



## Annual Event October 2016



“Have your say and we will make sure your voice is heard by those who make decisions on your behalf”

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# 1. About Us - What is Healthwatch?

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Healthwatch organisations were established across England to create a strong, independent consumer champion whose role is to:

- Strengthen the collective voice of citizens and communities in influencing local health and social care services in order to better meet their needs.
- Enable residents to find the right health and social care service for them by providing appropriate information, advice and signposting.

Healthwatch works with local residents, patients, service users, carers, community groups, organisations, service providers and commissioners to get the best out of all local health and social care services.

## 1.1 Healthwatch Nationally and Locally

Healthwatch Gateshead was established under the Health and Social Care Act 2012 and is the independent local consumer champion across Gateshead.

Healthwatch Gateshead provides an opportunity for local residents to have a stronger voice to influence and challenge how health and social care services are provided locally.

The organisation brings together residents views and experiences' of local health and social care services and uses this feedback to build a picture of where services are doing well and where they can be improved.

Healthwatch Gateshead can provide residents with health and social care information about the choices they have and what they can do if things go wrong.

Nationally the Healthwatch Network is made up of 148 local Healthwatch's with Healthwatch England in place to offer leadership, guidance and support to the network.

## 2. Executive Summary – Key Findings

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This report has been written following Healthwatch Gateshead facilitating an open event after identifying 8 key areas to stimulate conversation between the residents of Gateshead and some key decision makers / influencers of health and social care services in Gateshead.

This approach was to ensure there was a wide choice to attract the biggest participation. The areas for discussion included:-

- **Healthwatch Gateshead Volunteer Proposition** – what we do and why?
- **Public Health** - in Gateshead and what it does
- **Queen Elizabeth Hospital** – the balancing of patients priorities'
- **North East Ambulance Service** – what can be expected
- **Health Champions** (Newcastle and Gateshead Clinical Commissioning Group) – how to get involved
- **Newcastle and Gateshead Clinical Commissioning group** – Continuing Healthcare criteria and funding
- **Adult Social Care** - service delivery and social care pathway
- **Northumberland Tyne and Wear NHS Trust** – mental health service provision

The aim of the event was to facilitate a safe, comfortable environment where users of health and social care services were able to directly discuss their experiences with some of the key stakeholders and service providers in Gateshead and gain some mutual understanding of why decisions were being made and how they were able to influence service delivery.

This report accurately reflects what the audience felt where their priorities and this can be seen from the very wide ranging discussions. The clarification process for this report included making an approach to the key representatives for each topic to ensure they were given the opportunity to reflect and give any further added value to the comments and commitments made – there has been no editing of the comments to remove any individual's observations.

In terms of key findings:-

- The format and structure of an open forum to enable dialogue between users and provider of services was unanimously endorsed
- What was established clearly from the event was the obvious public interest in health and social care services and the need to have an established way of engaging with providers
- There are topics which need an event in their own right – Adult Social Care, for example
- There are engagement opportunities for the public which need more publicity – Health Champions
- Have more senior people around the tables to hear “stories” and experiences
- Continuing Healthcare criteria and funding – there is not enough information on how to qualify and what the process is for both adults and children.

# 2.1 Recommendations

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Recommendations after the analysis of comments received from attendees by Healthwatch Gateshead are as follows: -

**Recommendation 1** – Healthwatch Gateshead build in a programme of quarterly meetings to facilitate the ongoing dialogue between residents and service providers.

**Recommendation 2** – Gateshead Council Adult Social Care to improve the process of accessing social care reviews and assessments

**Recommendation 3** - Newcastle and Gateshead Clinical Commissioning Group to develop clear simple to understand guides for Adults and Children’s Continuing Healthcare Pathway

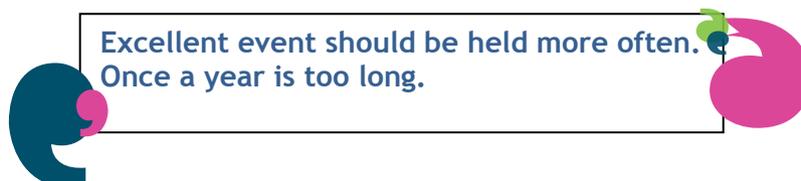
**Recommendation 4**- Newcastle and Gateshead Clinical Commissioning Group to publicise the role of Health Champions alongside the social prescribing agenda

**Recommendation 5** - Public Health to inform the public how to access information to support their health needs.

**Recommendation 6** - Ambulance Service to consider needs of accessible transport for wheelchair users when going to hospital

**Recommendation 7** - Queen Elizabeth hospital to review standard of British Sign Language standards to patients

**Recommendation 8** - Northumberland and Tyne and Wear NHS Foundation Trust to develop a single point of contact for Gateshead residents



# 3. Understanding the Issues

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## 3.1 Aim of the Report

To demonstrate the value of holding listening events with the public who in turn can inform the providers of health and social care services in Gateshead of their experiences and concerns and build a common understanding on how this can be taken forward.

Secondly to demonstrate that Healthwatch Gateshead met one of its stated objectives:-

***“Making sure residents voices are heard by those who make decisions on their behalf”.***

Overall the event was extremely well received with wide ranging discussions and dialogue. The key stakeholders took away some rich information to address some of the health and social care challenges of the future.

## 3.2 Methodology

There were 8 round table topics. The day was split into two discussion forums with the ability of the public to move between tables during the break for Afternoon Tea. In reality some discussions continued over the designated break time due to the interest generated. Each table was facilitated either by a staff member from Healthwatch Gateshead or a Board member. This report is generated from their notes.

