

Outcomes - Q2 2016 (July - September)

We have identified 5 types of "Useable Outcome"

1. Amplifying the Voice Outcomes

Challenges in Board meetings e.g. HWBB. Demonstrating the impact of us bringing the public voice to the table where without our participation in decision making boards they wouldn't be heard

2. Escalation Outcomes

Situation/Change/Impact based on experiences shared and escalated in regular meetings with CCG's, Acute Hospitals, CQC on the back of relationships we have built with them

3. Relationship Outcomes

Comment/feedback/examples from stakeholders demonstrating how the relationship with HWSY benefits them and in turn their service users

4. Project Specific Outcomes

When a project or result of a project results in an impact or change. Also where our project work results in raised profile or awareness of an issue we have been investigating.

5. Empowering People Outcomes

Demonstrating how, through an interaction with Healthwatch Surrey, a member of the public has been empowered with information and advice

1. Amplifying the Voice Outcomes

Challenges in Board meetings e.g. HWBB. Demonstrating the impact of us bringing the public voice to the table where without our participation in decision making boards they wouldn't be heard

- We presented our Annual Report to the Health and Wellbeing Board. It was well-received and in terms of the forward plan for the HWBB we got a commitment to a regular (quarterly) update on the consumer voice to be provided by HWSy
- At the Wellbeing & Scrutiny Board in September, due to the limited attention provided to the topic in their report, we asked Guildford & Waverley CCG to explain how their engagement activities had influenced the new contracting arrangements for adult community health services. This led to a recommendation by the Wellbeing & Health Scrutiny Board for the CCG to provide further details outside the meeting as to the engagement activities with patients and families undertaken through the procurement process, how this influenced the procurement process, and how this will help inform co-production over the next 12 months.
- At the Wellbeing & Scrutiny Board in September we asked the lead commissioner of the stroke service review (Surrey Downs CCG) whether there were people in Surrey who were at risk of adverse outcomes related to the proposed new model for stroke services and if so, how these people and communities would be engaged in the decision making. This led to a recommendation by the Board that the next update the commissioner provides (in October) include information that demonstrates how

consultation activity will engage with identified high risk groups, and those families and patients involved with ongoing care following a stroke.

- We made a challenge around lay representation on integration boards at the Health & Wellbeing Board

2. Escalation Outcomes

Situation/Change/Impact based on experiences shared and escalated in regular meetings with CCG's, Acute Hospitals, CQC on the back of relationships we have built with them

- Whilst gathering experiences in Epsom, we received 2 experiences regarding a local GP who is accused of some serious malpractice. These were escalated to the Primary Care Services Inspector at the CQC. We were advised that the practice was due to be inspected the following week, and that the experiences we shared would be investigated during the inspection. The HWSy input into the CQC inspection and would be cited in the report.
- Following a number of experiences shared with us relating to Glenlyn Medical Practice we highlighted the problems in making appointments to NHS England. NHS England visited the practice to discuss the issues. We received a follow-up letter from Sarah Macdonald, Director of Commissioning for Surrey & Sussex. She stated that there were concerns that changes to the way the practice makes appointments available was having a negative impact on patients. Consequently, the practice partners will now be putting measures in place to address this and submitting their improvement plans to NHS England who will monitor the improvements.
- During one of our Enter & View visits for the Care Home project concerns were raised to the CQC and Adult Safeguarding relating to one home in particular. This prompted an unplanned inspection by the CQC who confirmed Healthwatch Surrey's concerns and more. Regulatory action is now being brought against the home.
- We reported 38 experiences to the CQC during our Quarterly meeting in July.
- We shared what local people have told us in 'What We've Heard' meetings with Surrey Downs CCG, Adult Social Care Quality Group, Ashford St Peter's Hospital Foundation Trust.
- Following two recent negative experiences we had heard about Alexandra Ward at Epsom Hospital, the lead commissioner (Surrey Downs Clinical Commissioning Group) took the decision to undertake a quality assurance visit to the ward

3. Relationship Outcomes

Comment/feedback/examples from stakeholders demonstrating how the relationship with HWSY benefits them and in turn their service users

