

Board Update Report - Thematic Priorities and Project Development

November 2021

The Board are reminded that we have four “Thematic Priority” areas, agreed by the Board in April 2021, under which we carry out our research, evidence, and influencing work:

- Mental Health
- Care at Home
- Access to Healthcare
- Emerging issues: including system-wide experiences of remote consultation

As we have worked flexibly over the last 18 months to respond to the upheaval in care due to the pandemic, we have allocated some staff resource which would have been dedicated to project work, to the production of our monthly Insight Bulletin. This has been well-received by decision-makers and now has a slot at the beginning of Surrey Heartlands monthly Quality and Performance Board meetings, which means we are able to amplify the voices of Surrey residents and highlight any concerns at the highest level. Therefore, we have decided to continue with this as business as usual for now.

This quarter we have

- Published two Insight Bulletins, with a third planned for late October
- Completed our project into Carers’ Experiences of Hospital Discharge, and started to elicit responses from the system
- Neared completion of our project on Finding Support after Dementia Diagnosis, sharing some early findings with the Surrey Heartlands Dementia Strategy Action Board

Insight Bulletin

At the time of writing we have published Insight Bulletins for July and August, and are working on a late October bulletin.

Early in the pandemic the experiences shared with us were often dominated by a single new issue such as access to Covid vaccinations, access to GP services, cancellation of planned procedures.

We are now hearing a much more varied range of experiences and the Insight Bulletin is evolving to reflect themes that persist over the longer term, or to bring fresh insight to perennial issues.

In the recent Insight Bulletins, among other topics, we have shone a light on:

- How lack of clarity about “dentists’ lists” lead people to wrongly assume they have access to dental care
- Real experiences of poor practice by GP receptionists
- The first experiences of Long Covid

It is important to us that the Bulletin always shares positive stories with our stretched and stressed system partners, and we aim for these stories to cover as wide a range of staff and specialities as possible.

Carers’ Experiences Of Hospital Discharge (Priority: Care At Home)

Our joint report with Action for Carers is now complete and published on our website. [Carers-Discharge-2021-NV-F.pdf \(healthwatchsurrey.co.uk\)](https://www.healthwatchsurrey.co.uk/Carers-Discharge-2021-NV-F.pdf) It will be publicised through our Insight Bulletin and Action for Carers will also share it through their own communications with providers, commissioners and carers.

The report makes four recommendations to hospitals (wards and discharge hubs) and Social Care (hospital discharge hubs and information).

Executive Summary - Recommendations

- 1. Proactively identify patients who rely on unpaid carers.** Recognise carers may be unregistered/unacknowledged. Record a key contact for every patient and focus communication through that contact.
- 2. Review practices and processes that govern hospital-carer communications.** Take the opportunity to develop new, post-Covid strategies that cover all touchpoints.
- 3. Improve carers’ understanding.** Explain the process of discharge including who’s who, decisionmaking processes, what they should expect, and what support is available. Use co-design to develop a guide.
- 4. Provide a professional, efficient handover of the patient to the carer.** As well as meeting the requirements of the current Policy and Operating Model this handover should be patient/carers-centric with appropriate language and contact information for all relevant providers/services.

We have shared the report with the local hospitals and Surrey County Council, asking for their response to our recommendations. When received we will add these responses to the report: if we do not receive a response we will recontact the organisation reminding them of their statutory duty to respond to our recommendations.

The findings have been presented at:

- The Surrey Heartlands System Board
- The Carers Partnership Group. This Group includes carers' service commissioners, providers and VCFS
- The Mental Health Delivery Board.

These meetings have ensured our recommendations have reached key decision-makers, and we know the report is being disseminated - Claire Fuller asked that the report is considered at Place, and we have presentations scheduled with some hospitals.

Finding Information and Support in the early years after Dementia Diagnosis (Priority: Mental Health)

At the time of writing the report for this project is in the final stages of review, and we hope to present the executive summary and recommendations at the Surrey Heartlands Dementia Strategy Action Board (SDSAB) on 3rd November.

