



Healthwatch Bristol

Annual Report 2013/14



© Healthwatch England 2013

The text of this document (this excludes, where present, the Royal Arms and all departmental and agency logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not in a misleading context.

The material must be acknowledged as Healthwatch England copyright and the document title specified. Where third party material has been identified, permission from the respective copyright holder must be sought.

Any enquiries regarding this publication should be sent to us at info:healthwatchbristol.co.uk
You can download this publication from www.healthwatchbristol.co.uk

Contents

2 About Bristol

3 Healthwatch Vision and Mission

4 About Us

5 Governance

6 Volunteers

8 Representation

8 Strategic Work

11 Work Plan

12 Community Engagement

14 Communication

16 Young Healthwatch

18 Issues and Concerns

23 Finance

24 Advocacy

About Bristol

Bristol
has a population
of 432,500

71,700 people have a
'limiting long term illness
or disability',
Over 20% in the most
deprived areas

**Bristol is an ethnically
diverse city with 16%
of the population from
Black Minority Ethnic
communities.**

Bristol has a rapidly rising child population, double the national birth rate and births have risen 25% since 2005.

1 in 4 Bristol children is from low income families and food poverty is an issue with a rapid rise in food banks. 7.9% of 16 - 18 year olds are not in education, employment or training which is higher than the national average by 5.8%.

There has been a rise in child obesity and 1 in 5 of 10 and 11 year olds in Bristol schools is obese.



1 in 4

**Bristol children is from low
income families and food
poverty is an issue**



Bristol also has a projected increase of 12% in over 65 year olds including a 10% rise in people aged 85 and over, due to longer life expectancy.

Bristol has 4,500 people with Dementia but only half of the people with Dementia are on GP registers, so there is a projected rise with the aging population. Bristol has over 40,100 informal carers.



Healthwatch Bristol held a successful launch event on 11 Sept 2013 which was well attended by stakeholders and commissioners. The launch gave Healthwatch Bristol the opportunity to update on the first six months progress in setting up and beginning to hear what local people have to say about their health and social care. David Rogers from Healthwatch England gave a presentation on how they will hear from each of the local Healthwatch organisations across England to build a national picture of health and social care services

Healthwatch has been working with the Adult Social Care Team within the Local Authority and the launch gave an opportunity to share the quality approach to care services being consulted on by the city council.



Healthwatch Bristol Vision:

Communities and people in all their diversity in Bristol can maintain their health and wellbeing, and care for themselves and each other.

Healthwatch Bristol Mission:

Healthwatch Bristol involves local people to help improve health and wellbeing services





the care forum

About us

The Care Forum trustees are responsible for the Healthwatch Bristol contract and a Healthwatch Advisory Group was set up with members reflecting a range of necessary knowledge and skills.

Terms of Reference set out the operating procedures and agreed the size of the Advisory Group to reflect governance and to give the opportunity for the Advisory Group membership to change over time to reflect the Healthwatch direction and future vision. Healthwatch volunteers are clear about their respective roles in the Advisory Group. The members and senior staff work to the Nolan Principles of standards in public life.

Governance

At present the Advisory Group is made up of:

- The Care Forum General Manager for Healthwatch
- Healthwatch Project Co-ordinator
- Representative from the voluntary sector: The Carers' Support Centre
- Representative from advocacy: SEAP, who are partners to deliver the advocacy function
- CCG lay representative for Patient and Public Involvement
- Volunteer lead representative on the Health and Wellbeing Board
- Volunteer lead representative on Quality
- Volunteer lead representative on Equality
- Volunteer lead representative on Children and young people (vacant)
- Volunteer lead representative on Enter and View (vacant)

During 2013/14 the group agreed:

- Terms of reference to ensure roles for five volunteer champions to take lead Healthwatch representative roles and the opportunity for these volunteers to take an active role in governance
- Strategy for Healthwatch community engagement and an action plan
- Strategy for Healthwatch communication using a range of communication tools
- Work plan devised from the Health and Wellbeing Strategy, the JSNA, CCG priorities, NHS England priorities and health inequalities.

The work plan remains fluid to maintain capacity for the Advisory Group to take forward health and social care issues coming from the public. It is important for Healthwatch to demonstrate how local people's views have influenced decision making, prioritisation and recommendations.

This year has seen the development of the Healthwatch governance structure to allow Healthwatch to demonstrate the highest standards of transparency, involvement and use of evidence in its decision making.



Healthwatch Bristol now has a form and structure that means it is operating effectively and Healthwatch Advisory Group members understand their duties and powers.

The Healthwatch Advisory Group meetings are held monthly at present at venues across the city. The meetings are meetings in public and mechanisms are in place for discussions with the public through a public submission slot on the agenda.

Healthwatch Advisory Group meetings are advertised widely and minutes and papers are available on the website.

Healthwatch Bristol attended the Healthwatch England event on 29 January 2014 where the Healthwatch England rights were discussed:

1. The right to essential services
2. The right to access
3. The right to a safe, dignified and quality service
4. The right to information and education
5. The right to choose
6. The right to be listened to
7. The right to be involved
8. The right to live in a healthy environment

Healthwatch attended the Healthwatch England 'Strengthening Healthwatch in a changing system bringing outcomes and impact alive' event on 23 March 2014. The meeting discussed the use of the Healthwatch England outcomes and impact development tool and 360 degree evaluation being piloted in the north of England.

Volunteers

Time has been spent ensuring that robust procedures and policies are in place to support and involve volunteers in helping Healthwatch Bristol achieve its mission and vision.

This has meant producing a clear volunteer pathway demonstrating how volunteers can get involved in Healthwatch Bristol, the recruitment/selection process and how they will be supported during their involvement. Role descriptions for the three key roles: champion, representative and enter and view authorised representative have been developed along with branded application packs.

To help promote the volunteer roles, marketing materials such as flyers and posters have been designed to help us target potential volunteers from the local community.

Volunteer Champions represent their community/constituent group so that Healthwatch can reflect a range of views and not just the loudest voices. Volunteers can further commit and become a volunteer representative becoming a two way flow of communication between boards and service deliverers. Volunteers can take up the opportunity to be trained and join the pool of 'enter and view' volunteers needed for the Healthwatch statutory role to observe services. A core training package has been designed to develop the knowledge and skills of volunteers to enable them to carry out their role.

