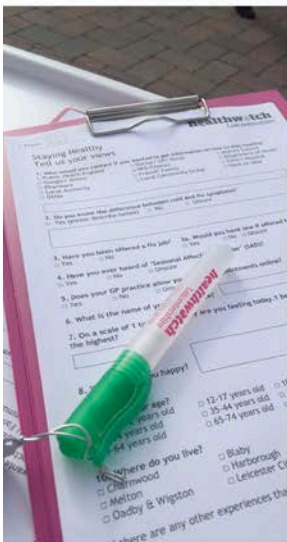




Healthwatch Leicestershire

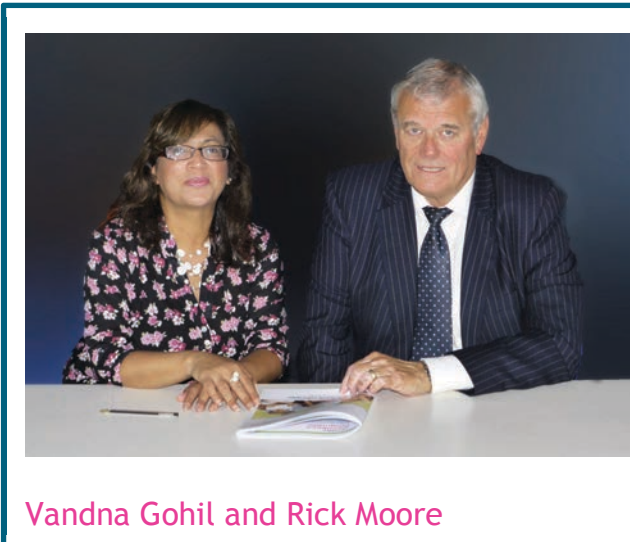
Annual Report 2015/2016



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Chair and Director's Message



Vandna Gohil and Rick Moore

The need for a strong, independent and sustainable local Healthwatch for Leicestershire is even more important over the next few years. Services in the NHS and Social Care are under severe pressure from the increasing level of demand and reductions in funding; this could mean the possibility of people receiving poor or unsafe care will increase. Local indications of this include:

- NHS England, the Trust Development Authority and Monitor identify Leicester, Leicestershire and Rutland (LLR) as one of eleven "challenged" health and social care communities in England deemed to be in need of additional support (see page 30 New models of care).

- As LLR, we are taking on the challenges facing health and social care services head on with the Better Care Together (BCT) and the new Sustainability Transformation Plans (STPs) as the place based, multi year plans built around the needs of local populations. The STP is delivered by local health and care systems by the organisations working together to deliver transformation and sustainability.

At Healthwatch Leicestershire (HWL), we are keen to be involved the local 'footprint' to ensure the local community and public are engaged in the development of the STP. We recognise that in order to bring about the changes necessary, everyone needs to be signed up and actively involved.

With our active 'watchdog' role at HWL we take learning from people's experiences as well as from specialists and experts to build on what is already known and collaborate in developing and sharing new insights.

Our work continues to be in line with NHS England's commitment to working and engaging with patients, carers, service users and the public in a wide range of ways with an aim to improve the health outcomes for Leicestershire residents.

Learning and evolving

After three years of HWL being in operation, we were keen to understand how we could improve our service and impact.

So, we volunteered and took part in Healthwatch England's Quality Statements 360 pilot. The pilot invited over 50 key stakeholders in the local health and care system to give their views about their experience of working with us.

The stakeholder included East Leicestershire and Rutland Clinical Commissioning Group, West Leicestershire Clinical Commissioning Group, University Hospitals of Leicester, Leicestershire Partnership Trust, the District Councils, NHS England Central Team and Leicestershire County Council.

We were delighted that nearly 70% of respondents thought that HWL is effective.

“From my perspective Healthwatch Leicestershire has been the most effective patient voice organisation that I can recall in many years working in the NHS.”

Stakeholder comment

We completed the pilot and our experience has shaped the national roll out across the Healthwatch Network.

The findings from the project with our actions denoted in *italics* are outlined below

HWL is valued for its strong strategic relationships with Commissioners and partners such as the Health and Wellbeing Board and Clinical Commissioning Groups (CCG).

HWL representatives continued to act as participating observers on multi agency boards, CCGs and NHS Trusts. Our Board member representatives ensure that the recommendations of reports such as Francis, Winterbourne, Keogh, Cavendish and Berwick are implemented and not forgotten or allowed to slip ‘beneath the horizon.’

HWL produce professional and independent reports. Their reports are easily understood, balanced and presented in a way to influence Commissioners and providers. The Health and Wellbeing Board felt that HWL reports are **“the best reports received in terms of clarity”**. Stakeholder comment

This year we have produced eleven reports - see Our Work in Focus: Reports on page 38. Each of our reports gives an insight into the patient perspective of the particular service we are scrutinising. All reports are based on evidence and include

recommendations for improving the service.

HWL utilises its networks effectively in order to seek experiences and concerns from patients and service users. “A week at LRI” Report provided a valuable patient perspective on current service provision, which directly influenced the work and priorities of the Urgent Care Board. See page 30 for more details.

The pilot also highlighted areas for us to improve as follows:

Not everyone understood the rationale behind HWL local priorities; in order to overcome this we need to be clearer on how we develop our priorities and communicate this.

We shared the emerging findings from the consultation on our future priorities in January (see page 41) with stakeholders. This was to better inform them and align our key messages.

Some people are not aware of the signposting, information and advice service provided by HWL.

As you will read, we have produced revised editions of the Health and Social Care Directory (see page 23) and with our reduced resources we will be making refinements to our service and to clarify the specific role of HWL.

We need to better clarify which groups we are working with, in particular seldom-heard groups.

As part of our new workplan for 2016-17 (see page 41), we have defined our priorities and we are working with other organisations with similar interests.

Spotlight on great care

This year we have also been involved with the Simulation to Evaluate Great Care (SIMTEGR8) project (see page 34). This project began because of the public concern with the Urgent Care System in Leicestershire. The system is under huge pressure, the demand on services is increasing leading to a rise in emergency admissions and A&E is unable to meet their performance target. Health services, Social services and GPs are not as fully co-ordinated as they could be.

The findings from the SIMTEGR8 project informed the refresh of the Leicestershire Better Care Fund for 2016/17 and provided valuable insights into the operational effectiveness of the four pathways.

Our involvement has come to an end, with the learning and reflections presented at the annual Healthwatch England network conference in June 2016 with the launch in July of the toolkit and handbooks at the regional Better Care Together Leads event.

Resilience, Results, Recognition and Retendering

The current staffing structure and Board has delivered the results presented in this report. This has been achieved with a reduced team of one full time Development Officer in June 2015 and changes to the staffing model.

This year's performance has been accomplished with an in year cut of £80,000 and it should also be noted that Voluntary Action LeicesterShire (VAL) Trustees have agreed to subsidise a small shortfall to year end 2016 (see page 46). Over the last two years we have had a 30% reduction in budget, further reductions in funding will mean we will have a smaller staff team and our capacity to deliver results in the future will inevitably be impacted.

The Commissioners have advised that the current contract has been extended to March 2017 and that during 2016-17 they will re-procure Healthwatch functions.

VAL is responsible for the HWL contract. The HWL Board has operational independence and exercises judgements to ensure it is accountable to the public and stakeholders. This governance model reflects Healthwatch England relationship with the Care Quality Commission. Through mirroring this model, HWL benefits from access to VAL's expertise, voluntary and community sector networks and in-house

support services that makes use of limited resources more efficient and effective. (See page 44 for more about the Board).

As part of consultation on local priorities (See page 41) we were delighted that over 400 people completed the survey online and postal. Over 50% of the respondents were members of the public and the remainder HWL members. We wanted to gauge how much our members and the public understand about HWL. As a relatively new organisation, we are pleased that of the 212 responses from the public 1 in 3 had heard of Healthwatch Leicestershire.

Acknowledgements

We would like to thank our Enter & View volunteers for supporting our activities, Board members for all their time, passion and commitment and also the dedicated staff team. See page 44 for a full listing of the Healthwatch Leicestershire team. And finally, without the support from VAL, the achievements outlined in this report would not be possible.

We hope you find the Annual Report informative, insightful and interesting.

Rick Moore, Chair
Vandna Gohil, Director

The year at a glance

This year we've reached **3,245** members, subscribers & twitter followers



Our Signposting and Information service has helped **465** individuals



Our board members represent local voices at **42** different health & care meetings and committees



We've undertaken **6 Enter & View** visits to local health and care services



We published **6** insight reports on issues ranging from **access** to **GPs** and **mental health**



We've met **2654** local people at **105** events and activities



Who we are

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.



Healthwatch Leicestershire Board

Our Vision

Higher quality and more accessible health and social care services in Leicestershire through public involvement.