- Peter and Kate attended Epsom and Ewell Health liaison panel and presented on HWSy's work, building awareness with local councillors. There was much interest amongst the Councillors (most of whom not aware of our work). There was immediate follow up by one councillor on a local issue where there's concern over reduction of night services in a sheltered housing which we have escalated to Adult Social Care.
- We were invited to attend an event run by Welcare. Through the event we strengthened relationship with Welcare, a charity that has been running for 120 years. The Welcare support workers took our details and requested some leaflets to have with them for signposting service users wherever possible.
- In relation to Glenlyn Medical Practice (see escalation outcomes) we received the following feedback from Sarah Macdonald, *"Thank you for drawing the patient's concerns to our attention so that we can follow these general issues up with the practice anonymously on behalf of their patients"*.
- In relation to the Care Home escalation to the CQC (see escalation outcomes) the Inspection Manager for Adult Social Care said *"...the information passed to us re concerns at XX were invaluable and led to our early inspection where we found very similar concerns and more and are taking enforcement action at the moment"*
- HW invited to join a group developing a Digital Roadmap for Surrey and we have attended the first meeting.
- We designed a flowchart to help visualise the safeguarding protocol pathway. This was adapted for the care home project, making our safeguarding procedure more understandable and cemented for our employees and volunteers, making us more efficient and effective in safeguarding. Surrey County Council requested a copy of the safeguarding sheet as they valued the information it presents and wish to use it in their practice.
- We attended Patient Experience Monitoring Group at ASPH. It was a formal meeting with senior people in attendance, chaired by Chief Nurse and CEO. PALs and complaints feedback is a key indicator for them so HWSy made a challenge around whether they have any knowledge or patient awareness of PALs and complaints process and whether there are any issues around this or need to improve awareness.
- Kate was interviewed on BBC Surrey Radio and BBC South News regarding the inspection of SECAMB. This is the first time Healthwatch Surrey has appeared on television.
- Following our Let's Celebrate event at Dorking halls we received the following message from Mark Carter at BBC Surrey, *"It was an honour to be asked to be involved in this event, really emotive and BBC Surrey would like to be involved again next year."*
- East Surrey CCG PRG Chair thanked HWSy publicly for now reporting quarterly to the group with updates on activity

- HWBB Tandridge meeting on 12 October invited HWS to join their small grant scheme workshop to map out new criteria for small grant annual applications because HWS CCF grant application experience.

4. Project Specific Outcomes

When a project or result of a project results in an impact or change. In addition, where our project work results in raised profile or awareness of an issue we have been investigating.

- During our Enter & View Care Home Project, issues for one Care Home were escalated to CQC and Adult Safeguarding. This led to regulatory action against the home.

5. Empowering People Outcomes

Demonstrating how, through an interaction with Healthwatch Surrey, a member of the public has been empowered with information and advice

- During our Listening Tour July-September we engaged with 998 people across 27 locations in Surrey. 253 people were given advice on our Advocacy service.
- During Q2 we empowered 727 people with information and advice through our Helpdesk, Citizens Advice and Advocacy services.
- Some examples of this are as follows;

Healthwatch Helpdesk - Case Study

Client contacted the Helpdesk after her elderly mother had died as a result of poor dental care. She lived in a dementia care home and her teeth needed extracting as she was in a lot of pain and unable to eat. Due to the Dementia she required specialist treatment or sedation for the procedure. She was referred by the NHS Dentist to Woking Specialist Dental Services. They said there was a 4-6 week wait for assessment, then another 4 weeks to try conventional treatment and then another 4 weeks for specialist intervention if that failed. Meanwhile her mother was wasting away but nobody could fast-track or offer her alternatives such as a private specialist. The specialist have now told her that they do not offer sedation or emergency treatment so she was not sure why was she ever referred to them and her mother had to suffer so much. The Client didn't want to take legal action but wanted services to offer timely sedation for all people that need it. The Helpdesk referred the client to Locality Manager to look into the official position and what is commissioned locally. The client was also in touch with her MP to try ensure this doesn't happen to others in future.

Citizens Advice Case Study - Woking

The Client contacted Citizens Advice to discuss what services were available to help her mother who had been recently diagnosed with vascular dementia. Following the diagnosis the client felt that the GP had left them in limbo. Citizens Advice provided details on how to activate the Power of Attorney, apply for a blue badge and also provided information on local care & support services, care assessments and adaptations and support for Carers. The information empowered the Client to access a variety of services to assist her mother to continue to live an independent life.

Independent Health Complaints Advocacy IHCA - Case Study

Client sought assistance with a complaint regarding the GP surgery. The GP had refused to write a supportive letter to the council regarding her housing situation. They explained to the client that it was not their policy to do so unless approached by the council. CI lived in a first floor one-bedroom flat with her two teenage children. CI slept on the sofa despite having severe back issues due to being thrown down the stairs and physically abused by an abusive ex-husband.

The client was due to have further surgery on her spine and as a result of this, she would require 6 months rehabilitation time and her living arrangements were not appropriate to her needs. She had previously written letters to the GP surgery expressing her concerns but did not receive a response to them. IHCA visited the client and discussed the issues and the avenues she could take. IHCA wrote a letter to the GP surgery detailing the client's complaints and also wrote a letter of support for the client to provide as evidence to support her housing application.

A meeting was arranged by the GP surgery and they agreed to write a letter of support. With the letter from IHCA and the GP surgery the client was able to provide enough evidence to the council to support her application and she was awarded a more suitable property for herself and her children. The client was extremely grateful for the support and has now been able to rebuild her relationship with the GP surgery as a result.