The production of our Healthwatch Bristol volunteer handbook has meant volunteers can take away the key messages from training and have them available to them at all times.

This time spent preparing has enabled us to recruit, train and support volunteers to become part of their local Healthwatch.

Recruitment and training

Across the year 2013/14 Healthwatch Bristol has recruited 20 volunteers in total:

- 16 are Champions, acting as a point of contact between Healthwatch and their group
- 6 are Representatives, sitting on health and social care boards, feeding in and feeding back to Healthwatch
- 8 are Enter and View authorised representatives
- 3 are members of the Advisory Group

Throughout the year the volunteer support team has delivered training to meet the needs of volunteers and their chosen roles. These have been held at various community venues and have been continually developed in response to training evaluation given by volunteers.

- Introduction to Healthwatch
- Representing Healthwatch
- Enter and View training

In support of these roles volunteers have also been offered safeguarding with Bristol City Council and equalities training delivered by Voscur.

Representatives have taken part in a training and thank you event alongside representatives from other voluntary sector boards.

Enter and View volunteers have taken part in a 'practice' enter and view at Emerson's Green Treatment Centre. This provides practical experience of what is involved in planning and reporting on an enter and view visit as well as the realities of approaching and speaking with members of the public.



Health and Wellbeing Board

‘I think the establishment of Health and Well Being Boards is a very good development and the one I sit on in Bristol, as a Healthwatch volunteer representative, with wide representation from the public (NHS and Local Authority) and voluntary sector, gives a great opportunity for diverse, well-informed oversight and monitoring of health and social care services in the city. However, the report-heavy nature of the business meetings can lead to rather laborious and formulaic proceedings and I have yet to experience the meeting using its ‘teeth’ in influencing commissioned services. I much prefer the so-called ‘informal’ meetings where, in smaller groups, there is a valuable exchange of ideas, with proposed solutions to some of the questions posed by the service commissioners and others’.

Christine Teller

All volunteers have been offered the opportunity to undertake Carers Awareness training.

Support

Group support sessions have been held in Bishopston and Barton Hill. These have given the opportunity to meet volunteers from other training cohorts and share experiences. They have included a demonstration on the Well Aware database and an information share from Avon and Wiltshire Mental Health Partnership (AWP) respectively. As part of The Care Forum, Healthwatch volunteers were invited to attend our AGM and Christmas lunch.

Volunteers have been kept informed with the Healthwatch Bristol e-bulletin, The Care Forum’s In Contact newsletter and our staff/volunteer newsletter. They have also been consulted about their area of interest within health and social care and added to mailing lists accordingly.

The volunteer support team has also been able to support volunteers with their access and transport needs to ensure equal access to involvement.

This has included providing training materials in audio or in a chosen font size or paper colour and with financial support to buy audio recording equipment. Taxis have been booked to support volunteers with transport needs.

Activities

Healthwatch Bristol volunteers have engaged in their first series of enter and view visits to a care home in Bristol.

Volunteers have also taken part in PLACE assessments for University Hospitals Bristol NHS Foundation Trust across all their sites. Individual volunteers have attended various events on behalf of Healthwatch Bristol such as:

- Public Health Conference in London
- Palliative care workshop
- Young people changing minds - mental health conference
- Healthwatch stand at Bristol Royal Infirmary welcome centre
- Age UK Bristol and Brunelcare research forum
- Open meeting at University Hospitals Bristol
- Recommissioning of NHS community care.

A Healthwatch Bristol volunteer is the Citizen Commissioner for the Citizens Assembly of the South West Clinical Senate.

Representation

NHS Quality Accounts

Healthwatch gave a standard reply to the NHS Trust Quality Accounts for 2012/13 as these requests came very early into the set up of Healthwatch. Having a lead volunteer now for Quality on the Advisory Group, has given Healthwatch the opportunity to comment on the NHS Quality Accounts for 2013/14

NHS Equality Delivery System (EDS)

Healthwatch has a lead volunteer for Equality on the Advisory Group to enable Healthwatch to comment on the NHS Trust Equality Delivery System (EDS) assessments. Healthwatch was approached by the Equality lead for the Bristol, North Somerset South Gloucestershire (BNSSG) Commissioning Support Group to help with replying to the NHS Trust EDS assessments. The Commissioning Support Group have set up a training course through the Diversity Trust for volunteers from the public to be trained in making a reply and it was felt that this role could be passed to Healthwatch to provide continuation. Staff and volunteers attended the training and other members of the public attending were asked if they wished to join Healthwatch to provide a response to each NHS Trust EDS.

Health and Adult Social Care Scrutiny Commission

Healthwatch Bristol has built a relationship with the Health and Adult Social Care Scrutiny Commission and have explained their role in helping Healthwatch hear from commissioners if questions we ask have not been answered within the allocated 20 days or 30 days for any joint commissioning questions. It was agreed that Healthwatch will have a representative on the Scrutiny Commission and Paula Williams has been selected as the Healthwatch volunteer representative.

Quality Surveillance Group

Healthwatch Bristol has been building a relationship with the NHS England Quality Surveillance Group for Bristol, North Somerset, Somerset and South Gloucestershire. The purpose of the Quality Surveillance Group is to bring together systematically different parts of the system to share information and intelligence that can provide an early warning mechanism of risk about poor quality and the opportunity to co-ordinate actions to drive improvement in services.

Bristol Clinical Commissioning Group (CCG)

