

# Board Report – Projects

## Recent and current activity

In the past quarter we have:

- Published **Insight Bulletins in May and June**
- **Published “Waiting for Hospital Care”**, our report on people’s experiences over the past 18 months. Local providers have been asked for their response to our recommendations (which they have a statutory duty to provide).
- **Continued to contribute to implementation** of one of the key recommendations from our “Dementia Support” report. The Dementia Strategy Action Board have begun a substantial project to map local support services.
- **Continued to receive queries and hear of use of our “Carers’ Discharge” report.** For example, our experience and findings will be used to inform an evaluation of Discharge to Assess run by NIHR Applied Research Collaboration Kent Surrey & Sussex funded by NHS England
- Worked on development of a shortlist of project ideas to follow Waiting Well

Our current priorities are:

- Plan **Insight Bulletins for July, and September.** An August bulletin will be delivered if there is sufficient fresh insight (subject to holiday season)
- **Chase responses to Waiting Well, and publish a summary of these**
- **Select and initiate our next project.** The most viable options will be shared with the Board as part of the decision making process.

## Insight Bulletins

Our bulletins have covered:

- **Struggles accessing mental health care for teenagers.** For this cohort violence, self harm and suicidal ideation are all too common. With long waits for diagnosis (often several years) those with autism or adhd may have spent many of their precious years in education struggling without the support they need.
- **The impact of poor communication.** People told us of instances of unclear, thoughtless or unempathetic communication, leading to confusion, stress and loss of faith in clinicians
- **Dentistry –** a health inequality at its most blunt. Lack of access to affordable NHS dentistry is a constant theme, with a simple division between those who can afford to pay for private dentistry and those who can’t.

- **Misuse of A&E.** While we do hear that people choose to use A&E in inappropriate ways, we also heard that GP surgeries are suggesting patients use A&E when the surgery cannot meet their need for an appointment.
- **Digital Access.** We recognize the ongoing work to improve digital products and digital access for patients, but it is important not to forget that there will always be some who cannot use digital services, and that these are often those in most need – people who are elderly, vulnerable, or have sensory disabilities.

### Waiting for Hospital Care

We published our report earlier this month.

Our key findings are:

- **Waiting is worrying; even short waits are often perceived negatively,** and after a 5 month wait 4/5 waiters felt negatively about their wait and/or had experienced negative effects
- **Healthcare information and safety netting is inconsistent.** Most who spoke to us told us they had not received information about managing their condition or been given contact should their condition worsen; only a minority felt the information they had received was helpful
- **Information about “my” waiting status would relieve stress and worry.** Uncertainty is a stressor. 2/3 felt the hospital should update them regularly on the likely length of their wait

We have asked providers to respond to the recommendations our report makes:

Overall – **is the health of the people on your waiting lists being actively managed, or is it a hiatus in their care?**

1. Review processes to ensure all patients are given the **information, advice, contacts and signposting** they need to stay well and minimise deterioration while waiting
2. **Communicate with patients regularly** to reduce stress, improve trust, and reduce timewasting inbound queries

So far we have received responses from Ashford St Peters and Guildford & Waverley. We will start actively chasing for responses in the coming weeks.

### **2022/23 Project Development**

A long list of potential projects has been drawn up, inspired by a mix of what we are hearing and what we know our partners are focusing on. We are now researching each idea (what's the question? Would this be fresh insight? Has work been done in other areas that could guide/inspire?). However, the most important criteria will be "potential impact" – do we have an audience? Do we know who the key stakeholders are? Will decision-making be influenced by our insight?

Over the coming month we will prepare a short list of the most viable and valuable options. This will be shared with volunteers for input, comment, and to recruit those interested in contributing to project delivery. The final recommendation will be taken to the Healthwatch Surrey board for comment and signoff.