Our Mission and Objective

To be an independent, influential consumer champion of health and social care services in Leicestershire, ensuring that consumer rights and responsibilities in health and social care are understood and delivered. We achieve this by:

Understanding what matters most to consumers, especially those most vulnerable, by always starting with their needs and rights.

Developing evidence-based local insights to share with local partners, and Healthwatch England to inform a national picture.

Influencing those who have the power to change design and delivery of services so they better meet the needs and rights of users.

Our priorities for 2015-2016

Ahead of our work this year we consulted with patients, stakeholders and members of the public to identify key issues to inform our priorities for 2015-2016.

During the year we have focused on making a difference by influencing change for the better based on these priorities.



Listening to people who use health and care services



Gathering experiences and understanding people's needs

Community Conversations

Our Community Conversations Campaign was part of an initiative to take a wider view of the local health landscape. The campaign ran from 16 August to 5 October 2015.

We spoke to 500 members of the public about reducing the strain on health services such as Accident & Emergency (A&E), Urgent Care and GPs.

We found a mixed picture that suggests that people want clearer information on where to go for the right health care.

The same questions were asked at a series of events to gauge the public's understanding of accessing services and to review the health information that is shared or could be potentially shared with them.

500 individuals were listened too
326 surveys were completed
14 events were held

Emerging themes

1. When the GP is closed

Members of the public are beginning to change their behaviour, thinking about the best ways to receive care and using the NHS 111 service for advice and guidance. The majority of people told HWL that they would call NHS 111 in the first instance that their GP practice was closed.



2. Urgent Care Centres (UCC)

When we spoke to attendees at the Over 50's Day in Hinckley, we found that 34 out of 46 (80%) people did not know or were unsure where to find their nearest UCC.

In total, over 40% of people we spoke to were unsure of where to find the nearest UCC. A small amount of people that stated they did know where their nearest centre was, were actually mistaken.

3. Sharing information

Patient's that were suddenly admitted to hospital, told us that it would be useful if the consultant had access to their GP information, especially in times of emergency. Overwhelmingly, respondents agreed that it would be useful for symptoms and conditions to be shared across healthcare professionals when in need of care.

4. Waiting room information

Overwhelmingly, people told us that they wanted information that advised them where to go as an alternative to their GP including contact information for out-of-hours services and where to go for specific illnesses.

People told us that it would be very useful to have relevant information about UCCs as well as to inform them of which services would be most appropriate for their individual symptoms.

The findings suggest that people are aware of a range of health services but are sometimes unsure of which option is most suitable to their individual situation. Many feel that they would benefit from additional information.

The findings were presented and discussed with both West Leicestershire Clinical Commissioning Group (WLCCG) and East Leicestershire and Rutland Clinical

Commissioning Group (ELRCCG) and aims to support healthcare providers, Clinical Commissioning Groups (CCGs) and other providers as they work to increase care in the community by integrating health and care services across Leicestershire, Leicester and Rutland.

The report was presented to the WLCCG People Powered Health Delivery Group and Professor Lakhani, WLCCG Chair *“noted the quality of the work and that the CCG was fortunate to have Healthwatch Leicestershire as a critical friend to help identify clear areas for improvement. He stressed the need to join up care interfaces for quality and safety”*.

“I want to be able to make an appointment much more quickly than I can at present. I was once inside my practice and was told that I could not make an appointment, as it had to be done via the phone. I then stood in the GP’s reception, rang the practice number and continued to book an appointment whilst looking at the receptionist.”

- Hinckley & Bosworth resident

“I view my health holistically and would like my health professionals to do the same.”

- Charnwood resident

Healthy You, Happy You Campaign

In October 2015, we took part in the 'Healthy You, Happy You' campaign that was run in partnership with West Leicestershire Clinical Commissioning Group (WLCCG), Public Health, Leicestershire County Council, Alzheimer's Society, Let's Talk - Wellbeing, Voluntary Action South Leicestershire and Patient Participation Groups.

The campaign ran from 7 October until 17 October. The theme of the campaign was improving the health and wellbeing of people. We did this by informing people on ways to improve both physical and emotional health.

The aim of this campaign was to:

- Increase awareness and engagement with our target audiences
- Provide support and information to eligible audiences
- Communicate the messages of health and wellbeing to a wide audience
- Forge stronger partnerships with other health and social care organisations

We were able to capture patient experiences and signpost people to available health information. We heard from people across West Leicestershire and visited Thurmaston, Loughborough, Coalville, Hinckley and Ashby.

We conducted a survey to find out people's views on staying healthy. There were over 2,300 conversations across the six events and we directly listened to 119 people and completed 76 Surveys.

We asked people who would they contact if they want to get information on how to stay healthy.

- 33% Go Online
- 28% Contact a doctor or nurse
- 20% Visit a pharmacy

We asked if people knew the difference between cold and flu symptoms:

- 54 did know
- 9 did not know
- 13 were unsure

We asked people if they had been offered a flu jab.

- 49 respondents had been offered and/or had the flu jab
- 48 respondents would have a flu jab if it was offered for free

WLCCG reported that there were 671 people referred directly to another service or programme as a result of the campaign. Examples include people referred for immediate flu vaccinations, exercise and weight loss programmes, stop smoking, sign-ups for information and memberships or other programmes.

"I went to see the nurse who gave me the flu jab and the nurse gave me information about health and how to stay healthy."

- Charnwood resident

Enter & View

The Enter & View and Safeguarding (E&VnS) Working Group meets bimonthly to oversee the delivery of our Enter & View visits and any safeguarding issues and concerns.

Their role is to go into health and social care premises to find out how they are being run and to make recommendations for improvements.

These visits can happen if people tell us there is a problem with a service. Equally, they can occur when services have a good reputation, this enables us to learn about and share examples of what the provider does well.

The group have all undergone training to become Authorised Representatives that enables them to conduct Enter & View visits. The groups are:

Sue Staples - HWL Board member and Board Safeguarding Lead

Gemma Barrow - Development Officer, Staff Lead

Margaret Bellamy

Sharon Bessey-Saldanha

Chris Bosley

Ann Cluskey

Anne Collier

Simon Farmer

Pat Fraser

Jill Gore

Bob Harrison

Tanuja Parmer

Lynn Pearson

Mike Perks

Ian Staples

Jeff Wooldridge

In this year we've completed six Enter & View visits within Leicestershire:

- 7 July 2015 - Barrow Health Centre
- 9 July 2015 - The Surgery, Ashby
- 24 September 2015 - Wymeswold Court Care Home
- 24 October 2015 - Lyndhurst Lodge Residential Home
- 20 January 2016 - Coalville Community Hospital
- 23 February 2016 - Child and Adolescent Mental Health Services (CAMHS) Unit

Each visit took approximately 12-16 weeks to complete this included contacting the service provider, pre-visit to the provider, preparation by visit team, actual visit, drafting the report, inviting provider comments, finalising the report for design and then disseminate to meet the statutory requirements.



On the 7 July 2015 the Authorised Representative undertook an Enter & View visit to Barrow Health Centre. This is what they found out...

Making appointments is an issue for patients, they do not understand the appointment booking system and reported that the telephone often cuts out while they wait in the queue to make their appointment.

Patients told us that due to poor experiences of telephone appointments they had taken the option of booking in person. They are often waiting 20-30 minutes for their call to be answered. Patients who had to take children to school or commuted to work expressed their frustration of an inefficient telephone booking service.

We made a recommendation to the surgery to consider changes to the appointment system with improvements on how patients can use the existing system:

- Flexible appointment system to meet patient needs
- Address technical issues with the telephone system

The surgery responded and told us that their staff will be visiting other surgeries in the area and observing their systems with a review to compare and improve where necessary.



The calling system has now changed. Now when patients call instead of sitting in a long calling queue (sometimes 25 callers) the calling queue is reduced to 7 callers, if you are the 8th plus caller you will hear an engaged tone, or depending on your telephone provider hear the message this number is currently unobtainable or this number is busy please call back. This ensures the patient is now not in a long calling queue and reducing their telephone costs and indicates to them to call back in a few minutes.

The Enter & View Team made **ten recommendations** in total to the practice and we included the responses from the practice in the report.

On 2 October 2016, The Care Quality Commission (CQC) put Barrow Health Centre into special measures. The CQC findings mirrored some of our findings as patients found that the staff were efficient, helpful and caring but some patients found it difficult to get through on the telephone to make appointments. The CQC will inspect the practice again to consider whether sufficient improvements have been made.

Other changes to services as a result of our Enter & View visits:

“We were very happy to see that the report was overwhelmingly positive and patients and carers are on the whole happy with the care that is delivered by our service. Most of the recommendations were underway or have been actioned as a result of the report.”