## 3.3 Overview

Overall the event was extremely well received with wide ranging discussions and dialogue. The key stakeholders took away some rich information to address some of the health and social care delivery challenges. In turn has informed Healthwatch Gateshead’s work plans for the foreseeable future

## 4. What We Did

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We made the decision to have a listening event for local residents prior to our formal Annual General Meeting (AGM). We advertised the event widely and obtained an appropriate, accessible venue. We canvassed all the main stakeholders we had been working with and they committed to attend.

We wanted the public to hold us to account for one of our objectives:-

Making sure residents voices are heard by those who make decisions on their behalf

## 5. What People Told Us

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There were some very lively and positive discussions around 8 topics of Health and Social care services in Gateshead with key decision makers present. Continue reading to find out more about what people told us.



*Many thanks for invite. I'd love to re-attend or support someone else from CCG coming along. Steven Bramwell, Health Champions.*

## Table 1 - Gateshead Foundation Trust (Queen Elizabeth Hospital)

**Carole Gourdie, Healthwatch, Joanne Stout, QE Clinical Lead Safecare and Judith Portlock, QE PALS Manager.**

The North Regional Association for Sensory Support (NRASS) highlighted that their users had reported that the hospital was failing them as deaf patients. Some of the issues are highlighted below:-



**Issue:- Interpreters** are not available when deaf patients arrive in A & E.

When interpreters are booked often a request is not made for a gender specific interpreter, for example, if the patient is there for gynaecological issues then a female interpreter is required.

Ambulance personnel have no British Sign Language training.

Hospital staff, from reception to medical personnel with no BSL training and/or no identified staff members with this skill that can be called upon to offer support when a deaf patient requires assistance/support.

Carers/friends who arrive to support a deaf person not being able to be present during a consultation with the doctor due to not being 'family' to provide background to the patients circumstances.

No interpreter present at patient assessment. Do staff know how to access BSL interpreters?

**Response:- Interpreters** - A process is in place for booking BSL Interpreters who are available 24 hours a day. The QE will raise this in the Ward Managers meetings and propose that all ward staff are briefed regarding accessing BSL Interpreters.

The booking process for BSL interpreters will be highlighted to all support /reception staff in A & E, Outpatients and Clinics. Training will be provided to staff that are identified as unsure regarding the process.

Healthwatch Gateshead will follow these actions up also with the QE and will also have an additional meeting with NRASS to clearly identify all of the issues facing patients who are deaf and the difficulties this presents when accessing/using health and social care services.

**Issue:- 'Carers Passport'** available to non-family members through PALS – people are not aware of this.

PALS close at 5pm therefore outside of normal office hour's non-family would be unable to obtain a Carers Passport therefore would still be unable to support patient and/or be given any patient information.

**Response:-** The QE have the Carer's Passport across all wards. Signage is displayed to prompt Carers to ask staff for a Carer's Passport to enable them to visit outside visiting hours and be present during medical examinations and be given information on a patient's condition if the patient gives their permission.



The QE will raise this in the Ward Managers meetings and propose that all ward staff are briefed again to promote the Carer's Passport.

Healthwatch will promote the QE Carers Passport through their website, e-news and social media.

**Issue:- Communication** across the board for deaf patients is challenging as they are unable to use the telephone to access services/book appointments without support.

As the hospital is a new building 'why are hearing loops not part of the infrastructure'?

The Data Protection Act can be a barrier for non-family (Carers/friends) – regarding medical information about the patient.

**Response:-** The QE are looking at other methods of communication for example text messaging for patients to book appointments at clinics etc.

**Issue:- Hospital Discharge-** A general comment was made about patients being discharged without follow-up when they return home no direct instance was given by a patient.

A general comment was made about patients being discharged late at night on their own without communication with family/carers or community support arrangements being in place. No direct instance was given of this by a patient.

Discharge delayed due to waiting for medication.

Outpatients discharge delayed due to waiting for medication.

The Freeman Hospital has specialist nurses in place and contact details are given to a patient on their discharge so they have support when back home. This means when a patient has concerns they have a designated person to contact who is familiar with them and their condition and can provide advice/support. All communication is recorded so when a patient returns to see their consultant or GP they do not have to go over any previous discussions they have had, the history is logged. Could this system be adopted by the QE in appropriate cases?

**Response:-** The QE stated that they have received no concerns or complaints to support the statement regarding patients are being discharged at night, work is ongoing to improve the discharge process. The QE will continue to improve hospital discharge and care pathway back into the community.

The QE have advised that additional pharmacists have been recruited to address the level of work the department experiences in an attempt to reduce waiting times during peak periods.

Healthwatch Gateshead will follow these issues up as part of the review of Hospital Discharge at the QE project work.

**Issue:- Communication** - Patient waited 3 hours in A&E to be seen by a doctor. This consisted of being seen at triage then taken through and put into a cubicle and left. Nobody came to update me on what was happening and how long it would be before a doctor came to see me, I felt very isolated. When I eventually saw a doctor the treatment and care was excellent.

**Response:-** Work is underway to have specific staff assigned to cubicles to keep patients up to date at regular intervals about the timescale to see a doctor if there are delays or long waiting times due to service demand.

**Issue:- GP Referral Appointments** - A patient told the table that he had experienced a delay in receiving an appointment at a clinic at the QE. When he rang up to enquire, he was asked for a 'password' to access any appointment information, he did not have this, so had to return to his doctor for the process to begin again.

