



Healthwatch Leicestershire

Annual Report 2017/18

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Rick Moore, Chair, Healthwatch Leicestershire
Vandna Gohil, Director, Healthwatch Leicestershire

Healthwatch Leicestershire is the independent consumer champion created to gather and represent the views of patients and the public of Leicestershire.

Once again, we are pleased that so many people have spoken to us about their experiences of care. We have listened to patients, service users, carers and staff, allowing us to feedback a very rounded view of many health and social care services. It is only when people speak out, that we as Healthwatch can speak up on their behalf, enabling us to achieve improvements that will benefit the public of Leicestershire.

“As a CCG chair, I have really valued the work of Healthwatch and the effective partnership that we have forged. I have admired their rigorous approach to measuring patient feedback and the quality of their reports is very high. The feedback has been useful to providers in improving services. Another area of success has been their contribution to the governing body of WLCCG.”

Professor Mayur Lakhani, Chair of West Leicestershire Clinical Commissioning Group



Message from our Chair and Director

Since the launch of Healthwatch five years ago, Healthwatch Leicestershire, commissioned by Leicestershire County Council has delivered a high-quality service run by Voluntary Action Leicestershire (VAL).

From 1 April 2018, there is a new Healthwatch arrangement for Leicestershire and Leicester City and a new provider, Engaging Communities Staffordshire (ECS), is picking up the reins when the contract held by VAL comes to an end.

This Annual Report highlights the impacts the work of Healthwatch Leicestershire has had at a local and National level and covers issues around urgent and emergency services, mental health, hospital discharge, Fibromyalgia, GP services and much more.

At a national level, Healthwatch Leicestershire contributed to research released by Healthwatch England (see page 22) that outlines where important steps have been made towards improving the hospital discharge process for patients. At a local level, this led to Healthwatch Leicestershire being part of multiple training seminars to healthcare professionals including consultants and senior nurses, to improve the discharge of patients from hospital settings.

Shinning a light on Fibromyalgia (see page 24), Healthwatch Leicestershire spoke to almost 1,000 people to highlight the issues people face living with this long-term condition that causes pain all over the body. In partnership with The Shuttlewood Clarke Foundation and the University Hospitals of Leicester NHS Trust, a Top Ten Tips poster for living with Fibromyalgia was sent to all GP Practices across Leicester, Leicestershire and Rutland as resource for GPs.

Our dedicated staff team have worked conscientiously to develop, produce and deliver a high a standard of patient feedback culminating in positive feedback from stakeholders to well-designed and easily accessible reports and findings to influence policy change.

Our Board members have continued to present evidence based reports by representing the public at key decision making Boards, contributing to meetings such as:

- Health Overview and Scrutiny Committee
- Adults and Communities Overview and Scrutiny Committee
- Clinical Commissioning Groups across Leicestershire and Rutland
- Trust Boards across Leicester, Leicestershire and Rutland

Our representation on the Health and Wellbeing Board provides a platform for sharing formal patient, user and public insights, evidence and intelligence to inform the process of strategic commissioning and improve services for the benefit of the local population. We have been an integral part of the meetings by successfully contributing insightful evidence-based patient feedback reports at each meeting.

In this report, we have highlighted our work over the past 5 years and have included a summary on the centre pages.

We would like to take this opportunity to extend our gratitude to all the stakeholders that worked with us to give local residents a voice in shaping and influencing the local health and social care economy. We would like to thank our volunteers who have showed great professionalism, knowledge and commitment to improving the delivery and commissioning of services. Lastly, we would like to thank the residents of the county for embracing Healthwatch Leicestershire and helping us to speak 'truth to power' ensuring that 'your voice counts'.

Rick Moore

Chair, Healthwatch Leicestershire

Vandna Gohil

Director, Healthwatch Leicestershire

Highlights from 2017-18

The year at a glance

This year we have reached

3964

members, subscribers and twitter followers



We've been on the radio **6** times and conducted

4

TV Interviews



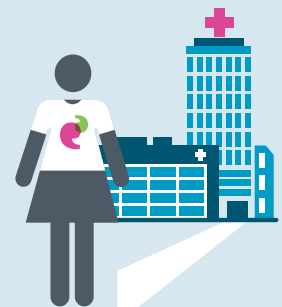
Our signposting and information service has helped

90

individuals



We've undertaken **2** Enter and View visits to local health and care services



We published

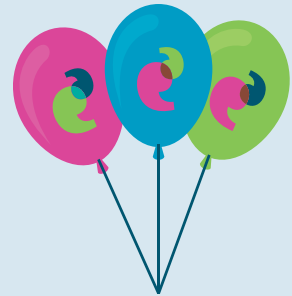
5 insight reports on issues ranging from mental health,

maternity and GP Services



We've met

944 local people through our activities at local community events



Calendar of the year

Q1 April/May/June	Q2 July/Aug/Sept	Q3 Oct/Nov/Dec	Q4 Jan/Feb/Mar
Observational Visit to the new Emergency Department Survey of those suffering from Fibromyalgia Carers Assessment Business Case for Leicestershire County Council Hosting a Healthwatch England Committee meeting	Survey - Services within GPs Presenting at University Hospitals of Leicester NHS Trust Discharge Training Seminar	Survey of mothers, mothers to be and healthcare professionals Engagement of Bradgate Mental Health Unit service users Enter & View - Lutterworth Country House Care Home	Enter & View - St. Luke's Hospital Presenting at University Hospitals of Leicester NHS Trust Discharge Training Seminar



Who we are

We exist to make health and social 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 social 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.