Coalville Community Hospital

“We would like to thank the team who visited on the day for their kinds words and encouragement. We would like to inform you that an action plan has been developed to action the recommendations made on the day and in the report.”

Wymeswold Court Care Home



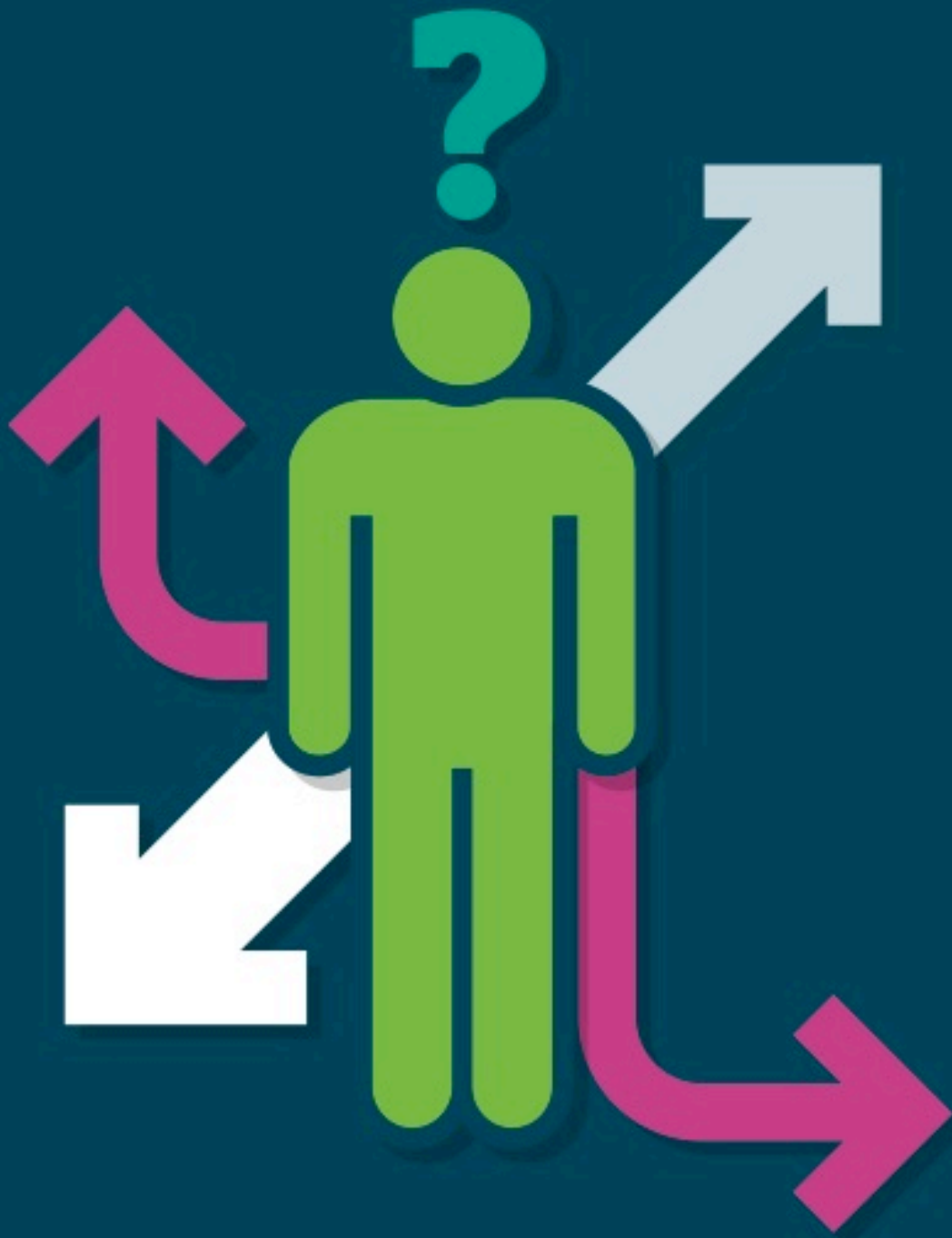
“Thank you for your helpful and constructive report. We are delighted that nearly all our patients are happy with our service. Our aim is to provide a modern surgery but with old fashioned friendliness and continuity of care and we will endeavour to continue improving.

With regard to the issues raised about our waiting room chairs, the hot water tap labelling, our kitchen door and the disabled pull cord, these are all in hand or in the process of change. We already had new signs on order for the practice and these will be installed in the very near future.”

The Surgery, Ashby

All of our Enter & View reports are available on our website.

Giving people advice and information

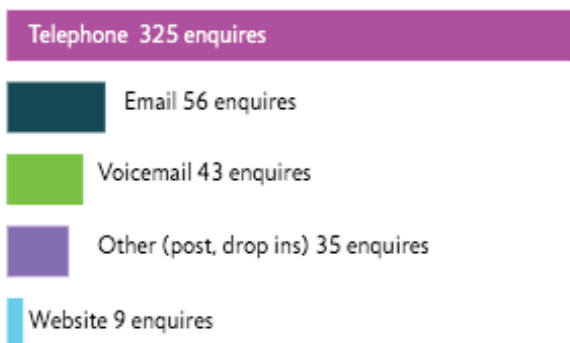


Helping people get what they need from local health and care services

This year our Signposting and Information Service handled 465 enquires, this exceeded our 300 enquires target.

The service was open Monday to Friday, via telephone with voicemail services 24/7. Emails and communications through the website were responded to within 24 hours. We aim to respond to all queries within 24 hours (notwithstanding weekends).

Breakdown enquiries received



Top issues received through Signposting

- Lack of NHS dental vacancies/appointments (e.g. waiting times for up to 12 months to register)
- Domiciliary care and home visits (e.g. Dental and Optical services)
- Delays with Arriva Patient Transport Solutions
- Complaints about NHS services (e.g. GPs and Hospitals)

The overwhelming majority of enquiries (65%) to the signposting service are made

by telephone and seeking information about NHS dentists.

From our work on brand awareness and quality statements with external stakeholders, the signposting service was an area that was the least known about of our activities. It is apparent that members of the public and Health and Social Care colleagues call us via third parties, as we do not proactively advertise this service due to budgetary constraints.

We had to limit our drop in surgeries due to resources at the end of the first quarter, which has reduced our ability to hear from people telling us about their experience of local health and social care services.

The insights we gain from the helpline and information service contributes to our evidence base so that our voice is authentic where changes are needed to health and social care services.

Access to GPs for new borns

A couple wrote to us about an issue they had with their GP surgery. They had a visit from their midwife to see their 11-day-old baby and were told to take her to the GP for a minor illness. The mother called the surgery and requested an appointment. When asked for the baby's details she could not provide the name of the baby, as the family had not decided.

The GP receptionist said they would not be able to see the baby as without a name they could not register. The new

parents were advised to take the baby to the walk in centre or hospital. The parents felt that this was inappropriate given the advice from the midwife and they only needed a prescription for their baby.

The father called the GP Practice and was told the same information. Unhappy with this, he then called another local surgery that offered to register the baby the same day and explained that the registration would be listed as “incomplete” until the baby’s name had been decided.

What we did

We provided the parents with details of POhWER Advocacy as the couple had already made a formal complaint directly through the surgery and were waiting a response.

We also contacted the relevant Clinical Commissioning Group (CCG) to better understand the procedure for registration of new-borns.

Follow up

The CCG informed us that a new-born can be seen by a GP under a temporary registration using the baby’s NHS number and the GP receptionist in this case was given the wrong information. The CCG will be looking into this and directly speaking to the GP surgery to ensure that this is not repeated.

Support for Carers

A mother called us, as she was worried about her son who suffers from schizophrenia and obsessive-compulsive disorder. She explained that as his carer they had recently received some forms, which she needs to complete.

She explained that the forms are for her son to receive benefits and she does not understand how to complete them. She wanted to know if there are any services, which can help to complete forms and provide any support for her as a carer.

What we did

We gave her details for a telephone Welfare Rights Advice service which provides help with completing forms. We also signposted her to Adults and Social Care at Leicestershire County Council and Support for Carers.

Follow up

We followed up two weeks later for an update. She explained that she had been in contact with the telephone service and they had helped her to complete the forms. She has not followed up on other contacts.

Understanding Hospital waiting times

We were contacted by the patient's wife regarding the GP referral for her husband, who had been suffering from back pain for a number of years. In September 2015 the husband went to see his GP who advised that he would need to see a back specialist and a referral will be sent through immediately.

After 10 days having not received an appointment letter or any documentation about the referral and the patient's wife rang Leicester General Hospital (LGH) to find out the reason behind the delay. She was told the patient's notes were waiting to be reviewed by the consultant and was asked to call back in two days.

She rang back and spoke to a different member of staff at the hospital and was told there is no record of her husband's referral. The member of staff contacted the GP and found that the referral had not been sent through. Due to lack of communication the patient was kept waiting and no appointment was booked.