Patient also advised that the telephone system does not answer your call straight away and puts you in a queue, it just continues to ring out until someone can take your call, therefore you don't know how long you will have to wait/let the call ring before it is going to be answered.

**Response:-** All appointments are booked through a central point - Bensham Hospital – the comment regarding the telephone system will be fed back.

The table was advised that there is a process in place for making a hospital appointment but it is clear that different GP surgeries are working in different ways. At the time a referral is made, patients need to be clear about their hospital appointment and ensure they receive their password so they can make enquiries if necessary with the hospital.

Healthwatch Gateshead will publicise this through their website, e-news and social media.

**Issue:- Stroke Services.** A patient advised that the QE A & E were not told by the ambulance crew that a stroke patient was on their way to them. The patient was not initially put on the stroke ward and was concerned that this could cause a delay of specialist treatment being given. The patient was moved onto the stroke ward after assessment.

The patient advised that the care received during assessment was excellent and when they were transferred to ward 22 they received excellent care.

The patient is however concerned about the plans to transfer all acute stroke cases to the Royal Victoria Infirmary (RVI), Newcastle from November. The rehabilitation ward will remain open at the QE and patients will return here when stable.

**Response:** Healthwatch Gateshead advised that there is a new model of care being implemented from the end of November 2016. The Clinical Commissioning Group is confident that this change in service will result in improved care for patients in Gateshead.

Healthwatch will highlight this change through their website, e-news and social media. They will put a link to the CCG Stoke Services in Gateshead briefing that provides a background to the changes and information about the changes.

**Issue:- Feeding.** A patient told the table that he had been in intensive care for 9 days and was then transferred onto the ward where he stayed for a further 3 days before being discharged. During this time he was still weak and when food was brought at meal times it was placed on the trolley but he couldn't reach it and felt too weak to eat. No assistance was given and the food was taken away which meant he had very little to eat during these 3 days.

**Response:-** The QE are very concerned about the issue around meals and will follow this up, however to prevent this happening there are volunteers on the ward at mealtimes along with staff to ensure patients are provided with assistance should they require it.

**Issue:- Patient Isolation.** A patient was on the Jubilee ward, the facilities are excellent with on-suite etc. but he felt very isolated.



**Response:-** The QE are aware of the issue around patient isolation that the new ward facilities present and they have put in place an initiative that is called 'Intentional rounding' where staff will visit each room regularly to interact with patients and check they are OK. All patients should have a general idea when a member of staff will be back to see them. Volunteers are also on wards to provide social interaction/company with patients who would like it.

These issues will be raised at Ward Manager's meetings.

**Issue:- End of Life.** A member of the public told the table about his father being admitted to hospital as an emergency and eventually passing away. The family were with the deceased but felt unhappy that a doctor was unable to attend to confirm 'that there was no sign of life'. The deceased died at 12.30 am and the family waited until 3.30 am. The doctors confirming the death would have given them closure so they felt very upset with this not happening within what they felt was a reasonable period of time.

**Response:-** The QE acknowledge how this must have felt and apologised for this and confirmed that the doctor would have arrived as soon as they possibly could to confirm that their father showed no sign of life.

**Issue: Moving patients.** A patient told the table about the staff trying to move them to another ward during the night with no explanation or discussion. The patient firmly refused to be moved and said it was upsetting and distressing to be woken up to be informed she was being moved and it would have been terrible to have woken up in a strange ward.

**Response** - The QE apologised to the patient and advised that they would raise this issue at the Ward Managers meeting but advised that sometimes it has to be done due to hospital bed pressures.

**Issue:- Car Parking.** Patients and visitors unable to get a parking space.

Why is the ambulance entrance shared with the public entrance and there is a bus stop at the junction and pedestrians walk across the entrance?

**Response:** - QE will feed these comments back

**Issue:- Signage.** A patient commented that it is very difficult to find your way around the hospital from the Windy Nook entrance due to lack of signage.

**Response:** – QE will feed this back and to have the issue resolved by signage being put up. Members of the public highlighted that they found the Healthwatch Gateshead stand with information in the PALS area very useful.

It was also highlighted that members of the public also mentioned that they saw this Annual Event posters on the wards when visiting.

**Issue:- Ambulance Service** – a patient told the table after an accident at Gateshead Interchange when a person fell backward on the escalator onto her she had to wait 2 ¼ hours for an ambulance to arrive.

**Response:-** Healthwatch will feed this back to the Ambulance service for comment.

**Issue:- GP Services** - A patient told the table about having blood tests undertaken by their GP and the hospital contacting the GP to advise that the patient required urgent medical treatment and was to attend the hospital immediately. There was a delay in the GP contacting the patient but eventually this contact was made and the patient went straight to A & E. On arrival no note regarding the patient's situation was highlighted on their hospital record when their name was put into the system.

GP did not follow up with patient to ensure that they had attended for treatment.

**Response:-** Communication between GP and hospital departments and with patients, family, carers and friends (where there is no family). The hospital will always have difficulties when friends or voluntary carers want information about a patient because they do not have a right to the information and hospital staff do not know if the patient would like them to have information about their condition. It would be a breach of confidentiality for the hospital to give out personal information to anyone who states they are a carer or friend of the patient.

Healthwatch will follow this up by looking into the process that should be followed in these circumstances.