The SDSAB offers two opportunities to maximise the impact of our findings:

- The Board is just starting development of a new Strategy for Dementia for Surrey Heartlands
- Board membership includes commissioners and providers from a wide range of health and social care services

The input of our volunteers has made it possible for this project to be completed to a high standard in an efficient timescale. Far beyond contributing to the 'legwork' of sourcing and interviewing respondents, volunteers have brought their professional expertise and lived experience to shape the project objectives, interview coverage, findings and recommendations. In particular Robert Hill has acted as a strategic partner on the project, has made valued contributions at Board meetings and has represented Healthwatch Surrey to great effect.

GP Access - understanding the drivers of frustration (Priority: Access to healthcare)

As discussed in the last board meeting, after reviewing everything we'd heard about remote consultations during the pandemic we decided not to “publish” a stand alone report on the findings. At the macro level we judged there was little fresh insight, and the system had moved on.

However, the analysis did allow us to refocus on what we were hearing about GP access. We were able to step back from “why is my GP not seeing me face-to-face” and instead identify three very different aspects of access the system should consider for both short and long term demand management.

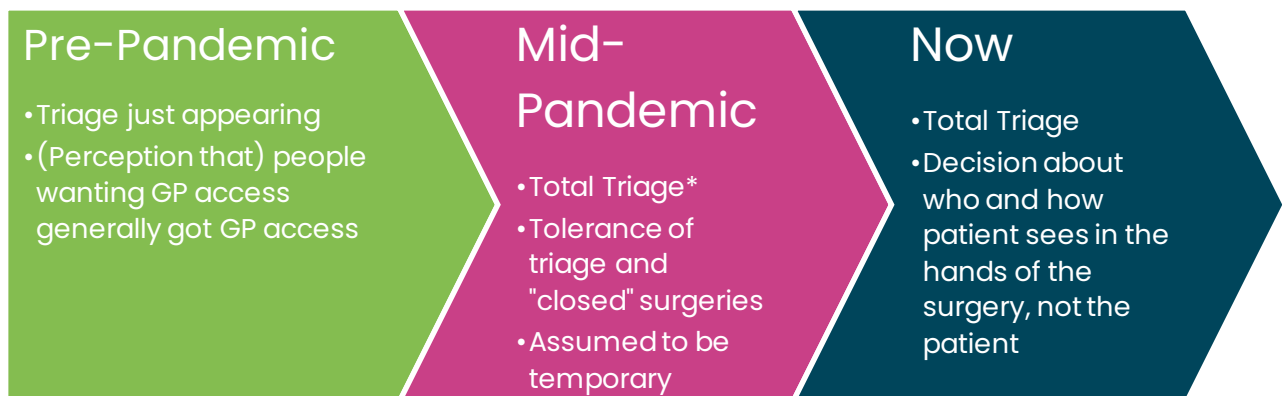
It's important to consider these through two additional lenses:

- Many surgeries have changed approach several times over the past 18 months: for individuals it is a very confusing situation
- Demand now is exceptionally high and increasing: all primary and urgent care systems are experiencing exceptionally high demand - GP surgeries held more appointments in August 2021 than March 2020 and yet are still widely believed to be failing to meet patient demand.

Change 1: How patients make contact to request care



Change 2: Total Triage



Change 3: Modes of consultation



We have shared this model with system partners. Surrey Heartlands have embedded this thinking in their Primary Care Access Model Citizen Co-Design project and are developing patient comms dedicated to explaining "total triage".

Future Project Development

With both the Carers Discharge and Dementia projects nearing completion we will be dedicating time to work on development of our next project idea. The first phase will be a thorough examination of system pinch point; when opportunity areas have been identified we will consult our volunteers in making the final project selection. This will helpfully overlap timing-wise with the input of our Volunteer Groups to the horizon-scanning process this year, so we can take any ideas which arise at that session from our volunteers into our shortlisting process.