A letter was finally received with an appointment for mid February 2016. The timeline from the GP referral to being seen by a specialist was 19 weeks and seemed unacceptable.

What we did

We contacted the Spinal Department at the LGH and were informed that the standard wait is 18 weeks and subject to any cancellations patients may be seen earlier. We also asked whether a patient is fast-tracked if the referral had urgent written on it and advised that this does not happen. The patient is only fast-tracked if the consultant feels they need to be.

Follow up

This information was fed back to the couple who appreciative the helpful information and clarification provided.

Making a complaint

A patient wrote to us about her experience with an Endocrinologist. She told us that most of her thyroid had been removed several years ago and she has since been fighting to get a diagnosis and treatment. In October 2015 she had an appointment with an Endocrinologist who she felt was very rude and appeared to have no interest in the impact the condition has caused her, making her housebound due to the extreme symptoms she suffered.

The patient wanted help and someone to mediate for her with a complaint she had made regarding her care and treatment.

What we did

We provided the patient with details of POhWER and asked her if she would like us to follow up with her on how she is doing.

Follow up

In January 2016 when we called for an update, we were told she had spoken to POhWER and they had been able to arrange a resolution meeting.

In June 2016 we called the patient for a further follow-up. She explained that the resolution meeting in early 2016 went very well and that she was extremely happy with the outcome.

Quarterly Meetings with CEOs

We coordinate Quarterly meetings with CEOs of local health services including University Hospitals of Leicester (UHL) and Leicestershire Partnership Trust (LPT).

Healthwatch members and the public are invited to submit questions about local hospitals or any of the LPT divisions, which include, Adult Learning Disability and Mental Health, Families Young People and Children (FYPC) and Community Health Services.

Questions received on behalf of Healthwatch Leicester City and Healthwatch Rutland are reviewed, with emerging themes and topics highlighted alongside those from County residents then submitted for a response.

There were over 30 questions submitted to UHL and LPT. Below is a summary of issues and themes:

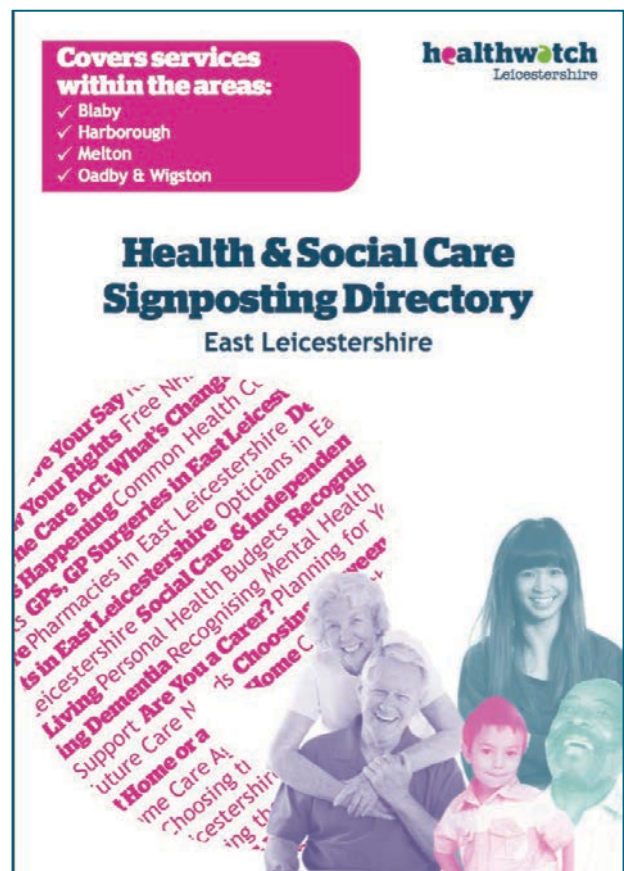
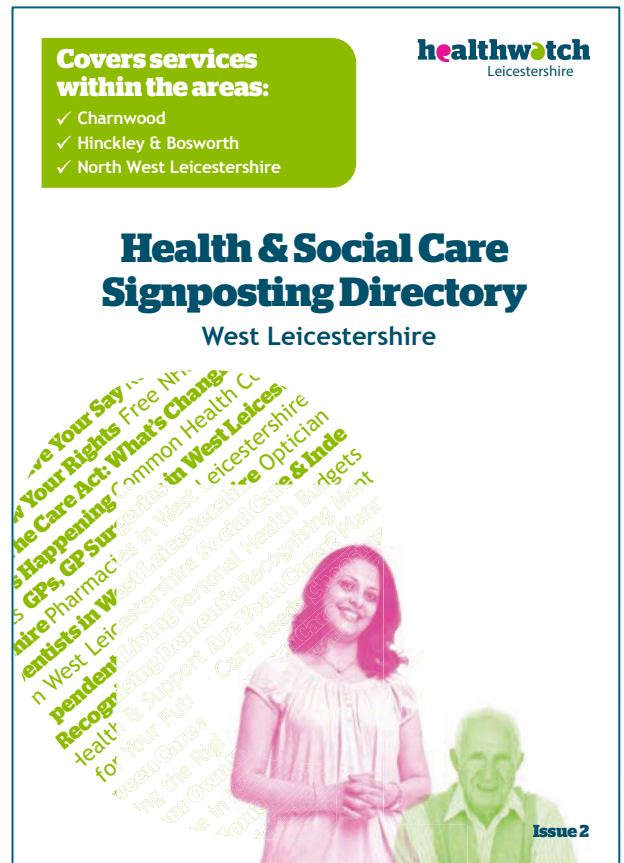
- Documentation (patient records, letters to patients)
- Cancer pathway and diagnosis
- Support for patients with a learning disability
- Nutritional requirements
- Young people and Children services
- CAMHS unit - shortage of beds
- Services for people with dementia/Alzheimer's disease

The final responses are posted onto our website where members and the public can access them.

The Health and Social Care Signposting Directory

In partnership with Health Care Publications we produced two Health and Social Care Signposting Directory's one for residents in East Leicestershire Clinical Commission Group (CCG) and the other residents in West Leicestershire CCG.

Twelve thousand copies of the directories were dispatched to GP surgeries, pharmacies, hospitals, domiciliary care providers, residential/nursing homes, various local authority departments, Meals on Wheels and other health care providers.



How we have made a difference



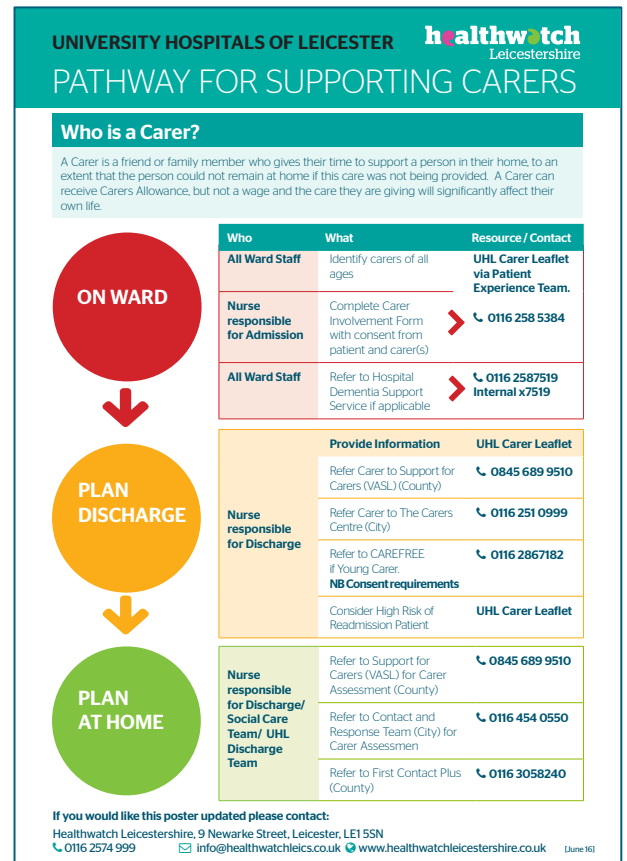
Pathway for supporting carers

Our Carers Reference Group (HWL CRG) worked with the Leicester Royal Infirmary (LRI) Specialist Discharge Team and the LRI Senior Nurse in the Patient Experience Team. Together we addressed the concerns raised by the staff at their lack of knowledge and confidence to support carers and families during the hospital stays of the cared for person.

In March 2015, two representatives of the HWL CRG spent eight hours shadowing the LRI Specialist Discharge Team on visits to 12 Wards. During the visits carers were asked to complete a questionnaire on their experience of the discharge process. We also asked the Specialist Discharge Team members to complete a staff questionnaire.