**Response:-** Healthwatch could introduce a '**Do you know**' section on the website: For example, "Do you know" - if you are registered with a GP practice in England, you will have a Summary Care Record (SCR) unless you have chosen not to have one. Your SCR contains the following basic information:

- the medicines you are taking
- your allergies
- bad reactions you may have to certain medicines

It also includes your name, address, date of birth and unique NHS Number which helps to identify you correctly. An SCR is used in a number of healthcare settings and will provide healthcare professionals with any information they wouldn't otherwise have. For example, when you're visiting an urgent care centre or being admitted to a hospital, staff could view your SCR and discover you are on a particular medication or have allergies.

## Table 2 - North East Ambulance Service

**Mark Johns, NEAS Engagement Manager and Nicola Winship, Healthwatch Gateshead**

Areas of North East Ambulance Service work discussed:

- Emergency and Urgent Care
- Patient Transport Service - PTS and
- 111 (non emergency)

**Issue:** I can no longer book an ambulance to take me for my hearing test at hospital.

**Response:** Eligibility criteria has been introduced to try and eliminate abuse of the system. Member of public was encouraged to try and book again and at each appointment as may now meet criteria. Telephone number to ring to book Patient Transport Service is 0191 3017687. Criteria is based on age/mobility/disability.

**Issue:** If I'm going to hospital in an emergency ambulance I am unable to take my wheelchair along with me and therefore I have no independence during my hospital stay.

**Response:** NEAS is aware of this issue however emergency vehicles are not equipped for this and NEAS are currently not commissioned to do this however they are holding an event on 15 November at John Buddle House to discuss this issue, ideas include using accessible taxis to take wheelchairs to and from hospital.



**Issue: (Historic):-** I had an accident on the metro escalator and was in a great deal of pain. I waited 2 ½ hours for an ambulance despite numerous phone calls being made. My shoulder was dislocated. On arrival at Accident and Emergency there were further delays which combined with the delays from NEAS had an impact on my treatment and subsequent recovery.

**Response:** Discussed historic issues due to staff shortages. NEAS has undergone a big recruitment campaign and has recruited more paramedics to fill these gaps. Also discussed triage and that paramedics must attend life or death situations (red calls) first and this is why the triage call is so important. Delays in ambulance wait times can sometimes be out of NEAS control due to lengthy delays with handovers at hospitals.

**Issue: (Historic) Staff Attitudes:**

1. Don't pre-judge. Had a bad experience with the Patient Transport Service (PTS). Recently recovering from a stroke and so was unable to drive. Ambulance driver was judgemental when collecting the patient as there was a car on the drive and asked her if she really required the ambulance. Although she looked healthy she was not and was unable to drive – don't pre-judge.
2. Having a serious asthma attack. GP visited and called an ambulance. After a long wait an ambulance arrived however it wasn't an emergency ambulance as the call had been incorrectly triaged. In praise of the NEAS driver however, he assessed the seriousness of the situation and decided not to wait for another ambulance as he had oxygen on his vehicle already and took her straight to hospital.

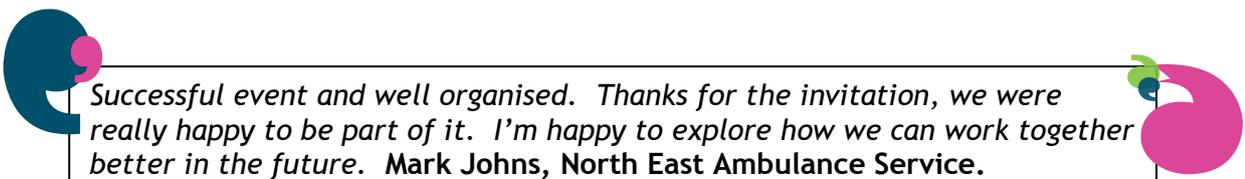
**Response:** Agreed that staff shouldn't pre-judge and confirmed that NEAS staff do receive regular and appropriate training. With regards to the second issue, again, this was an historic issue regarding delays but once again reinforced the issue of getting the triage right so that the correct ambulance is sent in each situation.

**Issue:** Residents living close to the Queen Elizabeth hospital advised that staff parking is affecting access for ambulances.

**Response:** This matter should be directed to the Queen Elizabeth hospital and addressed with staff.

### General comments:

- Used emergency ambulance service recently. Very quick response and excellent service.
- Paramedics – excellent and calming manner, they fully take control of the situation.
- NEAS has recently introduced a text service for Patient Transport Service (PTS), however this has not yet been rolled out to include dialysis transport.
- NEAS staff are fully trained to be dementia friendly and will explore working with Alzheimer's society too.
- Problems with access to Metro Centre as sometimes paramedics are directed to the wrong access door.



*Successful event and well organised. Thanks for the invitation, we were really happy to be part of it. I'm happy to explore how we can work together better in the future. Mark Johns, North East Ambulance Service.*



### Table 3 - Healthwatch Gateshead Volunteer Proposition

**Karen Bunston, Healthwatch. Christina Massey and Freda Bevan, Healthwatch Volunteers**  
Key themes for discussion and information sharing on Healthwatch Gateshead table included:

- The Enter and View process, the role of Authorised Representatives and how people can get involved.
- Mystery Shopping projects and opportunities for people to volunteer as Mystery Shoppers
- The role of Community Ambassadors and how we ensure this is as inclusive as possible and covers the whole of the Borough.
- Healthwatch volunteers shared their experiences with participants.
- Opportunities for collaboration with local voluntary and community groups and organisations.
- How to broaden Healthwatch’s appeal to all members of the local community.