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 decision makers, 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.



Easy Read Summary

Healthwatch Leicestershire exists to help the public get the best out of their local health and social care services. We do this by:

- **Listening to local people and health and social care providers**
- **Providing information to help people find local services to meet their needs**
- **Seeking peoples views and experiences of local services**
- **Influencing the people that make the decision and in charge of appointing and running and service**
- **Challenging and examining existing service providers**

In 2017 - 2018 we were in contact with 944 individuals across different activities and events

This year we have reached 3964 members, subscribers and twitter followers

Our information and advice service listened to 90 people about their experiences of health and social care



The issues and concerns that people spoke to us about informs our work this includes questions for the quarterly meetings with Chief Executives of University Hospitals of Leicester (UHL) and Leicestershire Partnership NHS Trust. We have created a new section on our website where health leaders provide answers to issues and themes raised by patient questions.



Our board members have represented local peoples voices at different health and social care meetings. Their time, effort and enthusiasm has helped make a difference and influence change for the better.



We currently have over 40 volunteers helping us with our Enter & View Visits. The aim of the visits is to observe how health and social care service are being run and talk to patients, carers as well as members of staff. This year we have published 2 Enter and View reports.



Our report 'Your Views on GP Services' details the results of our survey of patients and carers. We heard from 240 from across Leicestershire and Leicester.

Many people told us that they have trouble getting a GP appointment and that they have tried to use online services. The majority of people were satisfied with the overall service they receive at their GP.



The 'In Mum's Words Report details the findings from our survey of mothers, mothers to be and healthcare staff. We listened to 136 local people experience of using a health services that supported them while they were pregnant or a new mum. We also heard from 54 staff, mostly Public Health Nurses and Midwives.

The most common theme to emerge from the findings was that mothers said it was important to see the same midwife and staff said that they should share information between them better.



In October 2017, we continued to promote the effects of Fibromyalgia by sending all GP's across Leicester, Leicestershire and Rutland, a copy of our 'Top Ten Tips' for people suffering from Fibromyalgia. GP's would then be better informed and able to help people with this condition.

Our annual report shows how we are structured, where we focus our resources and how we are bringing the voice and influence of Leicestershire people to the development and delivery of services, on a local level and as part of the bigger Healthwatch network.



Your views on health and care



Views on health and care

Listening to local people's views

Your views about GP Services

During the months of August and September 2017, we promoted a quick poll survey with questions around GP services, such as online services for registered patients, referrals for support and treatment and support for Carers. We wanted to understand the patient perspective regarding being seen by a Nurse instead of a GP and the support available for Carers in GP practices.

We heard from 240 local people and the findings were released in a report alongside a media release that was shared with stakeholders across Leicestershire.

What have we learnt about online GP services?

The majority of the respondents reported that they were aware that their GP practice offers an online booking service for registered patients and most of them had used the service to book an appointment or order a repeat prescription. Most of the respondents found the process easy and straightforward, however some experienced login failure and at times the website would not work properly. All but a small minority of respondents said they would not mind seeing a Specialist Nurse instead of a GP.

What have we learnt about GP referrals?

A small minority of respondents said they had been referred to a voluntary or community organisation such as a mental health support group, a day centre or a walking group by their GP in order to get support. In comparison however, over half of the respondents said they had been referred to services such as podiatry or physiotherapy by their GP. Of those who had been referred, most of them said their referral went to plan. However, many respondents reported that the wait for treatment was very long.



What have we learnt about support for Carers?

A fifth of respondents identified themselves as a Carer and just over half of those respondents said they have made their GP aware of their caring role. The remainder, however, had not notified their GP.

Less than half of the Carers said they had been able to access useful information about support for Carers from their GP, the majority said they had not had any support. A very small minority of Carers said that they were accessing support for being a Carer. The majority were not.

Satisfaction

The majority, 134 respondents, said that they were very or extremely satisfied with their surgery. 42 respondents said that they were not at all satisfied or slightly satisfied. Nearly a quarter said that they were moderately satisfied with their GP surgery.

Our findings were presented to the Leicestershire Health and Wellbeing Board who noted the findings to urge health and social care partners to consider actions associated to the report recommendations to improve services, systems and processes.

In Mum's Words - A look at maternity services

At a National level, conversations have taken place regarding the review and improvement of the maternity system and how this affects local systems and subsequently mothers and families.

Our report 'In Mum's Words' shares the findings from the data and responses gathered from two separate surveys with mothers, mothers-to-be and healthcare professionals, mainly midwives and public health nurses.



In July, we ran a focus group and met with new mothers, second-time mothers and those that were expecting a child in the coming months. We asked the group what mattered most to them concerning their health and social care during pregnancy and the subsequent couple of years.

From the feedback gathered and desktop research, we decided to ask people about their:

- Antenatal experiences
- Birth experiences
- Neonatal experiences

What we found

The report found that over three quarters of mums stayed in hospital overnight after giving birth, with two thirds of those saying that their partners were not given the option to stay with them.