The key messages gleaned from the questionnaire was that staff wanted to be better informed with a simple, easily accessible guide with advice for Carers.

In June 2015, we worked with multi-disciplinary representatives to produce a simple and easily accessible poster that signposts and directs staff to the current support networks for carers that are available locally.



The representatives we worked with to produce the above poster were the following:

- LRI Specialist Discharge Team
- LRI Patient Experience Team
- Healthwatch Leicester
- Leicestershire County Council
- Voluntary and Community Sector

In response to requests from staff within the local community health services and East Leicestershire and Rutland Clinical Commissioning Group we have provided a template that can be customised for use in other localities.

Improving patients experience of Ophthalmology

In April 2015 we published a report 'A Week in Leicester Royal Infirmary (LRI): The Patient Perspective'. Since then we have been successful at progressing the recommendations we made to the Ophthalmology Department.

The report detailed the findings from the week we spent in four departments at LRI in January 2015;

- Accident and Emergency (A&E), 105 people
- Discharge Lounge, 8 people
- Ophthalmology, 83 people
- Ears, Nose & Throat (ENT) Department 66 people

During the week we talked to 262 patients finding out what changes patients and staff would make to improve the experience of using services at LRI.

Patients told us of their issues with; waiting times in Ophthalmology and A&E, delayed discharge processes and lack of communication with out patients in the ENT department.

Ophthalmology - is one of University Hospitals of Leicester (UHL) busiest services. We spoke to 83 patients when we visited of which;

58% had experienced a cancellation of previous appointment

80% had attended the Eye Clinic more than once in 12 months.

64% attempted to get help somewhere else before attending Eye Casualty.

Patients told us that better signage was something that they wanted along with understanding the reason for consistent lengthy waiting times. LRI recognises that the waiting times are too long and have invested in new staff to help see more patients quicker.

On 11 November 2015, UHL updated Leicestershire County Council's Health Overview and Scrutiny Committee by presenting an 'Ophthalmology Action Plan' which was created in direct response to our recommendations.

The hospital has already completed a number of actions in response to what patients told Healthwatch. For example, they have installed TVs and water machines in waiting rooms, improved signage and are integrating patient feedback into its booking centre plans.

The full report can be viewed at <http://alturl.com/ty6cu>

The Ophthalmology Action Plan of University Hospitals of Leicester can be viewed on page 103 <http://alturl.com/rhnhq>

'Lost in Translation' Mental Health Drop in Sessions

Living with a mental health problems can often have an impact on everyday life, making things that others take for granted a bit more difficult to deal with.

There is a stigma associated to mental health that can often deter people from talking about it. Groups that support people with poor mental health give service users the opportunity to speak openly and share their feelings with peers who understand their experiences. One of our priorities is 'access to mental health services'.

In May 2015, we were invited to discuss a project to review the mental health social drop-in service with Leicestershire County Council, Adults and Communities. This service is commissioned to Richmond Fellowship, a national organisation that delivers mental health support services through Drop-in's, In-reach (support for people unable to access drop-ins or the Inclusion Support Service) and Peer Support.

We launched our report in January 2016. The Commissioner is using our findings in their first year internal review of the Richmond Fellowship. As a result of the study, the Commissioners have told us that they are working with Richmond Fellowship.

Our findings highlighted that the transition from a previous provider to Richmond Fellowship had been a difficult adjustment for many service users and the staff. The varying style of support and contractual changes meant that service users have struggled to embrace the new approach to delivery.

63% of service users reported that more could be done to support their recovery

82% of respondents told us that family networks, peer support and structure to their daily lives helped them with their recovery

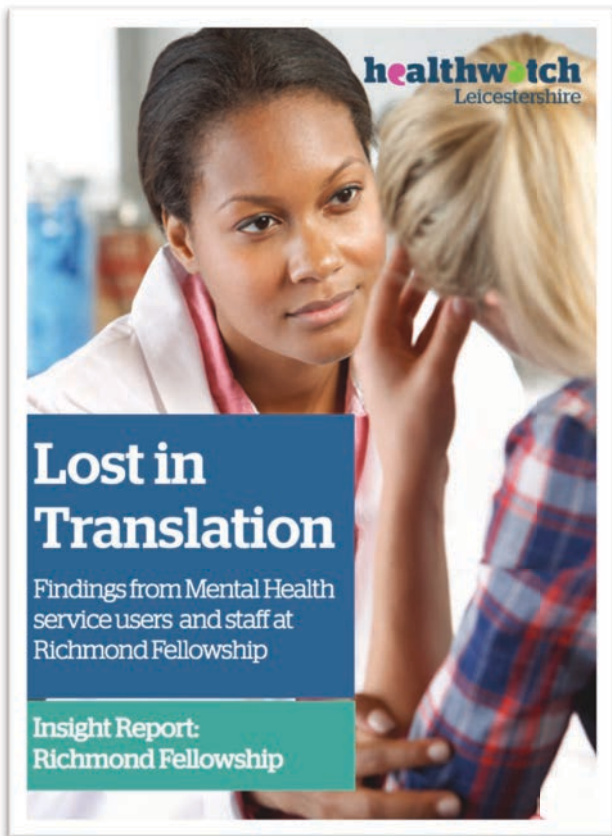
Service users were feeling less cared for under the new 'arms length' style where they are asked to do more for themselves and would like staff to spend more time with them at drop-in sessions. Staff told us that they could benefit with more training, particularly when taking over a support group and that they would benefit from having time to discuss their experiences on a regular basis to support each other and to help maintain morale.

"It feels as if staff do not care even though we know they do. We were wrapped up in cotton wool before and now we have to do it for ourselves."

- Service user

The report has provided a starting point for commissioners to improve the drop-in services based on service users experiences and our recommendations.

The provider also has the opportunity to review how best to deliver services in the future. HWL will monitor the development of an integrated recovery and resilience network across health and social care through its scrutiny role on Commissioning Boards.



“...to increase the number of opportunities on offer to service users, with the provision of wellbeing groups offering focused activities for time-limited periods. The current mental health social drop-in provision will be subject to a formal review in 2016, due to the approaching end of the contract. This coincides with the move towards more integration of services across health and social care, and it is therefore opportune to reshape both health and social care provision in partnership.

The contents of the report will contribute to the evidence around current services. It also identifies areas and issues that will be further explored during the course of the review and in engagement with all stakeholders, but especially with current users of services. This will help to develop and shape future services with the aim of providing an integrated recovery and resilience network across health and social care.”

Head of Strategic Commissioning and Market Development - Leicestershire County Council

Working with the Care Quality Commission

During this year we have provided insights and intelligence to the Care Quality Commission (CQC) for their inspection at University Hospitals of Leicester and the subsequent Risk Summit held in December and February.

Our relationship with the local CQC Central team has improved through more contact, information sharing and bimonthly meetings with other local Healthwatch and social care organisations.

Local relationships with CQC central team has improved through more contact and exchange via the Leicester, Leicestershire and Rutland Healthwatch Bi Monthly Information Sharing Meeting with commissioners and Healthwatch, where the quality of regulated Health & Social Care Organisations are discussed.

The meetings are an opportunity for open and transparent dealings with a focus on routinely sharing information about the standards of care of providers with the aim of improving the quality of regulated services.

To ensure there are no overlaps or gaps in CQC monitoring activities they routinely share relevant information to achieve;

- The safety and quality of services
- Improved outcomes for people who use services
- Safeguarding vulnerable adults.
- Reduced administrative impacts on providers

We have also submitted our Enter & View reports to inform their on-going work. We are receiving requests for information and insights to CQC forthcoming inspections alongside regular inspection report bulletins.

All our reports and recommendations have been shared with Healthwatch England. During the year we have not had to escalate any issues to them.



New Model

We were chosen to showcase our work at NHS England's Vanguard Event

NHS England invited us to showcase our work at the NHS England Vanguard event on the 18 November 2015 in London. The event was an opportunity to discuss how to best support the vanguards communication and engagement with patients, local people and staff. 150 people attended the event. We were the only local Healthwatch to be invited to speak at the event.

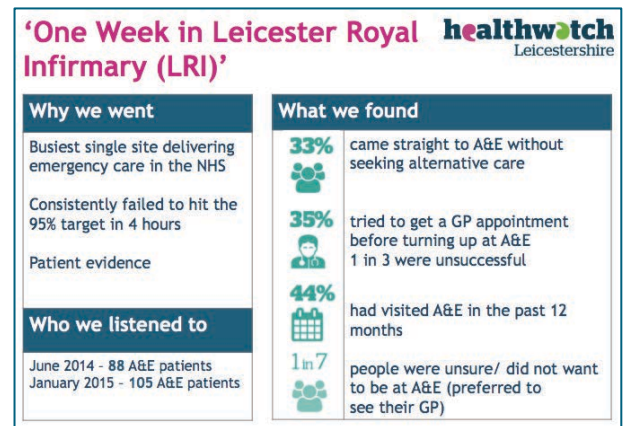
Our work with Urgent & Emergency Care in Leicestershire has contributed to shaping and influencing the NHS New Models of Care programme locally. In July 2015, NHS England and its national partners announced the eight Urgent & Emergency Care Vanguards are intended to improve the coordination of the services and reduce the pressure on A&E departments.