Participant’s feedback:

- People generally agreed that the volunteer role descriptions were comprehensive and clearly defined the role, expectations and benefits to the volunteer.
- The “critical friend” approach to Enter and View adopted by Healthwatch Gateshead was considered to be the most appropriate way of achieving service improvement.
- The volunteering opportunities were of good quality and likely to have broad appeal although it was acknowledged that involving men in volunteering was still a challenge.
- Recognition that Healthwatch Gateshead is committed to inclusivity of opportunities by meeting additional support needs wherever possible and through training, support and reimbursement of expenses.
- The Enter and View reports were positively received.



- Participants heard from our volunteers about their positive experiences of Enter and View visits and Mystery Shopping.
- There is an opportunity to develop a mystery shop in collaboration with Action on Hearing Loss specifically around NHS England Accessible Information Standard.
- Arthritis Care are also keen to link up with Healthwatch and have extended an invitation to attend one of their sessions which are held at the Civic Centre (first Monday of each month, 60-80 people attend), include information in their newsletter and potentially put a Healthwatch widget on their website.

## Table 4 - Adult Social Care



Clare Ault, Service Manager / Care, Wellbeing and Learning/ Adult Social Care Assessment and Planning/ Gateshead Council

Kim Newton, Healthwatch

The following issues and questions about Adult Social Care were raised and responded to at the Adult Social Care table:

**Issue:** - What is the current structure within Gateshead Council?

Discussion took place around the recent changes in Adult Social Care staffing in Gateshead and Clare Ault gave a brief explanation of the new structure.

**Response:** - Sheila Lock is the Interim Strategic Director Care, Wellbeing and Learning  
Stephanie Downey is the Service Director Adult Social Care and Independent Living  
Clare Ault is the Service Manager and Principal Social Worker for Care, Wellbeing and Learning, responsible for Adult Social Care Assessment and Planning, Safeguarding Adults Team and the MASH (Multi-Agency Safeguarding Hub).

**Issue:** - What is the future for Blaydon Lodge and Marquis Way Bungalow? This was identified for closure in the Social Care review last year?

**Response:** - This is a service for complex and severe needs. No decision has been made yet. Clare Ault will speak with the appropriate Service Manager to provide carers with a more comprehensive update.

**Issue:** - How can I get help to put on compression stockings? I have been told by my GP that the district nurse can't do this for me.

**Response:** - This is a health need and it really ought to be health professionals who help you to do this task. If you also have social care needs then you will need to receive a care act assessment. Clare explained the Care Act eligibility criteria. In the future health and social care will integrate and this brings opportunities for pooled money to make accessing services easier.

Clare spoke with person asking the question in private and agreed to follow up actions to help solve the problem.

**Issue:** - Is there a budget to help with extra costs for someone living in their own home with complex behaviour needs?

**Response:** - There is a Transforming Health Care budget available to meet extra costs that may occur, where people have left or are leaving long stay hospital placements relates to complex behaviours/mental health needs. Social Care or health colleagues apply for this budget if a person is eligible to access it. For other people with complex behaviour needs that are eligible for health and or social care services these needs will be met from those budgets.

## Other Comments



### Social Care Services

Of those people who currently use social care services it was noted that these were generally good or very good and current care packages are meeting the needs of people and their carers.

### Social Care Pathway

The Social Care Pathway was discussed at length.

The following points were raised regarding the process of accessing social care reviews and assessments:

- There is no continuity of social workers
- My social worker went on long term sick and my case was not picked up
- There needs to be a clear pathway for people trying to access social care services
- There is delay in getting back to people
- I have had to chase up my carers assessment
- I feel let down as a Carer
- You have to fight to have your loved ones needs met
- No one returned my call

## Response and Actions

It was acknowledged that there should be consistency at the “front door” for people accessing services.

Adult Social Care phone-lines are often the first point of contact for people requiring social care support and therefore need to be triaged correctly to ensure they are navigated correctly.

Phone calls and follow-ups should always be actioned as agreed with people accessing the service.

Clare and her colleague Jean Kielty are currently looking at standards and processes within and across the service and will implement any changes required.

Healthwatch Gateshead could offer support in a volunteer led mystery shopping exercise on the quality of the front door triage phone system.

**Table 5 - Newcastle/Gateshead Clinical Commissioning Group**  
**Victoria Clark, Healthwatch and Norah Stevens, CCG Gateshead Engagement Lead**

Continuing Healthcare (CHC) process and criteria was brought up several times for both adults and children. The process and criteria for CHC is very complicated for family members and lay members to understand. Members of the public don't know what is available or where to get the information from.

**Issue:** - CHC process for children is awful. We got eligibility of care criteria given and nothing else. The forms must be completed on the child or persons worse day – its heart breaking. Why don't social workers and clinicians tell you about everything that is available when you are in that position i.e. CHC etc?



**Response:** - The Local Authority is responsible for carrying out assessments for Continuing Healthcare. If this isn't done by the Local Authority then Continuing Health Care cannot be awarded or considered.

**Issue:** Why can't the CHC forms be simplified and social workers use "our language" not jargon. Why do people use scary words like court of protection, deprivation of liberties, best interest's assessor etc. The forms are not appropriate. They are designed for older or almost dead people.

**Response:** - It is very difficult to have 1 form that fits all and it is not always appropriate. Efforts have been made previously to simply form as much as possible.

**Issue:** Members of the public don't know where to go to get information from re: carers, DOLS, Continuing Healthcare etc.

**Response:** - Social workers should give you information. There is also a wealth of information from Healthwatch, your GP or health practitioner, PALS, Local Authority, Advocacy services and various voluntary organisations, for example Carers Association and Crossroads.