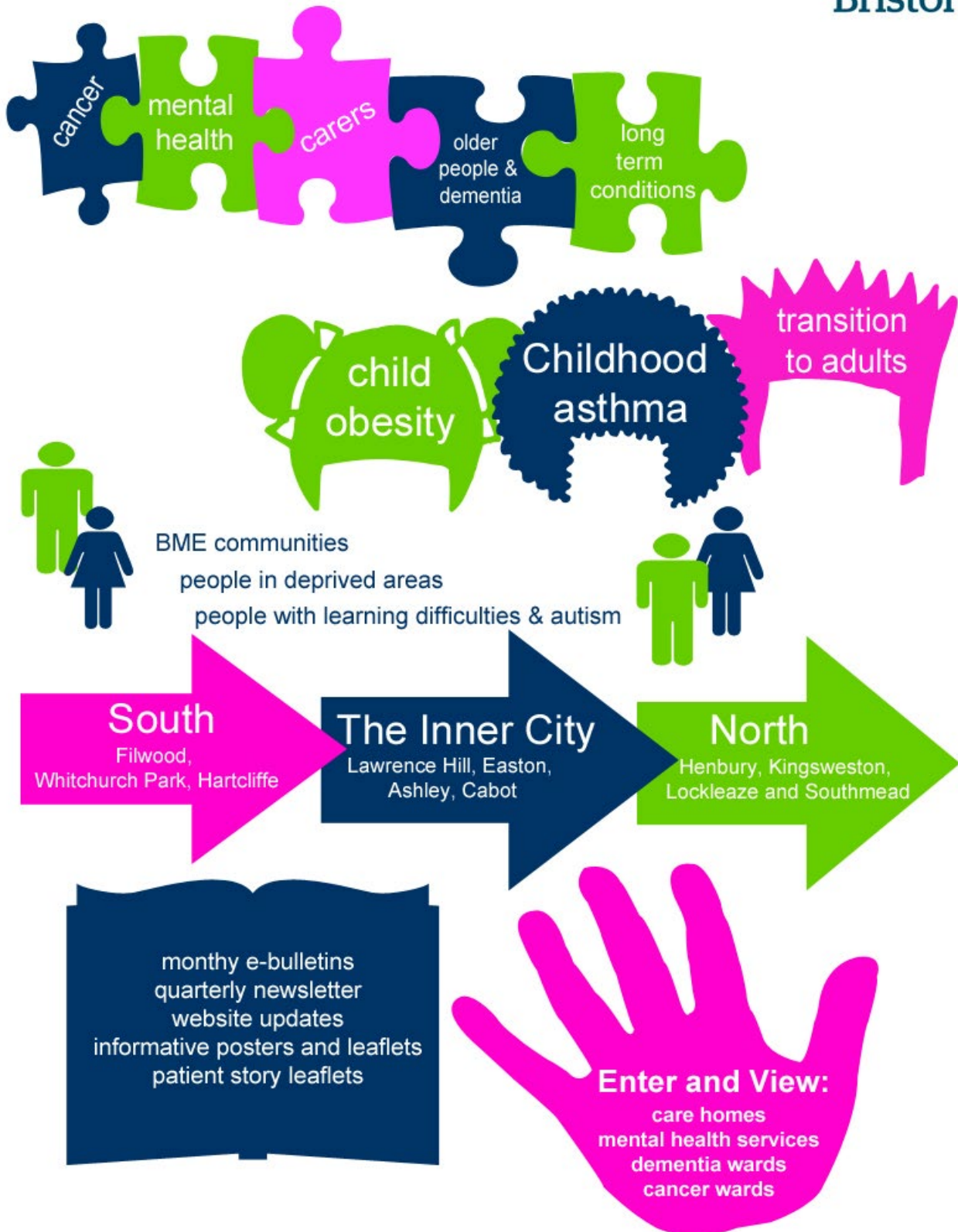
Healthwatch Bristol has been working closely with the CCG responsible for commissioning emergency and urgent care and healthcare services including community health, hospital, maternity and children's, mental health and learning disabilities services. The CCG works closely with other agencies such as Bristol City Council to improve health and care services.

Healthwatch has given a presentation to the CCG on the work of Healthwatch and has been agreeing representation on the CCG Patient, Equality and Communication group. Healthwatch has also agreed quarterly meetings with the CCG to share the community engagement information gained from working with seldom heard groups and patient story information collected and collated for the Healthwatch quarterly reporting.



Work Plan

healthwatch
Bristol



Community Engagement

We have played a lead role in collating feedback about AWP and other mental health services as part of the recommissioning of mental health services. Examples of feedback were then fed directly into the overview and scrutiny board in Bristol.

This process involved targeting communications to specific groups of patients, volunteers and the public to gather feedback. We also used our network of champions to reach out widely into the voluntary sector, with a number of examples of rich qualitative feedback being secured. Finally, because of the nature of the outreach work that we have been doing over the past six months with seldom heard groups, our emails will have gone out to these groups, which means we have reached areas of society that a standard feedback mining exercise by the Council or local NHS services may well not have reached.

We have conducted an 'Enter and View', in partnership with adult safeguarding at the Council, which has provided a qualitative report on a care home, which will inform whether the home is commissioned by the Council to provide beds for Council-funded older people. We have established an ongoing relationship with them to help inform their commissioning decisions.

Our young healthwatch event gathered feedback from over 40 young people about how they see future services being developed. This rich, qualitative

data can and will be used when young people's services are recommissioned and/or redesigned.

Healthwatch has been developing a system of feeding back to the acute Trusts in Bristol when we hear of issues to do with services they provide. This appears to be working well, and allows the acute Trusts to be responsive to what patients are saying and quickly address smaller matters of customer feedback.

Staff have concentrated on spreading the word about Healthwatch to seldom-heard and Voluntary and Community (VCS) groups. There are about 150 entries in the engagement document during this time, the majority of which will have been delivered directly to VCS groups or to people who could facilitate engagement with VCS groups. Highlights of this include:

- Identifying the housebound membership of Cerebral Palsy Plus and reaching them via the newsletter.
- Speaking at the AGM of Dhek Bhal, with direct translation of the message into Urdu and Punjabi.
- Arranging for our posters to go up in community transport vehicles.
- An arrangement with Wellspring to allow Healthwatch to attend English language classes to speak directly to people who do not speak a lot of English about their experiences of health services.

We have been able to speak directly to small groups like the Bristol North Fibromyalgia Group which would have been almost impossible to achieve without being able to attend in person and listen to feedback there.

secondary to this, but perhaps equally important, has been efforts to engage directly with the public. Highlights of this work include successfully negotiating with Lloyds pharmacies to ensure that all local branches are promoting the 'your story' leaflet and poster (31 branches in Bristol).



All GP Practice Managers have now agreed, in principle, to help Healthwatch promote our work to the public via their surgeries. Healthwatch will need to follow up on this in 2014 to identify exactly how this is happening. This agreement was achieved after securing a slot to present at each of the three Practice Manager meetings (North and West, South, and Inner City and East).

After meeting with the Head of Quality at the CCG, it was agreed that the wording of the agreement to which GPs work will include direct references to Healthwatch, which we anticipate will be a significant driver when it comes to engagement with Primary Care.