The Leicester, Leicestershire & Rutland (LLR) System Resilience Group won the bid to become a vanguard site for the Urgent and Emergency Care NHS New Care Models programme.

In developing their local bid, the group referenced our report 'A week at Leicester Royal Infirmary (LRI)' and other feedback. The research took place in January 2015 at LRI in four departments. Here we talked to staff and 262 patients to find out what changes they would

make to improve the experience of using services.

Gillian Adams, Vice Chair, represented us at the event. She presented examples of HWL's work, focusing on the reports referenced in the LLR vanguard submission as well as discussing how other vanguards can engage with their local Healthwatch.



"I wanted to say a massive THANKS for all your help with organising the Healthwatch session at communications and engagement leads event. We have received some really positive feedback on the event, with 97% of people so far saying that it was good or excellent."

Peta Mylan - Communications Manager (Vanguards) *New Care Models Programme - Five Year Forward View*

Supporting our Representatives on the Health and Wellbeing Board

Our representation on the Health and Wellbeing Board (HWBB) provides a platform for sharing formal patient, user and public insights, evidence and intelligence to both inform the process of strategic commissioning and improve services for the benefit of local people.

We have established a strong presence and profile by providing our representatives with patient experiences from our latest reports and insights.

This year we have presented:

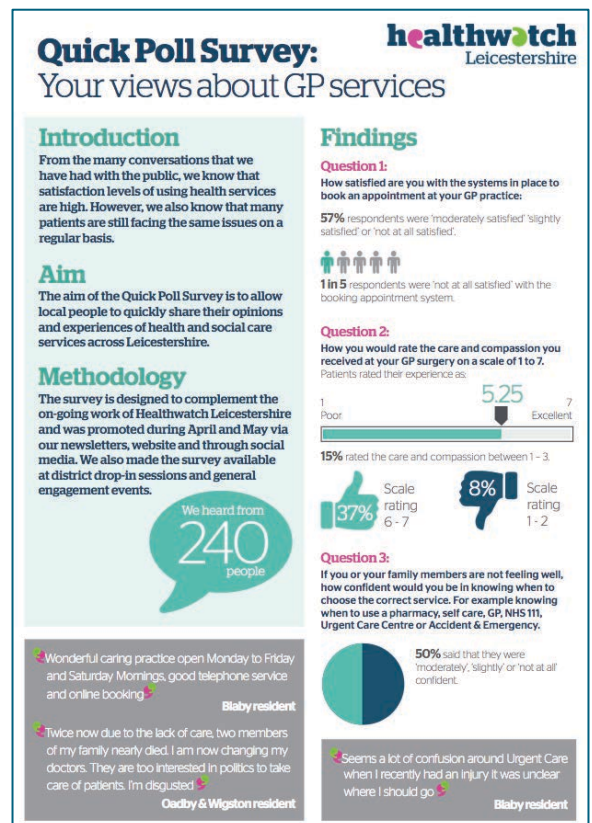
- GP Quick Poll - September
- Annual Report - November
- Dentist Quick Poll - November
- Swanswell - November
- Community Conversations - January
- Your Voice Matters - March

“ The work HWL has undertaken related to urgent care services, particularly the week in LRI, EMAS handovers and primary care access, have provided a really valuable patient perspective on current service provision which has directly influenced the work and priorities of the LLR Urgent Care Board and our Vanguard site. The impact of these has been greater because of the clear and concise format through which these findings have been presented.”

Here are some examples of how the HWBB has helped Healthwatch Leicestershire to raise its profile and improve outcomes for local people living in Leicestershire.

Patient Access to GP Services

We produced a quick poll survey to find out local people’s views on GP services. The findings were presented at the HWBB meeting held in September 2015. At the meeting, the Clinical Commissioning Groups (CCG) requested a breakdown of the data and now they plan to act on our insight alongside other intelligence they collect and respond accordingly to the GPs in their locality.



Patient Access to Dental Services

The findings from our quick poll survey outlining local people's views on dental services were presented at HWBB meeting in November 2015. The Director of Operations and Delivery (Central Team) took the findings and plans to use them to inform the commissioning and contracts for dental services regionally. The report was also submitted to the Chair of the Local Professional Network (LPN) for Leicestershire and Lincolnshire.


Feedback we've received through the Quality Statements Pilot regarding our reports;

"Excellent reports about visits which are balanced and presented in a way that influences commissioners and providers"

"The recent report is an excellent example of where Healthwatch truly add value and provide unique insights into service delivery"

Quick Poll Survey:

Your views about Dental Services



Introduction


During April to June 2015, over one third of the enquiries we received were in relation to accessing dental services. Our data tells us that many patients struggle to find and access NHS dental provision and that they have difficulty understanding dental charges. We decided to gather more data so that we could gain a deeper understanding of public opinion.

Aim

To allow local people to quickly share their opinions and experiences of dental services across Leicestershire.

Methodology

We heard from 260 people via online and postal surveys and face-to-face engagement.





We heard from **260** people


Findings


Who took part

Stoby	8%
Charmwood	29%
Harborough	11%
Hinckley & Bosworth	15%
Melton	3%
NW Leicestershire	3%
Oadby & Wigston	8%
Leicester City	18%
Out of Area	3%



 **83%** of people visited their dentist at least once a year

 **60%** visiting every six months

 **7%** attended every two years or at times of emergency

Dental Charges and Payments

From those that attended their dentist less frequently (every two years or in times of emergency), 10 out of 16 respondents were not sure or did not understand dental charges.

Overall, 40% of respondents either did not understand the cost of treatment or were unsure. (5 people did not answer).


69% of respondents said they were asked to pay after their treatment had been completed, compared to 14% who were asked for payment before their treatment. 36 were not sure and 18% did not pay.

From the 35 patients that paid before treatment, 42% were not sure or did not understand the charges of their treatment.


Appointment Reminders

Of the options we presented, 75 out of 260 respondents (29%) received text messages as a reminder for their appointments, 2% were given appointment cards and 19% received a call from dental practice.

24 respondents told us that they did not receive any reminders for their appointments, with one practice in Charmwood being mentioned six times.

 I am unsure that I am being offered or advised about the most appropriate treatment.

Melton resident

 There is definitely a difference at this practice between private and NHS patients, even down to a separate seating area with tea and coffee for private patients.

Charmwood resident

Our work in focus



Our work in focus: SIMTEGR8

Simulation to Evaluate Great Care (SIMTEGR8) Collaboration Project



The one-year project formed an important piece of work that contributes to the ongoing evaluation of the impact of the Better Care Fund programme. The study reflected on the patient flow across the 4 emergency admissions schemes - examining the integrated journey and user experience, using modelling and simulation techniques.

The Urgent Care System in Leicestershire is under huge pressure with increasing demand leading to rising emergency admissions and an inability to meet A&E performance targets. Due to the impact of this on the sustainability of our health and care economy, Leicester, Leicestershire and Rutland has been designated as an Urgent Care Vanguard site and is embarking on a significant programme of redesign, in line with the new models of care as outlined in NHS England's Five Year Forward View.

Also the Leicestershire Better Care Fund (BCF) identified reducing emergency admissions as one of its main priorities, and partners across the health and care

system collaborated to implement 4 new emergency admissions avoidance schemes, which provide alternative community pathways to attending the Leicester Royal Infirmary (LRI).

During 2015, we spent time at LRI A&E Department to understand patients' experiences and gain their views. We produced three evidence based reports '12 hours in A&E', 'A week at LRI' and 'Ambulance Handover at LRI' all of which highlighted the pressure on the number of attendances and admissions to the department.

Our involvement with the SIMTEGR8 project stemmed from the local public concern that health services, social services and GP services were not fully coordinated.

The Leicestershire BCF has embedded a formal evaluation as part of its programme plan and a unique partnership between Loughborough University, Leicestershire County Council, Healthwatch Leicestershire (HWL) and SIMUL8 corporation was created. The partnership applied for an enterprise grant of £100,000 from Loughborough

University to study and conduct an evaluation of the four new interventions to reduce emergency hospital admissions. The findings will then be applied to the commissioning decisions and operational practice going forward. The award of this grant has funded the SIMTEGR8 project.

The project involved health and care professionals modelling and analysing the four patient pathways using the SIMUL8 tool. HWL lead workshops to discuss the models and capture patient insights and experience. **The 4 interventions were:**

Falls - support from East Midlands Ambulance Service and integrated community crisis response teams, for people who fall at home or in the community.