- Mums told us about the vulnerability they experienced in the immediate hours after giving birth. They expressed a feeling of abandonment, especially those mums who were not allowed to have their partners stay with them. Just over half of mums said that they could have been better supported emotionally.

- We found that over a third of mothers and mothers to be (38%) told us that they did not have a birth plan. A further third (33%) told us that their plan was not followed, with just under a third (29%) saying that their birth plan was followed.
- Mothers and mothers-to-be told us that the relationship between them and their midwife is important, allowing for advice, support and information to be shared by a trusted professional. It matters to them that the same midwife that visits them at home is the one they see throughout their pregnancy and that a strong relationship is established to provide comfort and reassurance to mums.
- Nearly all mothers and mothers to be (90%) would like their maternity notes to be shared with their Midwife, Public Health Nurses and their GP. We were told that this would help with their holistic care.
- Healthcare professionals thought there should be greater or more effective sharing of information, with over three quarters of healthcare professionals saying there 'definitely or very much so' could be better information sharing between Public Health Nurses and Midwives.

The issue of improvements for maternity services is a national one. Earlier this year, the Care Quality Commission (CQC) launched a national campaign called #Yourbirthplan, aimed at raising awareness of birth plans amongst women who are pregnant, planning to have a baby or have recently used maternity services in England.

Rick Moore, Chair of Healthwatch Leicestershire, said:

"The agenda item in all strategic conversations has to be 'a joined-up approach'. That is the direction of the healthcare system on a whole and maternity services in Leicester, Leicestershire and Rutland are no different. We must make sure that at a local level, we are working smarter together and that our local Trusts are doing everything they can to support mothers and their families".



Elaine Broughton, Head of Midwifery at Leicester's Hospitals said:

“We will combine the findings of the report with the results of the CQC national maternity survey and consider how we can address the recommendations to improve the birth experience for the women and their families.”

A statement from Leicestershire Partnership NHS Trust said:

“We welcome any opportunity to explore the experiences of families and health professionals within our 0-19 public health programme, Healthy Together. We have just completed a period of mobilisation for this new service across Leicester, Leicestershire and Rutland, based on co-design with local families. The voice of families and their experience remains central to our ethos.

We are committed to working closely with our midwifery colleagues at UHL to ensure there is seamless support for the health of new and expectant mothers. We are proud of the public health role our teams play, and with the recent introduction of our new Health for Under 5s website¹ and Chathealth secure messaging for parents, the accessibility of our service has been further strengthened. We look forward to discussing learnings from Healthwatch's report with our staff, with midwifery colleagues and with Healthwatch to ensure we all provide the best possible service for families.”

Healthwatch Leicestershire has met with senior managers at University Hospitals of Leicester NHS Trust and Leicestershire Partnership NHS Trust to share the findings in more detail and discuss the recommendations.

In January 2018, the report was presented to the Leicestershire Health and Wellbeing Board which includes Clinical Commissioning Groups, NHS Trusts and Public Health, as well as County Council Commissioners and Directors.

¹ www.healthforunder5s.co.uk

What we've learnt from visiting services

We conducted three individually focused Enter and View visits this year:

1. a mental health unit
2. revisit to a care home
3. a community hospital

Our visits were conducted by our small team of trained volunteers, with Healthwatch staff. Our volunteers are prepared as 'Authorised Representatives' to conduct visits to health and social care premises to find out how they are being run and make recommendations where there are areas for improvements.

1. Bradgate Mental Health Unit

We have been concerned about the services offered at Bradgate Mental Health Unit (BMHU) following the CQC Inspection Report in February 2017, which concluded that overall the service required improvement.²

Services at the Bradgate Mental Health Unit are provided by Leicestershire Partnership NHS Trust (LPT), which provides mental health, learning disability and community health services across Leicester, Leicestershire and Rutland.



In October 2017, we captured feedback from current service users, carers and discharged service users about the support they are receiving or had received at the BMHU. We received 42 individual responses to our questionnaire.

We received

42

individual responses

What we found

■ Information -

We were told that information should be relevant, targeted and provide the service user, carer or parent with a sense of what the support landscape looks like. We found that 48% of respondents were unhappy with the quality of information provided to them at the Unit at the point of admittance and discharge.

■ Clear channels of communication -

In recent years, there has been a significant amount of media attention on the BMHU as well as a CQC inspection which indicates that the Unit requires improvement. This has left service users, carers and family members sceptical of the care they may receive on the Unit. Although a third of respondents were happy with the professionalism of the staff, the qualitative responses told a story of inconsistency.

■ The Involvement Centre -

Service users and family members responded positively to the Involvement Centre and the role it played in improving their mental health and wellbeing. We believe that having a program that engages and encourages service users to interact socially is a step in the right direction.

We developed a report which was presented to LPT who said,

“We are proud of the Involvement Centre and exploring how we can maximise its use. Currently we rely on the support of dedicated volunteers and opening times reflect this. We always welcome feedback to help us make improvements and have begun a five-year programme to transform all mental health and learning disability services across our Trust, with a much wider programme of engagement. This will help us deliver long-term improvements co-designed with patients, service users, staff and other stakeholders”.