**Issue:** - Our care plan now is not relevant to our needs and when we do get a care plan, we only get 2/3rds of actual care. Care plans are great on paper – if you get one. However, care plans actions are not actually happening.

**Response:** - You should receive all the care detailed in your plan. If you are not getting this it needs to be addressed with your social worker.

**Issue:** - What about when your social worker says there is nothing available? That there is no provider for the care needed? If the social worker says there is no provider available, we then get nothing. If the social worker can't find a provider then how can I? We have to struggle on, or leave family members in hospital when there's nothing medically wrong with them.

**Response:-** This is a local authority issue and should be taken up with Adult Social Care.

## Other comments and suggestions



We are tired - we also have jobs to go to. When I was younger and caring for my disabled child(ren) it wasn't so much of a problem. Now I am older, I am tired, I have my own health problems, I have less energy, and I also have my elderly parents to look after. When I was younger my parents helped me care for my disabled child(ren), now they can't because they are old so I care for those as well. Yet my child(ren) son(s) needs have increased because of his age / condition / lack of social care.

Why is there not 1 person overseeing someone's care? – This includes children hence the confusion and difficulty around appointments, care and the family as a whole.

Social workers always cancel and re-arrange meetings at short notice, this is not always convenient for us but what can we do? We have to do what social worker says and when the social worker is available because if we don't, we get even less than we have now.

I worry if I have to go into hospital or have an accident that will look after my child (ren) then? Who will look after my elderly parents?

Continuing Health Care for children is allowed in their own home, yet it's not for adults. For adults it's got to be in a care home. Why is this? There's no consistency.

My kids have had no assessment from health. There is no defined process for children continuing healthcare needs.

I had the courage to complain about a particular service, then it was withdrawn with zero notice yet I know service provider is still providing this service to other families.

You've got to be practically dead or nearly dying in order to get CHC.

Gateshead Access Panel helped me get my CHC. It took me 5 years and had to try 3 times. It's a very complex system.

I didn't even know you could get CHC for children.

Services for those with severe learning disabilities and complex needs i.e. The Grove, are excellent and have had a budget reprieve but we have had to fight for everything. Once Chris Percy came to Marquis Way and saw how the service actually worked he understood more.

Advocates do a fantastic job.

Finding out all of this information, the forms, the stress, the appointments, the inconsistencies are all just too much when you are a carer.

My advocate came to my home and explained the form and it was great.

The changes in continuing healthcare over the last 6 or 7 years are unrecognisable. Continuing healthcare is moving (if not already moved) to palliative and end of life care – it's not continuing healthcare. Continuing Healthcare is basically 24-7 nursing care. Understanding the system is just too stressful.

Carers are at breaking point. It is a real fear that carers have – re: managing when you are older and are tired and have your own health problems. If things are bad now – what is it going to be like in 10 or 20 years time?

As carers we have a real fear about the future.

## Table 6 - Health Champions



Discussions began with a positioning statement around the origin of Health Champions and also what social prescribing is. Health Champions are volunteers who have an interest in health and social work within their GP practice to support patients with, information or access, to other activities which may support recovery in their health and well being.

The role of a Health Champion is all about the skills and abilities. It is part of the NHS 5 year Forward View which focuses on social prescribing. The role bridges the gap between the individual and actual setting up of social, community and activity groups. For example - a walking group established at a GP practice which runs regularly and gives patients some regular exercise – it also assists with social isolation and improves the well being of attendees.

Social prescribing is now going to have some funding released nationally as it is recognised that 20% or more of GP appointments are social care issues for which a medical prescription will not help. The ability of GP's to refer to a Health Champion frees up their time and supports the patient to access something which may be of more intrinsic value.

While resources are stretched, now is time where more creative responses to health and social care needs are required.

In Gateshead, 12 Practices are involved with Health Champions and Social Prescribing. 3 have been so for more than 3 years. 8 practices involved of up to 3 years and 1 practice is just starting. The benefits to the GP practices are measured in less repeat appointments.

The main questions were as follows:-

**What can a Health Champion do for me?**



The idea is that they will be able to help a patient access information and link in with local organisations to help address some of the patients needs without necessarily needing a GP referral. This may also mean working with Wellness Coaches too.

Health Champions would provide some guidance around lifestyle and accessing meaningful engagement in the community which can result in reduced loneliness, depression etc. This may be art based or something practical like gardening and walking groups or maybe a knit/natter group.

### **Does this mean I would never see my GP?**

No, you can obviously see your GP when you have a medical need.

You may see other health professionals within your GP practice, like a Nurse, who can assist you without needing a GP appointment. It is more likely to be part of a holistic package treating you as a whole person rather than one bit of your body.

You may see your GP first as part of your diagnosis and then be passed to a Health Champion for further input with a review later. It is all about patient choice and what works for you.

### **You mentioned a number of GP Practices in Gateshead have Health Champions – why not all?**

The Clinical Commissioning Group are working hard to get all Practices on board though it is a voluntary option at the moment. It has national support from NHS England and once benefits are demonstrated more support will follow. It is a new way of looking at solutions creatively and takes time to embed.

Other comments:-

This is open to everyone and it is about how we make residents of Gateshead's health better in more innovative ways. It is recognised that there are many areas of life that affect us – for example where the loss of a social security benefit can be detrimental to mental health. The loss of a job may result in both physical activity dropping and low self esteem and general well being – whilst a Health Champion will not be the total solution, they will be part of it in getting people back on the track to wellness.

There are also the benefits of volunteering your time as a Health Champion though it is acknowledged that the general public do not have much knowledge yet of this role. How do we get the message to people who don't go to the doctors?