In addition, we have now met with over half of the neighbourhood forums, and engaged with the public directly there. We have some arrangements in place with a few of the forums to channel concerned members of the public back to us at future meetings.

Digging Deeper to hear more...

"The series of enter and views into care homes with people with dementia will allow us to achieve this.

The visit to HMP Bristol and subsequent write up allowed us to hear from inmates".

Morgan Daly Healthwatch Bristol Project Co-ordinator

We have a meeting in place with the head of Public and Patient Involvement at Bristol Community Health to discuss how Healthwatch can be promoted via their contact with the public. A good pilot will be podiatry, which has agreed to promote Healthwatch as a means to gain feedback about their service from clients. We are meeting their team in May 2014 to launch this work.

After an enter and view was conducted within a Bristol care home, we have now arranged a meeting with the Council department in question to discuss how their work can fit with ours.

Finally, we have just agreed a project with Bristol Refugee Rights to offer medically-trained asylum seekers and refugees the chance to volunteer with us in order to gain experience of health and social care.



We publish a Healthwatch Bristol e-bulletin once a month in a PDF interactive format with clickable links and menus. These have been read 15,931 times in total over the past year, 3121 of these have been accessed from Twitter, a number which is growing rapidly.



A wide variety of health and social care organisations and voluntary sector organisation share their news with us to circulate in our Healthwatch Bristol e-bulletins. The bulletins contain a mixture of local and national news and events relating to health and social care and an update of what we are doing together with what people are telling us are the most important issues at the moment. All of our e-bulletins are available to read on our website. We have made it easy for people to subscribe to our e-bulletins online as well as getting in touch with us and asking for paper copies, we now have 1725 subscribers.



We have developed some eye catching posters that have been put up around communities in Bristol and banners that we use at the many local events we attend, such as the Bristol Royal Infirmary new reception which opened at the end of 2013 where we had a week long information stand and spoke to over 615 people.



As well as leaflets that explain what we do we have also produced "Tell Us Your Story" leaflets that we take out into the community to gather feedback of people's experiences in using local health and social care services. We have also created postcards that people can also leave feedback on and we now have ballot boxes that people can post these into at events.





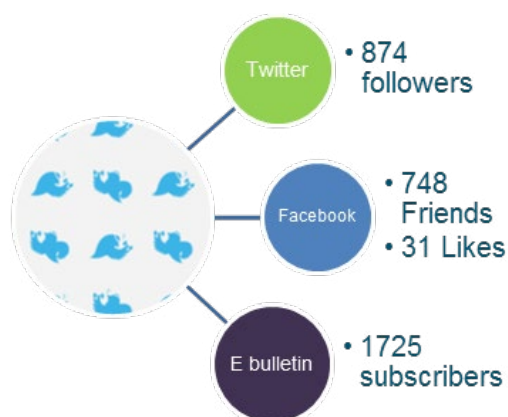
Our Healthwatch Bristol website has been up and running right from the start of the project on 1 April 2013. We have since had 15,323 page views including 1,617 visits to our find services page and 571 to our Advocacy information page.



Our website contains information about us, news, tell us your story online forms, advice on how to make a complaint, links to Well Aware the Healthwatch Bristol information and sign posting service, advocacy, social media feeds and videos.

We are currently developing our own video which we will embed in the site to inform visitors about Healthwatch Bristol. We have added Browse aloud to the website which reads out text in audio in order to make the website more accessible.

We have found social media a valuable way to reach people, especially local communities. At the end of our first year we had 874 followers on Twitter although this figure is ever growing and we have nearly 1,000 followers now. We have found Twitter really useful to circulate local consultations and surveys and we were delighted that by February over 25,000 people were reading our tweets.



Healthwatch Bristol has made great connections via Twitter including the Red Falcon Project who applied to our community pot to produce a booklet with information about local services supporting addiction, mental health and debt which they hope to get into local colleges, universities and community centres throughout the city. We are also on Facebook, at the end of our first year we had 748 friends and 31 likes. Local groups have linked up with us and it is a place where we can share local events and information.

We have been raising awareness over the radio in Bristol speaking on BCFM - Bristol Community Radio, One Love Breakfast and BBC Radio Bristol.

Text us service:

We have now set up a text service where people can text feedback on their health and social care to us. Over the year we heard from young people and the deaf community that being able to text to us would be a great way of getting in touch.

We created a screen advert which is displayed in the new North Bristol NHS Trust Southmead Hospital. We have also developed a screen advert for GP surgeries in Bristol and are hoping that these will be used across Bristol over the next year.

This year we have advertised in the Essential GP Health guide available at GP practices in the area and featured in the North Bristol NHS Trust magazine and the Bristol Clinical Commissioning Group magazine. We also had a feature editorial in the local Big Issue magazine; you can find us on their Big List. Cerebral Palsy Plus, LGBT Bristol, the NSUN Mental Healthwatch handbook have also featured our work as a case study. We have also been making sure that local organisations link to us on their websites to make Healthwatch Bristol easy to find.

Young Healthwatch

Healthwatch is a service for all communities and in particular works to ensure the voices of those not normally heard is gathered.

The views and priorities of children and young people are a key focus for us and as such we have developed an integrated Young Healthwatch to champion these views.

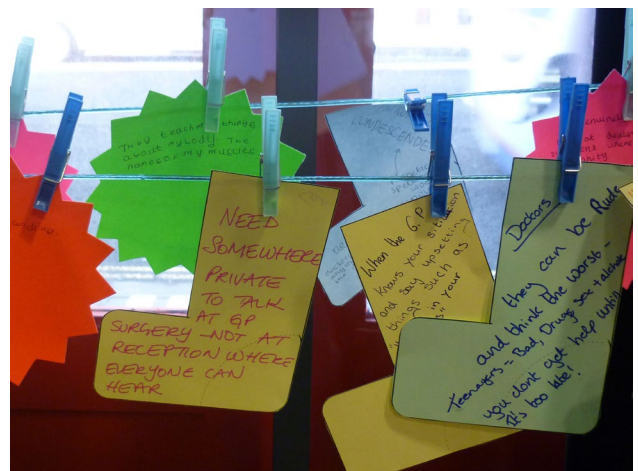
Within Bristol we have adopted a strong multi agency approach linking closely with WECIL's Listening Partnership, supporting the GP Champion project run by Off the Record, funding a Transgender project at Brook and are developing opportunities to run online surveys in their waiting area. We have made links with Envision youth community champions project, University Bristol Centre for Child and Adolescent Health and the South West Medicines for Children Research Network, consulting their young people and sharing our findings. We also work closely with the young people friendly programme, the Children's Hospital youth worker and LIASE officer.