² <http://www.cqc.org.uk/provider/RT5>



2. Lutterworth Country House Care Home

We undertook an Enter & View revisit to Lutterworth Country House Care Home in November 2017, following our initial visit in July 2014.

This planned visit was a follow up to observe the care provided, to see if our earlier recommendations had been carried out and was also prompted by local intelligence gathering from members of the public.



We learnt that a new provider had recently acquired ownership of the home on the day of the visit. During our introductory meeting with the Manager and the Regional Operations Director we were appraised of the transitional arrangements and the improvement plans to bring the home in line with the standards and quality of other homes within the group. The majority of these plans will take place in 2018 so as to minimise initial disturbance. We are pleased to note that the majority of these plans reflected the recommendations made at our previous visit.

During our revisit we found that there have been positive changes made since our visit in 2014 and the manager and her team with the backing of the new owner are enthusiastic to embrace improvements and changes that will be taking place in 2018. We look forward to seeing the plans being implemented.

“I am so proud and honoured to be a part of Healthwatch Leicestershire. The staff are amazing and very supportive and together we do a good job caring for our community. My personal highlight is participating in Enter and View visits and contributing to making a difference by being part of the patient voice.”

Tanuja Parmar, Authorised Representative

3. St. Luke's Community Hospital

In January 2018 we visited St Luke's Hospital as part of our programme to visit Community Hospitals in the county.

St Luke's Hospital is a local community hospital situated on the outskirts of Market Harborough town centre. The hospital is single storey, wheelchair friendly and has two wards. The two wards provide specialist stroke rehabilitation on ward 1 (18 beds) and general rehabilitation and palliative and end of life care on ward 3 (14 beds).

Summary of findings

At the time of our visit, there were areas in both wards working well and providing good patient care. However, our visit did highlight some aspects relating to the management of privacy, dignity and care not under the direct control of the staff.

- Everyone that we spoke to said that they were well looked after.
- We noted dignity for patients was compromised due to the layout of the large wards and the curtain rail placements on the ward.
- We observed that interaction between the staff was friendly and professional.
- We saw evidence of rehabilitation activities for patients.
- All the staff are trained in discharge planning and patients told us that they are involved in the discharge process.





Helping people find the answers



Helping people find the answers

How we have helped the community to access the care they need

Signposting

This year our Signposting and Information Service handled 90 enquiries.

Since Quarter 1 (2017/18) there has been a noticeable decrease in the number of enquiries we have received. We believe this was due to the introduction of a voicemail message which signposts

Leicester City residents to Healthwatch Leicester City and Rutland residents to Healthwatch Rutland.

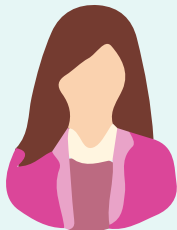


The service was open Monday to Friday, via telephone with voicemail services 24/7. Emails and communications through the website were responded to within 24 hours where possible.

Top issues received through signposting were related to health issues and concerns. This involved individuals contacting HWL as they wanted some help on how to make a complaint regarding NHS services or they wanted some advice on how to change their GP practice.

Case study 1: Hospital waiting times

In April 2017, Mrs M contacted HWL as she wanted to know how long a patient has to wait for a cataract operation at a community hospital. We were told that the hospital had Mrs M's form since January 2017 and that she was still waiting to hear from them.



What we did

We sent Mrs M an email with a link to the NHS England website which provided information about waiting times for non-urgent, urgent and cancer referrals. We explained that waiting times are set by NHS England and are not unique to individual hospitals. We also explained that if she was concerned regarding the wait and if it has been over 18 weeks she could contact her GP or the hospital eye clinic from where the referral was made.

Case study 2: Dental Enquiry

Mr S was looking for a domiciliary denture service in Leicestershire. He explained that he had called a list of numbers including NHS 111 and had not been able to find a service.



What we did

We contacted the Dental and Optometry Midlands team to find out if there is a domiciliary denture service in Leicestershire that could help Mr S. We were told that a new contract for special dentistry in Leicestershire was due to begin on 1 December 2017 and that there is currently an interim measure in place. However, they have limited capacity and also some eligibility criteria.

We provided Mr S with the details of the two practices providing the interim service and also informed him that once we know who the new service provider will be in December we will send him the details. In December 2017, we contacted Mr S again to provide him with details of the new special dentistry provider.

Case study 3: Referral to POhWER

Miss P wanted some advice regarding how to make a complaint about her GP surgery and the treatment she has received.



Miss P told us that she requested to have a smear test numerous times as she has severe pain around and below her abdominal area. She called the surgery and spoke to a receptionist who was not sympathetic and when asked to be transferred to the practice manager, the phone was put down mid-conversation. Miss P told us that she wants to make a complaint but she is not a confrontational person so she does not feel comfortable going down to the surgery to speak to the practice manager face-to-face.

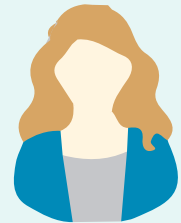
What we did

We told Miss P about POhWER Advocacy and explained what they do. We gave her details for how to contact POhWER but also explained that we can make a direct referral for her. Miss P gave us her consent to share her information with POhWER Advocacy and subsequently a referral was made.

