had been discharged without any plan being put in place, no reablement, no district nurses and no plan for physiotherapy.

Colin Pill, the volunteer whom she contacted, comments "Having listened to her I felt a sense of disbelief and knew that someone just couldn't make this up."

Colin knew which GP Mrs Dean used, and he happened to be visiting the surgery that day to see his own GP. Given Mrs Dean's situation, time was important, so Colin spoke in person with her GP who had no idea about Mrs Dean's situation and showed great concern. Within a few hours the GP had managed to put everything in place and she visited Mrs Dean that very afternoon.

Mrs Dean is recovering now but still needs the other knee replacement.

Observations

- Why were so many appointments made and then broken?
- Why was Mrs Dean moved from Wexham Park Hospital by ambulance to Heatherwood for a weekend?
- Why was Mrs Dean discharged on the Monday?
- Why was Mrs Dean discharged without a care plan being put in place?
- How will Mrs Dean build up enough courage to have the second knee operation?

Colin writes: *'When people have a bad experience, there is always that thought will the same thing happen again. Mrs Dean has lost confidence in the hospital system! How can we reassure people who ask "If I complain, will it affect my future treatment? Many people fear this, but it could not be further from the truth. People's experiences are how we learn and improve the services of the future.'*

"I spoke with Mrs Dean's GP in person who had no idea about her situation and showed great concern. Within a few hours the GP had managed to put everything in place and visited Mrs Dean that very afternoon"

Collin Pill, Healthwatch Slough Chair

*Pseudonym has been used so as not to reveal identity





Case Study Two

Client from the Travelling Community



People need support in navigating the complex NHS system

A client from the travelling community, with whom the Healthwatch Coordinator had built a good level of trust in the past through the provision of information and some advocacy, came in to the CAB office one day. Her husband was in hospital in London suffering from multiple spinal injuries after being involved in a life-threatening motor vehicle accident.

This client is a very capable and accomplished woman, but she had never learnt to read and write. She was extremely agitated because she had learnt that her husband was about to be discharged and sent home. She had no idea how she would cope with his care, or even how she would get his wheelchair through the door or move him around the house. She was under the impression that he would be simply discharged and left at the front door.

The client said she was not aware of or been told about a 'discharge plan. She explained that she didn't feel comfortable talking to the nurses and

asking questions she thought she should know the answers to or that would demonstrate her inability to read forms.

With the consent of the client, Healthwatch Slough contacted Social Services to get an update on what was being planned for her husband. Subsequently the 'Section 2 notification' procedure was explained to the client. It was explained to the client that this notification was the trigger for social services to get the re-enablement team involved, who would ensure the home was suitably adapted to meet her husband's needs.

Healthwatch Slough also called the ward manager at the London Hospital. The ward manager explained that the decision whether to discharge the patient to Wexham Park Hospital or the family home would be made the next day, but that they were keen to ensure the client, as the main carer, would be fully involved in the discharge planning. The client was given this information and reassured.

“The client didn't feel comfortable talking to the nurses and asking questions she thought she should know the answers to, or that would demonstrate her inability to read forms”

Arunjot Mushiana, Healthwatch Slough Coordinator

Case Study Three

Client with Mobility Issues

A Slough resident contacted the Healthwatch Coordinator as he wanted help filling out an allowance he was entitled to. The client explained that he could not come to Citizens Advice Slough for a form-filling appointment as he has a lot of difficulty walking and getting transport. The Healthwatch Coordinator gave him the appropriate helpline number for the Department of Work and Pensions so they could arrange for someone to come to his house to help him complete the form.

However, the client was subsequently very distressed and upset to learn that the Department of Work and Pensions would not be able to provide a home visit for another eight weeks. The Healthwatch Co-ordinator contacted Age Concern to see if there was anything that they could offer sooner than eight weeks. The client was informed of their drop-in sessions during which his form could be filled in on the same day.

The Healthwatch Coordinator encouraged the client to call Age Concern personally to explain his mobility issues and ask if they were able to provide extra support. The client was very reluctant to do so as

he felt very hopeless but was persuaded to make the phone call.

The client then called the Healthwatch Co-ordinator a short while later in a much more positive tone, saying that Age Concern had arranged to visit him at his home. The client seemed much happier and was very grateful.