## Table 7 - Public Health



### **Catherine Wood and Janet Gauld, Healthwatch Board Member.**

The Public Health agenda is very broad, how and what we eat, drink and live our lives impacts on all of our health. Public Health is therefore focussed on prevention and supporting the public to understand how they need to consider these health issues.

The Gateshead plan is about 'Living Well in Gateshead', investment is in prevention and trying to prevent ill health. We need to balance treatment and prevention and work closely with others. Public Health looks at the evidence base of health factors and inequalities.

Public Health's challenge is the treatment and care of people and how to prioritise prevention.

**Issue - Smoking cessation** is the biggest thing to save lives and save money in health. Cigarette and tobacco packaging needed changing. Public Health England worked on packaging. Government interested in tax from funding. Show less smoking on TV.

**Response:** - 7 steps campaign launched to help prevent passive smoking health conditions. Stoptober is a national smoking cessation campaign with celebrity endorsements. No TV advertising for smoking products anymore. Legislation is now in place re: smoking in cars with children and smoking in public places. There has been an impact of this on cafe culture. Smoke free hospitals were only introduced last March. Contracts now in place with GP's on smoking cessation.

**Issue – Alcohol.** Young people turn up at hospital with severe liver disease due to the price of strong, cheap alcohol. Retired people drink at home now. People who are working drink more due to stress. Are people drinking more because they are not in jobs, poor mental and physical health? Is this a vicious circle? It's cheap or cheaper to drink at home and easier for people to drink to cheer themselves up and block out stress. The units of alcohol in a bottle of wine for example clearly indicate what the recommended intake is. If you drink everyday you would be alcohol dependent it has no link to DNA.

Lots of things impact on alcoholism and drinking too much. People need educating rather than attacking the price - it's both - to enable people to make choices.



Alcohol is calorie laden and therefore impacts on obesity as well. Biggest issue in the North East is the viability of pubs and the social issue of alcohol acceptance.

A large number of pubs are closing down. Focus nowadays is on young people getting drunk. New demographics shows people are drinking more due to having a disposable income and drinking on a Sunday afternoon. Recent study also found some people only had one drink a week.

**Response:** - Public Health try to prevent underage drinking by working with shops and providing support and education to reduce alcohol intake. There is a heavy drinking reputation / culture in the North East. It has been found to be a big problem by the Befriending Service. Public Health's job is to recognise it has become a way of life and to address it. There is a clear public health link in with liver damage.

**Issue - Access to Services** is very tech heavy nowadays. The onus is on the service user to get it right rather than staff who work there, what if you are not confident with technology? Make a mistake? How do deaf people access services? Elderly will not use technology generally, so don't know what support exists. Everything suggests telephoning e.g. booking an appointment. If you have no communication support then you cannot access telephone. Deaf and hearing impaired community have to use websites, this is not always clear.

**Response:** - Public Health has to take into account the diverse needs of the population and support accessibility in whatever format it takes.

**Issue - Obesity** and being overweight is a big problem for public health. 66,000 residents in Gateshead are overweight – that's a significant part of the population. This is based on the Body Mass Index (BMI) calculation. It is different for some ethnic citizens though – Asian ethnicity is different, so waist size is used as a measure.

NHS Health Check – people between 40 yrs and 74 yrs, height, weight, blood sugar and cholesterol checked and asked questions about their alcohol levels.

**Response:-** Whilst Public Health is there to support people with prevention there is a joint partnership because people need to take responsibility for their own lives too. They also need awareness of what is in the food they buy and consume so they are able to make informed choices.



## Other comments and suggestions

- How do we educate adults as well as children?
- How can we positively promote how to look after yourself and have fun instead of going to the gym?
- People become more dependent on the state and can't stand up for themselves.
- Cooking on a budget needs to be addressed as it's easy to make the wrong choices.
- Children don't know how to use a knife and fork these days.
- A test was carried out of a takeaway with a university and one meal equals to one week of saturated fat.
- People don't know what they are eating.
- Fast food is cheap and has big portions so we need to help people learn cooking skills and how to cook on a budget.
- Gateshead High Street dinner club for the homeless feed 9 people on a budget of £7.00, for example spaghetti bolognese.
- It is difficult for people to buy the right things when they are on low incomes.
- Promote food courses to help people access and develop cooking skills.
- How do we get cooking back into life skills?
- Initiatives have worked for example, OAP swimming was free
- Gateshead Active card is only £1.80
- Should people get things for free?
- People need to take more control over their lives
- Live Well Gateshead
- Public Health funds fluoride in water. Why put fluoride in as it doesn't do anything for teeth and causes cancer? Does the local authority feed into research or is it national research. We have no say in what you drink and people should know what they are drinking. Why do dentists say not to swallow it? It is the other chemicals it contains.
- I'm glad Public Health has moved away from the NHS as the NHS is all medicine and pills
- How do we get information to people in a simple format so that they can take responsibility for access and support?
- I feel affluent areas are kept tidier than non affluent areas. I don't feel like GMBC are doing anything about it.
- Causes – rat infestation for example impacts on health.
- Impact of fortnightly bin collections. Disability based need, was told to pay £30.00 for an additional bin if incontinent and need more.
- How many people are becoming ill through prescribed medicines? Killing people with pills where there is no evidence of its impact.



## Table 8- Northumberland Tyne and Wear Trust (NTW)

Janet Thomson, NTW Service Manager for Community Services in Gateshead and Michael Glickman, Healthwatch Board member.