We also provided her with details of her local CCG in case she wanted to share her experience with them, as they are responsible for the commissioning of GP services in her area.

Case study 4: Dental Appointment

Mrs T was looking for a dentist for an elderly man who she cares for with early onset dementia. She explained that the gentleman has lost his bottom dentures and needs them replacing. She said she had contacted NHS 111 and the dental access centre but she was signposted to HWL.



What we did

We contacted a few dental practices in the Hinckley area to see if they could see the gentleman as an NHS patient and replace his dentures. We were able to find a practice that could see him within a week. We contacted Mrs T and explained this to her and provided the details of the practice. Mrs T called us back after she had spoken to the practice to say she was able to book an appointment for the following week.





Making a difference together

5 years of Healthwatch

2014

2015

2016



Consulting Communities -

As a new Healthwatch, we visited and consulted every District in Leicestershire to ask local people what mattered most to them, in regards to health and social care. This later informed our priorities for future working, which were: Access to services, Co-ordination of services, Information to services and Voice and advocacy.

Building better networks -

We appointed a new Chair, developed our winter and summer tour of Leicestershire and built strong links with stakeholders, focusing on access to GP services and urgent and emergency care.

We also contributed to a national study by Healthwatch England.

Greater stakeholder engagement -

Delivered our Community Conversations tour and was a partner in a stakeholder roadshow across West Leicestershire. Designed a pathway to support carers to better their experiences of supporting patients through hospital. Negotiating a regular agenda item to present patient feedback at the Health and Wellbeing Board.





Reports Distributed 2014 - 2018



Growing evidence base -

We continued a strong programme of Enter & View visiting services across Leicestershire. We developed specific projects with young people around mental and sexual health, with vulnerable patients such as those affected by Cancer diagnosis; as well as listening to patients experience of hospital discharge. Played a key role in consultations and gathering the public opinion on changes to prescribing.

Developing outcomes -

Working with local stakeholders to deliver recommendations from our reports and delivering commissioned pieces of work. Creating tools for GP's to be better informed about long term conditions.

Working Nationally to help inform wider policy changes.



2017



2018

2014

- Enter & View: Peaker Park Care Village, Lutterworth Country, House Care Home
- 12 hours at A&E
- Suffering in Silence: Listening to consumer experiences of the health and social care complaints system

2015

- Patients views on Quality of Services
- A Week in Leicester Royal Infirmary (LRI): The Patient Perspective
- Road to Recovery: Voices from substance misuse service users and staff at Swanswell
- Enter & View: Glenfield Surgery, Barrow Health Centre, The Surgery Ashby, Wymewold Court Care Home, Lyndhurst Lodge Residential Home
- My Voice Counts Summer Tour
- My Voice Counts Winter Tour

2016

- Listen to me
- Lost in translation
- Community Conversations
- Enter & View: Coalville Community Hospital, Child & Adolescent Mental Health Service (CAMHS) Unit, Hinckley & Bosworth Community Hospital, Station View Health Centre, Loughborough Urgent Care Centre.
- Unsafe Discharge for Vulnerable People

2017

- 'Where should I go?' - Experiences of cancer patients and their carers
- The Lived Experience of Hospital Discharge
- It's not in my head' - Patient Experiences of Fibromyalgia
- Check-in @ the new ED
- Enter & View Urgent Care Centres

2018

- I Matter: Insights on the Bradgate Mental Health Unit
- In Mum's Words
- Enter & View: St Luke's Hospital, and Lutterworth Country House Care Home.
- GP Quick Poll

Making a difference together

How your experiences are helping influence change

Helping to train professionals

We shared the findings from our report, 'The Lived Experience of Hospital Discharge', where we heard from 216 patients, 30 carers and 40 healthcare professionals in last year's Annual Report.



216 Patients



30 Carers



40 Staff

Since then, we have continued to work with the University Hospitals of Leicester NHS Trust (UHL) to implement our recommendations. A key focus has been working in partnership with UHL to attend and present at dedicated Discharge Training Seminars for Senior Nurses, Nurses, Consultants and other healthcare professionals.



This year we have presented at three seminars:

1. Leicester Glenfield Hospital, approximately 10 staff members in attendance.
2. Leicester Royal Infirmary, approximately 40 staff members in attendance.
3. Leicester Royal Infirmary, approximately 45 staff members in attendance.

As part of the presentation, interactive discussions were included in order to convey the lived experiences of those that have been discharged from hospital. This included discussions of what could be improved.

Feedback from 13 staff members that attended the second seminar rated our presentation Good or Excellent.

Impact of our report

- In direct response to our report, UHL presented a report at the Health Overview and Scrutiny Committee meeting in March 2017, outlining the actions they are taking in response to our recommendations.
- UHL presented a report to the Health and Wellbeing Board in June 2017 specifically addressing the training issues raised in our report.
- Healthwatch England launched their research 'What happens when people leave hospital and other care settings?' report. Our report is featured as one of the examples highlighting insights on local services.
- Our Chair has given 2 Radio interviews with BBC Radio Leicester discussing the challenges of hospital discharge.
- Our Chair has given 2 regional TV interviews with BBC East Midlands Today discussing the challenges of hospital discharge as well as commenting on other challenges that our local hospital Trust is facing.