Our plans for 2015/16

Opportunities and challenges for the future

The Healthwatch Board sets the priority issues they want the operational team to investigate, whilst leaving some capacity to respond to additional issues that may emerge throughout the year. Our work programme includes the following activities:



- Report on how well the £2.95 million Prime Minister's Funding has been spent on extending access to primary care and what could have been done better
- Programme manage the pilot Youth Citizen Medallion scheme with one secondary school
- Carry out further piece of work on long term conditions in conjunction with Frimley Trust
- carry out a schedule of 'Enter and View' visits to care homes
- Monitor the Council's implementation of the Care Act and Better Care Fund projects

Our governance and decision-making

Our board

Healthwatch Board oversees, contributes to and supports all activities and functions of Healthwatch. It is made up of the following individuals:

Colin Pill, Chair



Arvind Sharma, Non-Executive Director



(Equality & Diversity)



Sarah Brown, Non-Executive Director (Governance) [left January 2014]



marianne Storey, Executive Director for Help & Care (until October 2014)



Claire Forman Executive Director for Help & Care (from November 2014)



Malcolm Rigg, Executive Director for Citizens Advice Slough



Chaitra Dinesh, Lay Member (Young People)



Dolly Bhaskaran, Lay Member (Long Term Conditions)



Mike Connolly, Lay Member (Slough Clinical Commissioning Group)



Bilal Akhtar, Non-Executive Director (Finance) [joined March 2015]



Healthwatch Slough Board members with manager Nicola Strudley and local GP Dr Paporee Das

Our Volunteers

Researchers

Mark Hooper, Deaf Positives Action

Healthwatch Champions - Community Engagement

Zhora Jefferies

Sarah Shahid

Alexa Connor

Alan Rose

HealthWatchers & Doers

Charlotte Hazeldane

Deslie Thomas

Monique Thomas

Mandy Gunn

Tracey Bowen

Kulwinder Mann

Bethan Way



Tasneem Pill

Preeti Sandhu

How we involve lay people and volunteers

When deciding which issues to investigate and what to focus our resources on, particularly where consumer priorities may be different from those of commissioners and providers, we use a prioritisation matrix (available on our website).

This also helps us to manage consumers' expectations of what Healthwatch can do. It enables us give a better understanding of how we take forward our work to individuals or organisations who have a particular passion or topic they think Healthwatch should look into.

We have a number of Healthwatch volunteer roles to suit all lifestyles and levels of commitment. All volunteers are recruited through a process of application forms or CVs and interviews. We also identify and seek to address any training needs for volunteers.

Our Volunteer Roles

Researcher

To support Healthwatch Slough to deliver robust, valid and reliable research reports. To ensure that strong evidence and research influences the organisation's priorities and actions.

Champion

To support Healthwatch Slough to develop and deliver the Healthwatch Slough messages through a range of media, marketing and promotion.

Information Postie



To support Healthwatch Slough by delivering publicity materials in and around Slough.

- To provide regular meetings and support to volunteers.

Healthwatcher and Doer

To support Healthwatch Slough by spreading the word about what we do and be the eyes and ears to connect us with what is going on at ground level in the local community. Healthwatcher & Doers encourage people to share their experiences of using health and social care services.

Volunteer Coordinator

To manage and co-ordinate our team of volunteers.

Mystery Shoppers

To support Healthwatch Slough by undertaking mystery shopping exercises to test out health and social care services.

Our plans for volunteers over the next year

- Increase the number of agencies and organisations which support Healthwatch Slough with volunteers.
- To further promote all Healthwatch Slough volunteer roles.
- Increase recruitment of volunteers.
- To set up a training matrix for all volunteers, and arrange training sessions to support volunteers.
- To provide opportunities for volunteers to communicate with each other through social media, social networks and forums.
- To create a newsletter for volunteers and share engagement plans for the coming year.

Financial information

Funding received from local authority to deliver local Healthwatch statutory activities	115,879
Additional income	-
Total income	115,879
EXPENDITURE	
Office costs	2,286
Staffing costs	66,952
Direct delivery costs	44,075
Total expenditure	113,313
Balance brought forward	2,566

Contact us

Healthwatch Slough

c/o Citizens Advice Slough

27 Church Street

Slough, Berkshire, SL1 1PL

Our two sub-contractors

- Citizens Advice Slough
27 Church Street
Slough, Berkshire, SL1 1PL
- Help and Care
The Pokesdown Centre
896 Christchurch Road
Bournemouth, BH7 6DL

Get in touch

enquiries@healthwatchslough.co.uk

Tel: 01753 325 333

www.healthwatchslough.co.uk

www.facebook.com/HealthwatchSlough

www.twitter.com/HWslough

We will be making this annual report publicly available by 30th June 2015 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Slough Clinical Commissioning Group, Slough Overview and Scrutiny Committee, Slough Wellbeing Board and Slough Borough Council.



We confirm that we are using the Healthwatch trade mark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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