Rapid assessment service for frail older people - a geriatric specialist outpatient clinic situated in Loughborough for a comprehensive assessment of individuals that are referred by their GPs.



Seven Day Services in Primary Care - pilot schemes in both Clinical Commissioning Groups to test how their localities can offer services and support on a seven day basis to patients with complex needs.



24/7 Integrated crisis response - health and social care support given at home for up to 72 hours, including night nursing.



During September and October 2015, four evaluation workshops were undertaken - all of which generated further actions that could be incorporated into the existing plan for improving the performance of the pathways. The workshops enabled stakeholders to jointly review performance against trajectories, process map what they are doing now, define demand, capacity,

unmet demand, qualitative benefits and current risks and issues. In parallel, clinical audits are being undertaken for the four emergency admission avoidance schemes and the findings from the evaluations and the clinical audits will inform future commissioning for integrated care.

The SIMTEGR8 project developed the methodology and adapted it for the analysis of the intervention pilot schemes. This is to discover their effectiveness and to develop their efficiency both for the patient and for the delivery of the service. The aims of the methodology were to:

- Generate discussion about the model, the patient pathway, the reality of the situation and the veracity of the metrics being gathered as evaluations of the patient pathway
- Identify and resolve issues in order to improve the efficiency and effectiveness of the pathway with focus on good patient care

The aims of the workshops were not only to investigate whether the four interventions actually reduce unnecessary emergency hospital admissions but also whether a computer simulation as a dynamic process map used in a workshop situations could

provide an effective means of analysing and improving a patient pathway.

The stakeholder workshops were conducted at Leicestershire County Council and were attended by participants from the case study organisations Step Up/Step Down Integration programme team and from the organisations involved with delivery of the schemes i.e. East Midlands Ambulance Service (EMAS), East and West Leicestershire Clinical Commissioning Groups (CCGs), Leicester Partnership Trust (LPT), University of Leicester Hospitals (UHL) and Leicestershire Social Services.

HWL conducted the user workshops. Invitations to participate in the workshops were sent out widely to our members, patient organisations across the county and we also sought to recruit patients through contact with the Scheme Leads.

The findings from the SIMTEGR8 project informed the refresh of the Leicestershire BCF for 2016/17 and provided valuable insights into the operational effectiveness of the four pathways. The outputs provided additional actions and opportunities for commissioners and providers to consider in order to:

- improve the pathways in 2016/17

- achieve a greater understanding of their potential impact on emergency admissions avoidance
- take account of patient experience findings.

Each of the pathways already had an existing action plan in place, and the findings from the evaluation study were adopted into these plans.

The work has also resulted in each pathway having its own dynamic SIMUL8 model that can be used locally in the future. The dissemination of the work included a workshop at HWE Annual Conference held in June 2016; where we explained the SIMTEGR8 methodology and the lessons we have learnt during this project.

SIMTEGR8

Simulation to Evaluate Great Care

What is the project about?

BACKGROUND
As part of the Leicestershire Better Care Fund programme, there is a need to test the impact and effectiveness of new integrated care interventions on the health and care system. There is also a need to ensure that patient / service-user metrics provide an adequate test of the integrated service care experience.

The Research Centre of Service Management at Loughborough University, partnering with Healthwatch Leicestershire and Leicestershire County Council, have been awarded an Enterprise Project Grant (EPG) worth £100,000 by the University's Enterprise Office for a major new study evaluating how emergency admissions to hospitals can be reduced. The objective of this study is to reflect the patient flow across an integrated journey and user experience, using modelling and simulation techniques.

The one-year project will form an important piece of work that will contribute to the ongoing evaluation of the impact of the Better Care Fund programme. A robust evaluation of the impact of new integrated care interventions on admissions to hospital will provide important evidence to inform the future health and care commissioning plans.

PROJECT DESCRIPTION
Exploiting the SimLean methodology, a computer modelling and simulation program developed by Loughborough University (www.simlean.org), the project will evaluate four current interventions aimed at reducing emergency hospital admissions:

- Falls
- Integrated Crisis Response
- Rapid Assessment Service for frail older people
- 7-day services in primary care

Loughborough University | healthwatch Leicestershire | Leicestershire County Council | SIMUL8 CORPORATION

In November 2015 and January 2016, we led on the Patient and Carers workshops to look at each of the schemes from a user's point of view. In each of the

sessions the patient pathway for each of the four interventions was discussed, issues were being identified and solutions being suggested. Discussing the process maps and correcting errors and misconceptions in comparison to the reality of the intervention was a way of improving the computer simulation. To do this the participants had to think clearly about the intervention and consider the effectiveness.

The workshops helped focus on the patient journey and most of the attendees felt that they had made a contribution to the development of the service, either by taking actions themselves or by contributing suggestions for improvement to the Council.

Collaboration between the health and social care services is vital for the success of the interventions as the patient pathway cuts across many services.

The case study reports from the workshops were presented to the Better Care Together project board and have influenced the implementation of the interventions in their next phase of operation and the Sustainable Transformation Plan.

A SIMTEGR8 website, handbook and SIMUL8 tools are being planned for publication from June 2016.

Our work in focus: Reports

Throughout the year we have produced eleven Healthwatch Leicestershire reports including five Enter & View reports. Each of our reports gives an insight into the patient perspective of the particular service we are scrutinising. All reports are based on evidence and include recommendations for improving the service. Here is a list all the reports published this year.

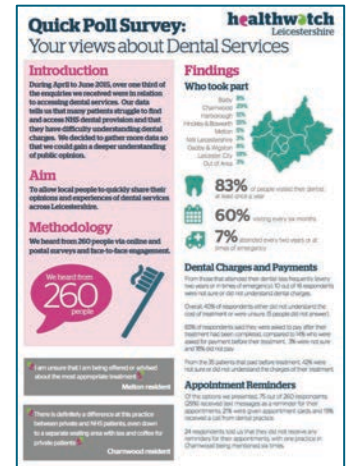
Unsafe Discharge For Vulnerable People July 2015

We conducted a study in summer 2014 to understand in greater depth the impact unsafe discharge can have for patients. The study forms part of the Healthwatch England programme of research and focuses on the experiences of homeless people, people with mental health conditions and older people.



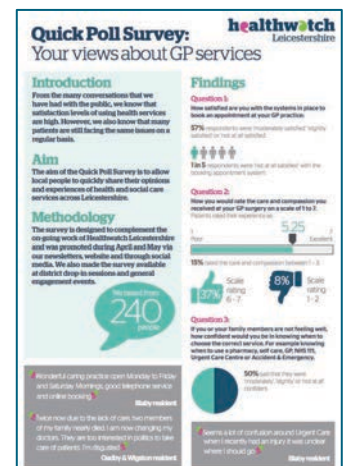
Dental Quick Poll Report July 2015

During April to June 2015, over one third of the enquiries we received were in relation to finding a dentist, accessing NHS dental services and understanding dental charges. The purpose of this quick poll survey was to gather more data to gain a deeper understanding of public opinion.



GP Quick Poll Report July 2015

Local people have been telling Healthwatch Leicestershire about their opinions and experiences of GP services in the county through a quick poll.



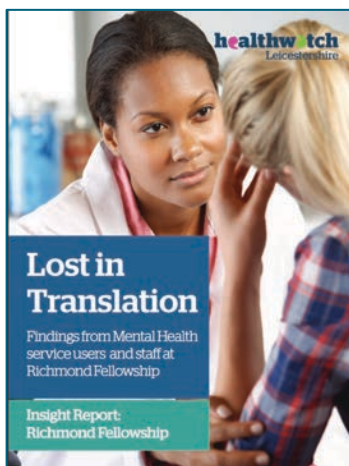
Insight Report - Road To Recovery (Swanswell) October 2015

We collaborated with Swanswell, a national alcohol and drug charity, to listen to the experiences of people working within and using substance misuse services.



Insight Report - Lost In Translation (Richmond Fellowship) December 2015

This report found that changes to the service provided by Richmond Fellowship resulted in service users feeling less cared for.



Community Conversations January 2016

With the ever-mounting pressure on Accident and Emergency (A&E), Urgent care and GPs, we spoke to 500 members of the public about reducing strain on health services. We found a mixed picture that suggests that people want clearer information on where to go for the right health care.



Enter & View Reports

The Surgery, Ashby - July 2015

Barrow Health Centre - July 2015

Wymeswold Court Care Home - Sept 2015

Lyndhurst Lodge Residential Home - Oct 2015

Coalville Community Hospital - Jan 2016

Our plans for next year



Future priorities

To help the Board determine its priorities and work plan for 2016-17, we asked our members and the general public to take part in a survey to learn more about what areas of health, wellbeing and social care they consider a priority. The results from the survey helped to shape our work plan for the coming year this includes campaigns, activities and programmes.