John Adler, Chief Executive of University Hospitals of Leicester NHS Trust said:



"We welcome this report as a very helpful insight into the discharge process within our hospitals from the viewpoint of patients, carers and our own staff. It is quite clear that there is much that we can do to improve the experience of patients in this area and we are already working hard on this."



Improving care at emergency services

We led an observational visit supported by Healthwatch Leicester City and Healthwatch Rutland, spending 12 hours in the new Adults Emergency Department at the Leicester Royal Infirmary (LRI) on Friday 19 May 2017.

The Trust has opened a new £48 million purpose-built Emergency Department (ED) to the public, with the intent of making it easier for patients to understand where they need to go and what they can expect.

What we found

What emerges from the findings is that there have been some significant improvements, with, on average, at least half of respondents reporting a “Good” experience.

- In June 2017, the findings were presented at the internal Healthwatch quarterly meeting with UHL including attendance from the Director of Marketing & Communications, Deputy Chairman, Head of Operations LRI and the General Manager of Emergency Care.
- In July 2017, we launched the report along with a media release that was picked up by BBC Radio Leicester; subsequently our Chair gave a live interview.
- In July 2017, the findings were presented at the Leicestershire County Council Health and Wellbeing Board. The findings of the report were noted, and health and social care partners were urged to consider actions to improve services, systems and processes outlined in the findings report.
- In July 2017, we were contacted by BBC East Midlands for an interview outside the Emergency Department.

Responding to our recommendations

In September 2017, the provider released an action plan responding to our report and recommendations. The plan identified each recommendation along with key messages from

the report. It also included a rag rating of where the Trust is with achieving the action, when it will be completed by and an update for each item.

Next steps identified and committed to by UHL:

- Continue to progress actions with the team.
- Action plan owned and regularly reviewed by ED senior management.
- Ongoing involvement and engagement from Healthwatch colleagues and a follow up visit in Spring 2018, following the opening of phase 2 of the emergency floor.

The Lived Experience of Hospital Discharge report provides an independent insight into some of the issues of hospital discharge that remain important to local patients, carers and staff. It was important to capture the different perspectives of the target groups, and so we developed three separate questionnaires specifically targeted to each group.

The surveys were open from September to December 2016 and we heard from 286 people (216 patients) 30 carers and 40 staff (from across three main hospitals - Leicester Royal Infirmary, Leicester General Hospital and the Glenfield Hospital).

Statement from University Hospitals of Leicester NHS Trust:

“From the Trust’s perspective our relationship with Healthwatch Leicestershire has continued to flourish during 2017/18. We meet regularly for frank exchanges of views which, over time, have led to a greater understanding of one another’s agendas and a clearer focus on what matters most to patients. During the year Healthwatch colleagues have spent time looking at the way our new emergency department works and the ‘check in’ process, which has led to improvements in the signage and wayfinding. They have also talked to patients and staff about their experience of being discharged from hospital which has made us think again about the information we give to patients before they leave us. Their in-depth reports sometimes make for uncomfortable reading but that’s the point, they see things that we miss or might have grown accustomed to and given that their feedback is always constructive and never shrill, our staff respond”.

Working with other organisations

Playing a National Role - HWE hospital discharge

Healthwatch England launched a briefing in October 2017 - 'What happens when people leave hospital and other care settings?'. We worked with Healthwatch England and other local Healthwatch across the country to input into a briefing that outlines where important steps have been made towards improving the discharge process for patients, and highlights the need for good practice to be spread and to ensure it is having the right impact.

To support the Healthwatch England National report and to highlight the local perspective, we released a media release in October, which also drew attention to our report 'The Lived Experience of Hospital Discharge'.

Key findings from the National and Local reports include:

- People still don't feel involved in decisions or that they have been given the information they need, including advice on possible side effects of new medications or who to call for advice out of hours.
- People continue to experience delays and a lack of co-ordination between services, highlighting specific problems with hospital pharmacy services, patient transport, and

care homes or family members not being notified when people are about to be discharged.

- People feel left without the services and support they need after leaving hospital, with discharge plans not considering patients' other clinical needs or home environment, including whether or not patients have carer responsibilities.

Imelda Redmond, National Director of Healthwatch England, said:

"Getting people out of hospital and safely home is not about a single point in time. It is an ongoing process that requires thought, planning and support before, during and after the moment someone is actually discharged. Things work best when staff in all services work together to provide a seamless experience.

"Whilst we heard plenty of positive stories from people moving between hospitals, care homes and their own homes, the number of people stuck in hospital waiting to leave has increased significantly. From what people tell us, it is clear many of the common problems around communication and coordination are still ongoing. Healthwatch will continue to play our part, working with hospitals, community services and the public to improve people's experiences."





Working with the Local Authority

Healthwatch Leicestershire was commissioned by Leicestershire County Council Adult Social Care Department (LCC ASC) to undertake a review of the Department's offer in respect of Carer's assessments as delivered by its Customer Service Centre.

The overall aim of this review that was concluded in April 2017, was to offer LCC ASC an Outline Business Case for the establishment and operation of a service offer that will give the desired assessment outcomes for carers and support the Department in its efforts to improve its support for carers of eligible people in Leicestershire.