On 18 February we held an event for over 40 young people aged between 13-20 years from across the Bristol, South Gloucestershire and Somerset area at The Station. The aims of the event were to:

- promote Healthwatch
- develop 5 priorities
- demonstrate they are listened to and are feeding back on a national scale
- involve commissioners and other service providers.



The event was publicised through The Care Forum's networks and e-bulletins, inviting organisations who work with young people to bring any interested young people along. Those in attendance included: Bristol Black Carers, Mentality project, Barnardo's HYPE, South Gloucestershire Youth Board, Bristol Children's Hospital Youth Council, Young Carers, Somerset Rural Youth Project, Young Adult Carers and KIDZ.



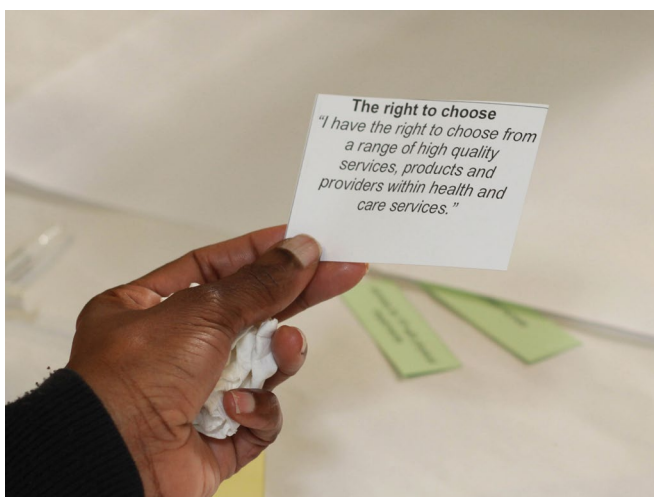
healthwatch



We involved young people in exercises around what makes a good service, prioritisation of top issues for them and Healthwatch England's consultation on the eight consumer rights. Within Bristol the top priorities were identified as

- Mental Health & Stress and anxiety - 25
- Transition from children to Adult services - 14
- Safeguarding - 7
- Language Used - 8
- Body image and Obesity - 2

These topics will form the work plan for the coming year and next steps are to identify groups of young people to take the issues forward. Full findings from the event and the report can be found at www.healthwatchbristol.co.uk



We also participated in the Healthwatch England Consultation on the eight consumer rights with Brook members

In addition to our direct work with children and young people we have also made strategic links with the South West Maternity and Children's strategic Clinical Network and the BNSSG Maternity Services Liaison Committee who have requested we regularly send a Healthwatch representative to their meeting. We have also inputted into the revalidation of the midwifery curriculum for the University of the West of England feeding in the issues and concerns collected on maternity services and issues around language and cultural awareness.



Issues and Concerns

Healthwatch Bristol has heard 297 issues and concerns from health and social care service users, carers, family members, and service providers since 1 April 2013. 195 of these were heard in quarter 4 (Q4) of Year 1(Y1), from January - April 2014.

This report considers the issues and concerns heard within both time periods, as relatively few data were captured in Qs 1-3, so the analysis of Q4 data reflects similar results to an accumulative analysis of all four quarters in Y1, and contributes to a picture of service users' experiences in Bristol.

In Year 1, the most commonly used method of capturing service users' feedback was through a presence at meetings. The Healthwatch Project Coordinator, a Healthwatch Representative or Healthwatch Champion notes down any issues and concerns expressed by meeting attendees, and with the commentator's consent, submits them for inclusion in the Healthwatch Bristol database. The second most utilised method of communicating issues and concerns was at events, which follows a similar model to that used at meetings, and the third most prolific source of data were concerns captured from a public consultation on proposed cuts to Council services carried out by Bristol City Council in November 2013.

Other methods used include capturing issues and concerns discussed amongst community groups, via email, by telephone, via Third Sector service user representatives, using the Healthwatch Bristol online form available at www.healthwatchbristol.co.uk, from the

Healthwatch Bristol NHS Complaints Advocacy Service, using 'Tell Us Your Story' leaflets, which are available in public places throughout Bristol, and at relevant public events and meetings, and via users of the Well Aware directory of health and wellbeing services.

Comment types

Graph 2 shows the issues and concerns heard by Healthwatch Bristol, according to the type of comment. Some stories could be categorised by more than one type of comment. The three most often-heard types of issue and concern in Year one related to;

- Access to a service (99 in total: 12 positive, 54 negative, 29 neutral, 3 mixed and 1 unclear)
- Quality of treatment (40 in total: 13 positive, 20 negative, 4 neutral and 3 mixed)
- Staff attitudes (36 in total: 21 positive, 14 negative, and 1 mixed)

The most positively reported types of experience fed back were the same three types listed above.