We received over 400 completed surveys via post and online 189 from members of HWL and 212 from members of the public.

We cross-referenced the survey findings to our previous evidence and insights. The findings reinforced what we already knew and supported the evidence we had gathered from our existing reports.

The issues to emerge from the survey are on-going concerns that we hear about during our engagement with the public.

Issues

GP practices need to inform patients about their appointment service and how to access to other care professionals for their treatment. They should try to implement a system that allows patients to pre-book appointments and have access to on-the-day appointments and know the right points of access.

Patients, families and carers need to be more fully equipped with information about the type of support that is available to them and where they can access this support following hospital discharge.

Better promotion of different healthcare services available across the county resulting in a better-informed patient, carer and family.

Targeted work needs to be done around specific vulnerable or marginalised groups of people to ensure healthcare is accessible for all.

Our funding levels are reducing so we need to consider carefully where to focus our resources. The plan for 2016 onwards is to build on the work that has been done over the past three years and to prioritise the areas where we can make a difference to local people and services.

This will include:

- Insight projects based on feedback from local people and statutory regulation to ensure we can make more difference locally through our reports and recommendations.
- Reviewing our signposting service so it is better at informing our activities and enabling us to identify and share trends in

patient experiences with providers and commissioners.

- Continuing to provide data and reports to inform CQC inspections and working more closely with Scrutiny Committees.
- Sustaining our Enter & View model giving local people the opportunity to scrutinise services, particularly in acute primary care.
- Supporting University Hospitals of Leicester NHS Trust on improving A&E and other parts of the system that are failing. We will do this by attending Quality Oversight groups, promoting the involvement of patients and carers and ensuring their views are informing future planning.
- Contributing data and intelligence to the planning of services through the Joint Strategic Needs Assessment.
- Supporting our Board Members on appropriate boards and committees with their involvement in the commissioning, provision and scrutiny of services.
- Continuing to develop relationships and influence on Transformation programmes, the Vanguard programme and Health and Wellbeing Board initiatives.

Pressure is increasing on frontline health services that puts Accident and Emergency (A&E), Urgent Care and GPs under tremendous strain. As a result, momentum is building to provide more care in the community, but this requires the redesign of local services and adds complexity to the delivery of community services (see page 30, New models of care).

Leicester, Leicestershire and Rutland (LLR) are taking on the challenges facing health and social care services head on with the Better Care Together (BCT) and the new Sustainability Transformation Plans (STPs) as the place based, multi year plans built around the needs of local populations. The STP is delivered by local health and care systems by the organisations working together to deliver transformation and sustainability.

At Healthwatch Leicestershire, we are keen to be involved in the local 'footprint' to ensure the local community and public are engaged in the development of the STP.

Our people



Decision making

The governance arrangements include an overarching Healthwatch Leicestershire Board (HWL Board) made up of members who are able to represent the diverse communities of our county.

The role of the HWL Board is to help determine the strategic direction and to ensure engagement with all segments of the local population in order to provide a representative voice for as many residents and health and social care service users as possible.

The HWL Board meets quarterly in public with the agenda, minutes and papers posted online 5 working days in advance. There is a standing item at each meeting for members of the public to ask questions.

The VAL Trustees employ staff to support the work of HWL and has the responsibility for financial management, insurance, contract performance and compliance. To support this relationship there are working agreements between VAL Chief executive and HWL Board, to ensure clear lines of responsibility and accountability including a VAL Trustee nominated lead.

Board

Rick Moore, Chair

Mina Rodgers, Frail Older People Lead

Sue Staples, CCG, Enter & View Safeguarding Lead

Fiona Barber, CCG Lead

Anne Collier, VAL Trustee

Pat Fraser MBE, Carers and Mental Health Lead (Appointed in April 2015)

Christopher Faircliffe, LPT and EMAS Lead

Narendra Waghela, Planned Care Lead

John Baker, Urgent Care Lead

(Appointed in November 2015)

Evan Rees, Hospitals Lead (Appointed March 2016)

Dee Nagra (Appointed March 2016)

Resigned

Gillian Adams, Vice Chair

Alistair Wood

Staff Lead

Vandna Gohil, Director

Gemma Barrow, Development Officer

Ivan Liburd, Development Officer

Yachna Desai, Information Assistant

Stephanie Hollis, Communications Officer

Leavers

Cherelle Farrell, Advisor (left August 2015)

Jennifer Darlow, Development Officer (left June 2015)

We have 26 active volunteers who are involved in many activities including:

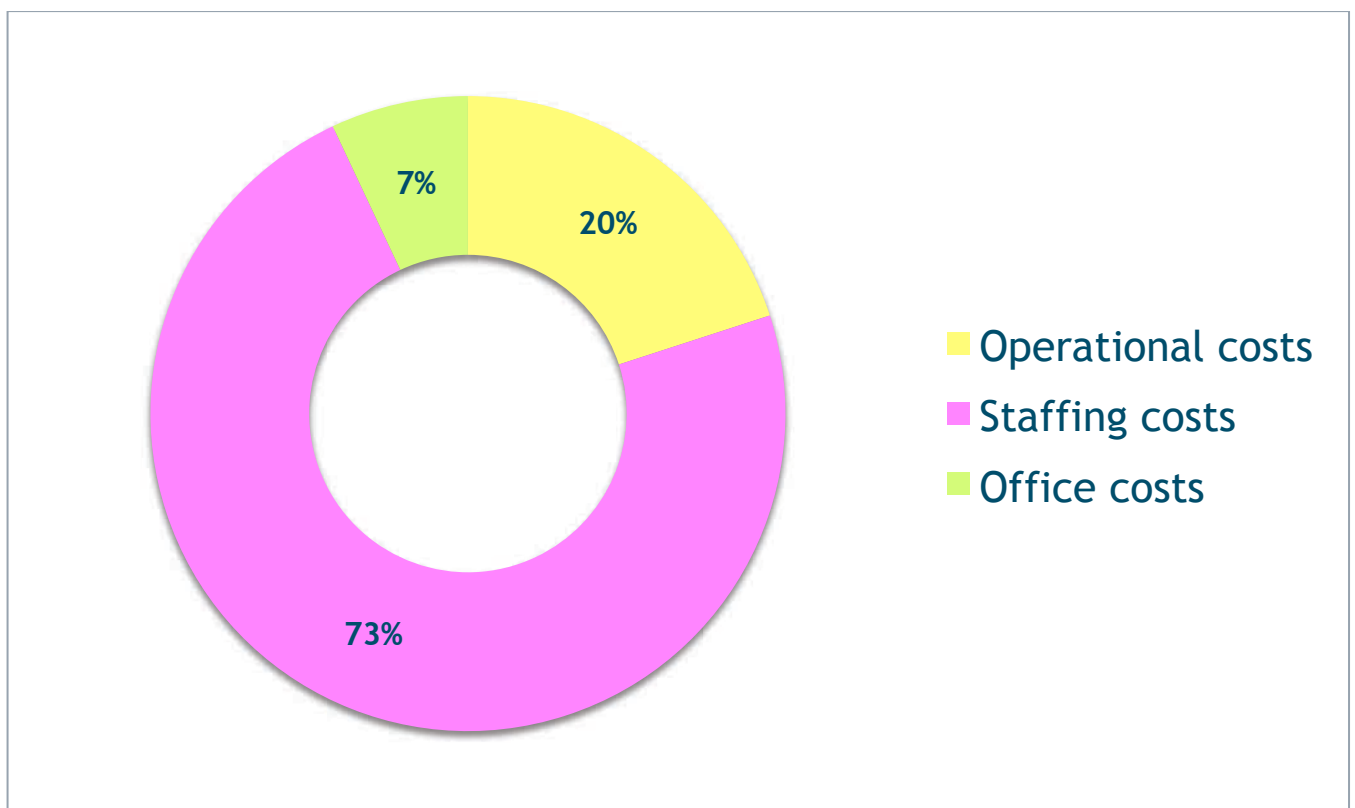
- HWL Board
- Sitting on Strategic Boards, Forums, Groups and Meetings
- Carers Reference Group
- Engagement Activities
- Enter & View and Safeguarding Working Group
- Quarterly meetings held with University Hospitals of Leicester, Leicestershire NHS Partnership Trust, East Midlands Ambulance Services, Arriva Transport Solutions Ltd

Our finances



INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		187,391
Additional income		8,000*
Total income		195,391
EXPENDITURE		
Operational costs		46,452
Staffing costs		171,595
Office costs		16,007
Total expenditure		243,054
Balance brought forward		-17,502

* Funding from the Better Care Fund for our involvement in the SIMTEGR8* project



These figures are for guidance, as they are still subject to formal audit.

Contact us



Get in touch

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LE3 8RA

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format please contact us at the address above.

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