The public who engaged with The Trust were very specific in their comments and a summary of their main points are raised as follows:-

- Isolation of people with hearing loss, unable to access services and more prone to social isolation
- Use of jargon and acronyms is confusing i.e. NTW, CCG etc.



- It is difficult to navigate through mental health services without prior knowledge
- Communication breakdowns between service users and providers and poor communication between organisations i.e. Voluntary organisations and NHS services for example.
- Works both ways because not all NHS services are aware of voluntary services
- Sunderland and South Tyneside has single point of contact for mental health but not Newcastle and Gateshead - GCCG
- Important that single point of contact is a Freephone number and callers are not put on hold
- Need to have long term follow up for mental health therapies to ensure that they have been effective. Returning patients should not be treated as new patients but referred to appropriate alternatives
- Need effective support and monitoring after treatment has concluded
- Some MH patients prefer to talk to non- professionals which is a strength of the VCS i.e. peer and mutual support groups.
- Difficulty accessing services
- Service changes make it difficult to identify correct point of contact particularly for low level needs
- Some GP's charge to complete risk assessments for mental health self referrals to Gateshead Clubhouse.
- Importance of looking after mental health of staff too
- No intention of changing services for Learning Disabled community until current services are evaluated but national requirement to review all long term residential residents with a view to community placements and ensuring services meet national standards.
- Trying to streamline assessments by joint appointments with Drs and Nurses.
- Reminders before appointments to promote attendance.
- Target 3 -4 weeks for initial appointment. It is currently 10 weeks. This is down from 18 weeks (national target)
- Saturday clinics are popular and may extend.

**Response:-** The Trust has promised to consider these points and build them into future developments.

## 6. What Next?

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The comments, issues and experiences expressed in this report will be shared with the appropriate person from the organisation who attended the event.

The report will also be raised at a strategic level which will include the Gateshead Health and Wellbeing Board, Gateshead Care, Health and Wellbeing Overview and Scrutiny Committee, Newcastle and Gateshead Clinical Commissioning Group meetings. This will ensure we meet our obligation as a critical friend and we will hold the necessary bodies to account to support the improvement in health and social care services across Gateshead.

Healthwatch Gateshead expects to revisit this report in 6 months time to receive updates on the agreed actions and progress. We will then report the results through our social media, extensively in our work plans and other appropriate media.

The contents of this report will be shared with Healthwatch peers across neighbouring authorities.

The report will be available on Healthwatch Gateshead's website from 16 December 2016 and may also be presented to the following organisations as appropriate for information:

Healthwatch England  
Care Quality Commission  
NHS England  
Gateshead Council - Commissioners

# 7. Thank You

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Healthwatch Gateshead Board and Team would like to thank:-

Everyone who attended the event whether as a member of the public, stakeholder or key representative, in particular:-

Healthwatch Gateshead Volunteers, **Freda Bevan** and **Christina Massey**.

Engagement Lead at Newcastle/Gateshead NHS Clinical Commissioning Group, **Norah Stevens**.

Gateshead Council Public Health Lead for Health Improvement, **Catherine Scott**.

**Janet Thomson**, Service Manager for Community Services in Gateshead of Northumberland Tyne and Wear Trust (NTW).

**Clare Ault**, Service Manager for Adult Social Care Assessment and Planning at Gateshead Council.

**Mark Johns** the North East Ambulance Trusts Engagement Manager.

The Health Champion Lead for Newcastle Gateshead Clinical Commissioning Group (CCG), **Steven Bramwell**.

Gateshead Foundation Trust – Queen Elizabeth Hospital, **Joanne Stout** QE Clinical Lead Safecare and **Judith Portlock**, PALS Manager.

And finally, Gateshead Council Bewicks **Catering Staff** for the splendid afternoon tea and service.

# Appendix 1 – Evaluation breakdown



Attendees were asked to complete a short evaluation form on their experience of the event.

<b>Did you think there was ample time to discuss your issues and concerns?</b>		
Too much time 0	Just right 19	Too little time 8
<b>Did you feel listened to throughout the event?</b>		
Yes 31	No 1	Don't know 4
<b>Did you think the correct people /decision makers were in the room</b>		
Yes 28	No 3	Don't know 5
<b>How would you rate the event overall?</b>		
Excellent 10	Good 14	Average 2

**Attendees were asked if they had any messages to convey to Healthwatch Board.**

- Keep up the good work x 3
- Thank you for being there
- Excellent event
- Should be held more often, yearly is too long
- Thank you for inviting me. I look forward to final report
- Please include children's services
- More dissemination of information – how, where to get the help and let people know what's going on i.e. health champions.

**Complimentary comments were received on the event, format, timings and refreshments.**

- Very helpful and informative
- Very good mix of people with different issues and no one talked too much
- Excellent, not too formal and a good length of time
- Interesting and informative, friendly and service users input was encouraged

**We also sought comments from attendees to help us improve future events.**

- Larger room needed x 5
- More time to talk about services and go to more tables
- Have more key people for the amount of people attending
- Get people to stand up when reporting back
- Disability awareness training to consider needs of hearing impaired.
- Display stands from other services x2
- Wider range of services present i.e. children's service
- More promotion to key groups i.e. Deaf community
- More time to discuss issues and use knowledge gained to problem solve
- More time needed to offer people advice

**Other comments included**

Very lively event with a wide cross section of people

Scones and tea were delicious

Good event that far more people would have benefitted from

First time I have attended. I have enjoyed the topics of discussion.



For further information regarding this report contact: -

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