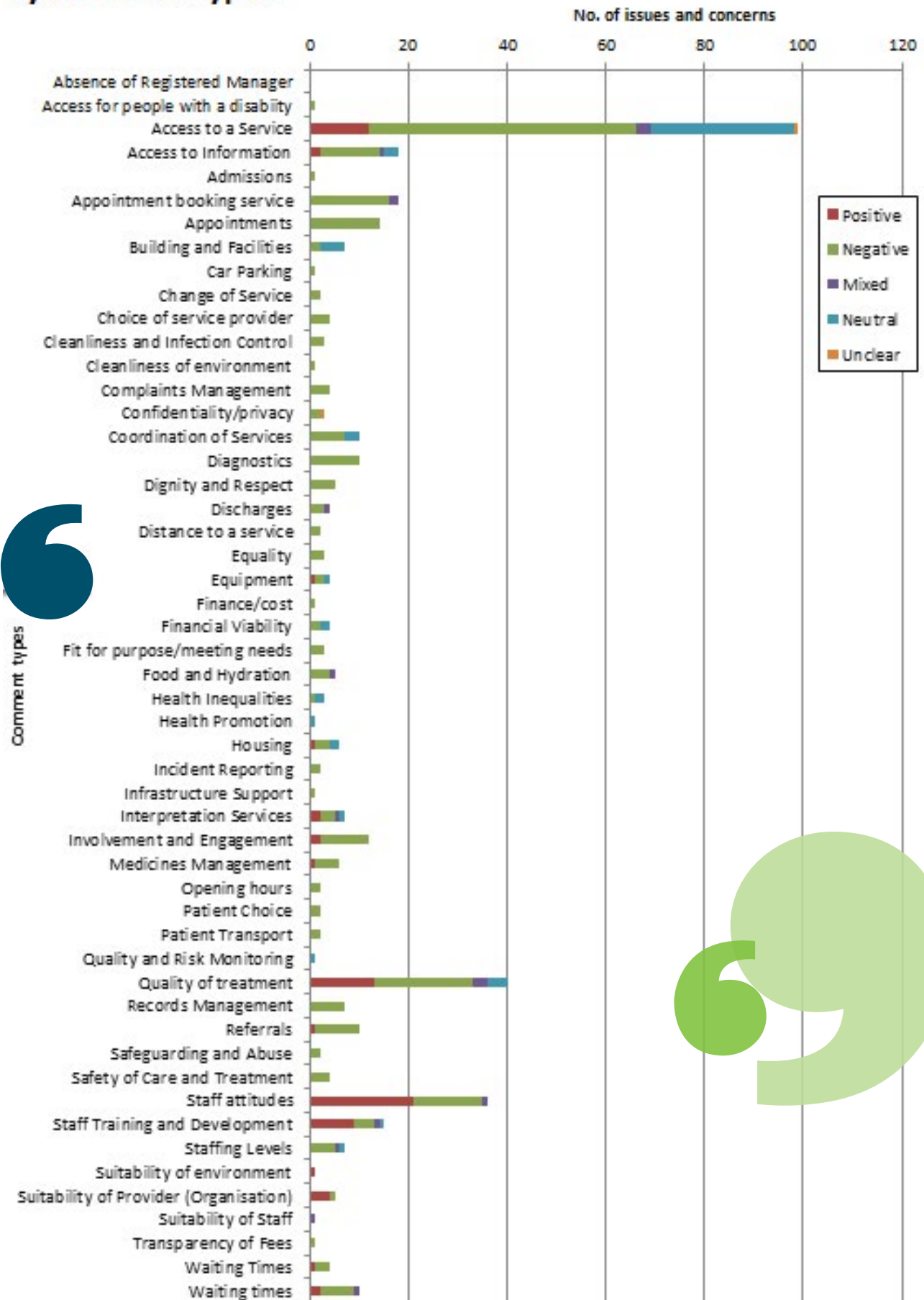
The most negatively-reported types of experience fed back related to access to a service (54 negative issues/concerns heard), quality of treatment (20 negative issues/concerns heard), and appointment booking services (16 negative issues/concerns heard).

TABLE 1: SENTIMENTS OF ISSUES AND CONCERNS Q4

| | | | |
|----------|----|-----------------|----|
| POSITIVE | 48 | MIXED | 10 |
| NEGATIVE | 91 | NEUTRAL/UNCLEAR | 46 |



**Graph 2: Issues and Concerns heard by HW Bristol
by Comment Types**



The types of issues and concerns heard by Healthwatch Bristol in Q4 only can be categorised as shown in Table 2.

TABLE 2: TYPES OF ISSUES AND CONCERNS Q4

| | | | | | |
|-------------------------------------|----|--------------------------|---|------------------------------|----|
| ACCESS FOR PEOPLE WITH A DISABILITY | 1 | DISTANCE TO A SERVICE | 2 | PATIENT TRANSPORT | 2 |
| ACCESS TO A SERVICE | 63 | EQUALITY | 1 | QUALITY AND RISK MONITORING | 1 |
| ACCESS TO INFORMATION | 10 | EQUIPMENT | 4 | QUALITY OF TREATMENT | 32 |
| APPOINTMENT BOOKING SERVICE | 3 | FINANCIAL VIABILITY | 3 | RECORDS MANAGEMENT | 5 |
| APPOINTMENTS | 1 | FOOD AND HYDRATION | 1 | REFERRALS | 6 |
| BUILDING AND FACILITIES | 6 | HEALTH INEQUALITIES | 1 | SAFEGUARDING AND ABUSE | 1 |
| CAR PARKING | 1 | HOUSING | 6 | STAFF ATTITUDES | 25 |
| CHOICE OF SERVICE PROVIDER | 3 | INCIDENT REPORTING | 1 | STAFF TRAINING & DEVELOPMENT | 14 |
| COMPLAINTS MANAGEMENT | 3 | INFRASTRUCTURE SUPPORT | 1 | STAFFING LEVELS | 3 |
| CONFIDENTIALITY/PRIVACY | 3 | INTERPRETATION SERVICES | 5 | SUITABILITY OF ENVIRONMENT | 1 |
| COORDINATION OF SERVICES | 8 | INVOLVEMENT & ENGAGEMENT | 3 | SUITABILITY OF PROVIDER | 4 |
| DIAGNOSTICS | 6 | MEDICINES MANAGEMENT | 3 | SUITABILITY OF STAFF | 1 |
| DIGNITY AND RESPECT | 1 | OPENING HOURS | 2 | WAITING TIMES | 5 |
| DISCHARGES | 3 | PATIENT CHOICE | 1 | WAITING TIMES | 3 |

Examples of qualitative data expressing the most common types of issues and concerns heard in Q4 include:

- **Access to a service**

Commentator reported that Out of Hours GP provision, especially at weekends, has been very poor recently - it is very difficult to get hold of anyone.

- **Quality of treatment**

Commentator is pregnant, and felt very ill and was experiencing pain. She could not get through to the GP, so left her son at home to go to the surgery where she was told to go home and the GP would ring her to make an appointment. At the appointment she was prescribed antibiotics, but two days later they rang her again to change the dose. When the commentator went to the midwife, they told her not to take the antibiotics.

- **Staff attitudes**

Commentator reports that her GP always references her HIV status rather than asking about the actual problem which often is not HIV-related: This type of attitude can lead to people becoming hypochondriac and resorting to the internet for information about their condition.