Our Outline Business Case describes the results of an appreciative inquiry on the benefits of a new model, how it might work, the number of assessments that can be delivered per day, the number of staff and the skills required to deliver, and any other system or process changes that may be needed to implement and maintain the model.

We conducted primary and secondary research using a mixed methods approach consisting of desktop research and face to face interviews.

From our findings, we recommended that LCC ASC considered the following improvements:

- The approach of dedicated staff to offer carer support would sit comfortably with the Customer Service Centre structure at LCC and could be modelled on the best practice of Nottingham County Council as a guide.
- To recognise that this approach would need some upskilling of staff.
- That this approach should be supported by a fit for purpose data system and online assessment that focuses on need.

As part of a report to the Adults and Communities Scrutiny Committee in November 2017, the Adult Social Care department stated that our findings were included in the drafting of the Leicester, Leicestershire and Rutland Carers Strategy 2018 - 2021, implementation of the final Strategy will be overseen by the Carers Delivery Group (a subgroup of the Sustainability and Transformation Partnership's Home First Programme Board).

Working with the Care Quality Commission

Local relationships with CQC central team has improved through more contact and exchange via the Leicester, Leicestershire and Rutland Healthwatch bi-monthly information sharing meetings with commissioners and Healthwatch, where the quality of regulated Health and 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 and 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 and 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.

The CQC inform us of their announced and unannounced visits to services so that any information we have on a service can be shared with them for their intelligence and monitoring. This year we received 55 requests for information from the CQC.

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

Listening to seldom heard voices

Our 'It's not in my head' report was published in June 2017 and highlighted the experiences of a particularly hidden group of people living with Fibromyalgia in silence both locally and nationally.

Following the publication of the report we produced a jointly badged 'Top 10 Tips for those living with Fibromyalgia' poster, with content provided by the Fibromyalgia Friends Together Group (FFTG) at the Shuttlewood Clarke Foundation.

Some of the impacts of our publications:

- We presented the findings of our report and 'Top 10 Tips for living with Fibromyalgia' poster to the Health and Wellbeing Board who agreed that the condition was poorly understood by all, including GPs, and felt that the 'top ten tips' section of the report was very useful.
- In order to raise awareness of the condition, University Hospitals of Leicester (UHL) circulated the report and poster to 28,000 people, which included 12,000 professionals.
- We circulated the poster to 158 GP practices across Leicester, Leicestershire and Rutland as a tool to help GPs diagnose the condition and for patients to use for information.

In February 2018, as part of our promise, we met with the FFTG to inform members of the group of the work we have done to promote Fibromyalgia and the outcomes we have achieved.



Fibromyalgia Friends Together

Fibromyalgia is a recognised illness. The main symptoms of Fibromyalgia are widespread pain, profound fatigue, headaches, depression, increased sensitivity, fibro fog and irritable bowel.

These are our **Top 10 Tips** for living with fibromyalgia.

- 01 Support Group -** Join a Fibromyalgia support group such as Fibromyalgia Friends Together. It is really useful to talk to people who understand what you are going through.
- 02 Pace Yourself -** Take time to come to terms with your diagnosis and learn to manage your symptoms. Organise and prioritise your workload as you won't be able to do as much as you used to. Be kind to yourself and accept help from wherever possible.
- 03 Health Professional -** Try to find a GP that understands and recognises fibromyalgia. Keep a food and pain diary and take it with you to all appointments. Ask for a referral to a rheumatologist, pain clinic, physiotherapist or dietitian and be persistent.
- 04 Treatment -** Fibromyalgia is different for everyone, so it's important to learn how it affects you. There is no one treatment or medication that works for all; what suits one person will not necessarily suit another.
- 05 New Symptoms -** Do not ignore new symptoms; it is not always fibromyalgia. If you are not sure, see your GP.
- 06 Complementary Therapies -** Try complementary therapies such as Acupuncture, Reflexology or Aromatherapy. Hyperbaric Oxygen Chamber Treatment, available at MS therapy centres, has shown promise in helping people with pain and insomnia. A hot bath or shower can help to ease aches and pains.
- 07 Relaxation -** Stress often increases symptoms, therefore it is important to relax as much as you can. Learn how to relax by joining a relaxation or mindfulness class; do whatever it takes for you to switch off, reading, painting, knitting, music, visiting family or friends.
- 08 Exercise -** It is better to keep moving if you can. Take gentle exercise such as walking or swimming, or join an exercise class such as Yoga, Tai Chi, Pilates etc.
- 09 Information -** Fibromyalgia Action UK is the registered charity for Fibromyalgia where you can get a variety of information. Seek support online, there are many sites supporting Fibromyalgia. Our Facebook group is Fibromyalgia Friends Together Leicestershire. Use the internet as a tool but recognise not all information is correct.
- 10 Benefits -** Apply for any relevant benefits as these can make your life much easier. Keeping a diary of symptoms will help you complete the forms. Help is available at your local CAB office. If you have difficulty walking apply for a Blue badge.