Service types

The three most common services referred to in issues and concerns heard in Y1 are;

- Prison services (47 in total: 39 negative, 6 positive, and 2 mixed)*
- Primary Care/GPs (46 in total: 26 negative, 16 positive, 1 neutral, 3 mixed)
- Support groups (28 in total: 2 negative, 19 positive and 7 neutral)

*Data on prison services were generated at a targeted engagement event in October 2013, and is not represented in the themes identified from Healthwatch Bristol issues and concerns, as the health and social care services they relate to are delivered within a different system/pathway to services for the wider population in Bristol.

The most positively reported types of service were support groups (19 positive issues heard), primary care/GPs (16 positive issues heard) and hospitals (3 positive issues heard). The most negatively reported type of service were prison services as detailed above, and primary care/GPs (26 negative issues/concerns heard).



The services people in Bristol told Healthwatch about in Q4 only can be categorised as shown in Table 3.

TABLE 3: SERVICES HEARD ABOUT IN Q4

| | | | | |
|-------------------------------------|----|----------------------------------|----|-------------------------|
| DIRECT PAYMENTS | 2 | ORTHOPAEDICS | 4 | |
| ADVOCACY | 1 | DISABLED PARKING | 1 | OTHER SERVICE 8 |
| ASSISTED LIVING | 4 | DLA | 1 | OUT OF HOURS 3 |
| AUDIOLOGY | 1 | EMERGENCY SERVICES | 1 | PAEDIATRICS 1 |
| CANCER SERVICES | 2 | GASTROENTEROLOGY | 1 | PATIENT TRANSPORT 2 |
| CARDIOLOGY | 1 | HEALTH AND WELLBEING SERVICES | 2 | PHARMACIES 2 |
| CARE ASSESSMENTS | 2 | HEALTH CENTRES | 3 | PHYSIOTHERAPY 3 |
| CARE AT HOME | 6 | HOSPITAL SERVICE | 16 | PRIMARY CARE/GPs 41 |
| CARERS SERVICES | 4 | HOUSING | 5 | PUBLIC TOILETS 6 |
| CCG | 2 | INPATIENT CARE | 3 | RENAL MEDICINE 2 |
| CHARITY | 1 | LEARNING DISABILITIES AND AUTISM | 9 | RESIDENTIAL CARE HOME 2 |
| CAMHS | 5 | LEISURE CENTRE | 1 | RESPIRE CARE 7 |
| CHILDRENS' SERVICES | 12 | MATERNITY | 2 | SOCIAL CARE SERVICE 2 |
| COMMUNITY MENTAL HEALTH TEAM (CMHT) | | | 2 | MENTAL HEALTH 5 |
| SPEECH THERAPY | 1 | NHS | 3 | SUPPORT GROUP 28 |
| COMMUNITY NURSING | 1 | OCCUPATIONAL THERAPY | 1 | TRANSLATION SERVICES 2 |

Examples of qualitative data relating to the most common services heard about in Q4 include;

Primary Care/GPs

Commentator feels that referrals that should have been made have not, which has been detrimental to her health. She also feels 'out of control' of key medical and care decisions that affect her health and wellbeing.

Support groups

Commentator enjoys meeting and interacting with others who have autism.

Hospital services

Commentator had to wait a long time to be discharged from Southmead Hospital. There was an extra wait for prescriptions.

Themes

From this analysis, it has been possible to identify themes from the issues and concerns heard by Healthwatch Bristol. As of the end of Q4 and Y1, these themes are as follows:

Access to CAMHS:

Families are finding it difficult to access Child and Adolescent Mental Health Services in Bristol. They have told Healthwatch Bristol that it is not straightforward to find out whether or not they are eligible for the service, then it is often difficult to get a referral, and then there can be long waits for appointments. Once in the service, there is an emerging theme of children being discharged too early, and/or transition to adult services not being managed effectively.

School Road respite facility:

Healthwatch Bristol has heard multiple concerns regarding the proposed closure of this service which offers respite care for families of children and young people with learning difficulties. Carers are worried that their concerns are not being heard by Bristol City Council.

Bristol Autistic Spectrum Service (BASS):* BASS service users told Healthwatch Bristol how much they value BASS, the opportunities and variety of services it provides, for example mindfulness courses, group walking and counselling, the attitudes, approach and awareness of the BASS staff, and the support provided for carers and family members.

Referrals: Healthwatch Bristol has identified an emerging theme of service users finding it difficult to get referrals from primary to secondary care, which in some cases they report has been detrimental to their health and wellbeing.

Effects of proposed Council cuts on services for vulnerable people: From the public consultation events on the cuts to services being proposed by Bristol City Council published in early 2014, Healthwatch Bristol has identified a trend in concerns about the cuts' effect on services for vulnerable people. People feel that the proposed cuts will increase social isolation for older people, younger people and people with disabilities, and impact on the specialist knowledge and experience available within the Voluntary and Community Sector of working with people in these groups.

Home Care services: Healthwatch Bristol has identified an emerging theme of contract constraints affecting the quality of care delivered, and the options available to service users.

GPs: Healthwatch Bristol has heard about a high quality of treatment in GP surgeries across Bristol, when patients can access the GP they would like to see/have seen before. However there are often long waits for appointments with specific GPs.

*These themes are likely to have emerged as a result of direct, targeted engagement with specific service user groups, as part of Healthwatch Bristol's community development remit with priority groups in the area.

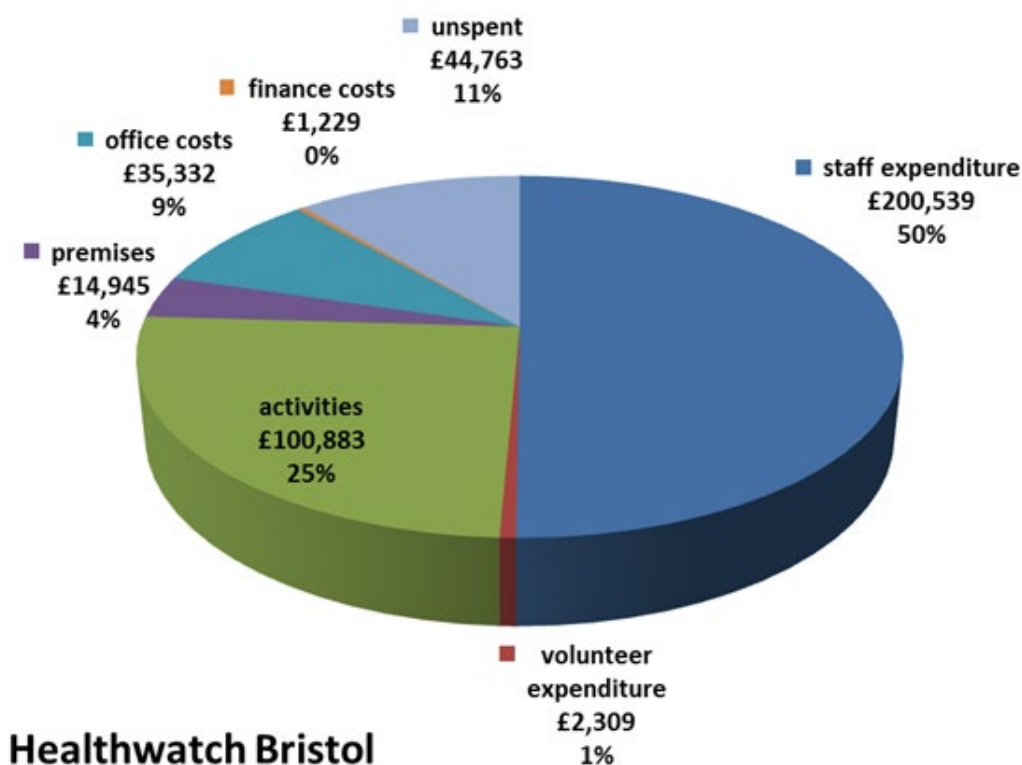
Healthwatch Bristol will take this information to their partners, and to their Advisory Group, who will advise on any further work to be undertaken to investigate these themes further. Individual issues that have been 'acute' or on-going at the time they were fed back to Healthwatch Bristol, have been considered by the Project Co-ordinator, and where appropriate, the commentator will have been signposted to the relevant Patient Advice and Liaison Service (PALS), or to the NHS Complaints Advocacy Service.





Finances

For financial year 2013/14, Healthwatch Bristol received £400,000. This included funding for both NHS complaints and social care advocacy.



Staff expenditure costs are staff salaries including national insurance and pension contributions, travel, training and recruitment costs. This figure also includes a contribution to the management, administrative, finance and IT staff at The Care Forum.

Volunteer expenditure includes volunteers' expenses, recruitment and training costs.

Activities costs are meeting costs, such as hiring rooms, consultation and engagement costs. Also included is a contribution to the costs of maintaining the Healthwatch website and the Well Aware website which provides the information and signposting service. The activities costs also include a payment to the Carers' Support Centre for their provision of carer awareness training and to SEAP for their provision of NHS advocacy services.

Premises costs include a contribution to the charges The Care Forum has to pay such as rent, rates, service charge, electricity, etc. In addition, there is a payment to Bristol Citizens Advice Bureau for use of their central Bristol premises.

Office costs include postage, stationery, telephone, printing, publicity, photocopying, and setting staff up with equipment such as computers and mobile telephones.

Finance costs include a contribution to the cost of the annual financial audit of The Care Forum's finances and the cost of any Disclosure and Barring Service (DBS) checks that may be required.

Unspent is the amount of funding that was left at the end of the year. This figure will be carried forward into 2014/15 and will be split across additional patient and public involvement work for the Better Care Fund and additional consultation and engagement work.

Advocacy

The Care Forum provides complaints procedure advocacy directly and sub-contracts NHS complaints advocacy to SEAP.

Complaints procedure work in relation to social care complaints has included working with the following presenting issues: quality of safeguarding procedure, quality of Looked After Children contact, direct payments and financial assessment, staff behaviour and the level of information provided, unhappiness at way in which complaints being managed, lack of consultation over care provided for an elderly parent, changing carers and inconsistency of care, care package not meeting clients' needs. Some of the trends identified include: parents within the child protection process often feel that they do not understand the process and that the goal posts are moved with not enough explanation or transparency; unhappiness at Legal Aid on offer and advocacy is sometimes seen as an alternative route for support, and protracted assessment process.

We have received very positive feedback about the advocacy services and this includes positive feedback about social care services supporting the advocacy process to happen. We are seeing an increasing number of clients with chaotic lifestyles and/or access needs which makes the advocacy process both more complex and more time-consuming.

There have been 114 new referrals for NHS advocacy over the first year of Healthwatch as well as continuing cases from the previous year. 60-70% cases are attributed to Acute Trusts with a relatively even split between the CCG, University Hospitals Bristol, North Bristol and Avon and Wilts NHS Trusts. Themes have been identified for both the area of complaint and how the complaint was handled.

Area of complaint

- Uncoordinated delivery of joint packages of care - primarily in Mental Health but also in other areas of Health and Social care delivery.
- NHS Charges for not normally resident patients
- Inappropriate patient discharge across all acute/secondary care services.
- Premature discharge of Mental Health patients from secondary to primary care
- Issues with communicating with the Crisis Team.
- Attitude of staff - one of the most common grievance areas.



Complaints Handling

- Poor recording of Local Resolution meetings - unnecessarily extending the complaints process.
- Particularly poor complaints handling practice at N Bristol NHS Trust
 - Process delays not being communicated and leading to client suspicion as to the reasons for the delays.
- Substantive evidence to support the practice of Local Resolution meetings at an early stage in the process - the majority of cases resolved at Local Resolution were a direct outcome of a meeting.

In the case of grievance trends, these are reported to Healthwatch. Complaints handling issues are also reported to the Trusts and we are seeing more openness to early Local Resolution meetings.

The outcomes and benefits to clients are often located in an explanation, an apology and reassurance that the same thing will not happen again to another person. In addition, advocacy has achieved more frequent access to children on the parent's own terms, clearing of debts and reassessment offered for direct payments, understanding that social care services had acted appropriately and complaint dropped, sharing of good practice in complaints handling in both social care and NHS services, identification of where service improvement commitments have been made as a result of the complainant being supported by advocacy.

Efforts in year two will focus on reaching more clients from vulnerable and disadvantaged groups.

Healthwatch Bristol

The Care Forum, The Vassall Centre

Gill Avenue, Bristol,

BS16 2QQ

Tel 0117 269 0400

info@healthwatchbristol.co.uk

www.healthwatchbristol.co.uk

Twitter: @HWBristol

Facebook: Healthwatch Bristol