Contact:
kathleen@shuttlewood-clarke.org
07860 639693 or 01530 244914

Shuttlewood Clarke Foundation
Ulverscroft Grange, Whitwick Road, Ulverscroft,
Leicestershire, LE67 9QB

Fibromyalgia Friends Together meet on the third Thursday of the month at Ulverscroft Manor, Priory Lane, Ulverscroft, Leicestershire, LE67 9PH

healthwatch
Leicestershire

Shuttlewood
Clarke
Foundation
BURNHAM-CHEAT WAY

NHS
University Hospitals
of Leicester
1916 7000

June 2017

Some of the impacts of the Fibromyalgia Friends Together Group:

- Since our last visit to the FFTG, they have increased their membership. We were informed that some of the new members had found out about the group from our 'Top 10 Tips' poster which was displayed in their GP practice.
- Members of the group were proactive in going to GP practices to see if the poster was displayed, and, if not, taking laminated copies with them to offer the practice.

We were informed that the members were very proud of this piece of work and the difference it is making to people's lives.



How we've worked with our community

Improving Access to Services - Integrated Points of Access (IPOA)

We were commissioned by the Integrating Leicestershire, Leicester & Rutland (LLR) Points of Access Programme Board to gather service user insight on a proposal to create a single point of contact for adult social care & health for LLR.

The LLR Better Care Together Five-Year Plan identified the need to consider options for the integration of the various points of access for adult social care & health across LLR.

The overall objective was to collect the views of service users on the proposal and to report back to the programme board with an interim report for a Gateway Review in August 2017 and then with a final report with recommendations for October 2017.

We undertook the following activities:

- Published a quick poll survey on the proposal with a focus on quantitative feedback but with an opportunity for qualitative comments.
- Ran a focus group on the proposal with service users to gather their feedback.
- Carried out detailed interviews with a small number of service users to get their views on the current points of access for adult social care and health.

The recommendations we presented to the commissioners represent 'what good would look like' in a new single contact centre. This is based on voice and insight from the survey, focus groups and service user testimony.

Some of the issues we discussed in our recommendations were that:

- Service provision should be based on the default assumption that the caller has zero knowledge of the services they need to access and that staff should have appropriate training on how to engage with people.
- People wanted the first point of contact to be a person and not automated call forwarding and that they should not have to tell their story multiple times to multiple people.

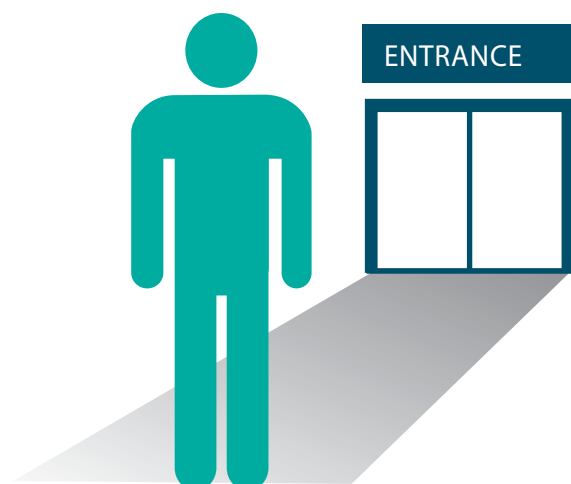
- The Integrated Points of Access Programme Board sets up a service user panel as a sub group of the main Board.

Since receiving our report, the Integrated Points of Access Programme Board has decided that further analysis is needed before redesigning the processes and pathways within the IPOA. This includes clarity regarding the role of Sustainability and Transformation Plan governance in the programme moving forwards, to ensure the programme is seen as a key enabler to other programmes maximising efficiencies.



"As Chair of Healthwatch Leicestershire and representative on the Health and Wellbeing Board, it has been a pleasure to articulate the experiences of patients and services users to a multi-agency board at a strategic level. This has only been possible due to the evidence that the Healthwatch Leicestershire team has consistently provided me with, enabling me to be an effective representative".

- Rick Moore, Chair of Healthwatch Leicestershire



How we support our representatives on the Health and Wellbeing Board

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

We have established a strong relationship with the HWB and stakeholders have come to appreciate our presence, our reports and our insights.

We have delivered some strong pieces of work this year, providing our representatives with a firm foundation to raise the public and patient voice.

The following are some examples of how the HWB has helped us to raise our profile and improve outcomes for local people living in Leicestershire. The following examples were also part of the HWB Annual report 2017. The purpose of the HWB Annual Report is to look back at the past year (2017) for the HWB and to reflect on the progress that has been made. We provided an update on the progress that is being made to meet the needs of the people of Leicestershire and how their insights have contributed to the work of Healthwatch Leicestershire and the HWB during 2017.

It's not in my head: Patients experiences of Fibromyalgia

We presented our survey findings, sharing experiences of people living with Fibromyalgia. We were overwhelmed with the volume of responses and in total 950 individuals with Fibromyalgia completed the survey. 291 responses from LLR, 605 from individuals living elsewhere in the UK.

The HWB members agreed that the condition was poorly understood by all, including GPs, and felt that the 'top ten tips' section of the report was very useful. Although the proposed media campaign around the condition was welcomed, it was suggested that this should be more targeted, focussing on symptoms and delivered through existing channels and services such as Local Area Co-ordinators and First Contact Plus.



Annual Report 2016/17

The HWB considered our Annual Report 2016-17, which reported on the statutory activities undertaken over the last year, and demonstrated the impact that these were having on the commissioning, provision and management of local health and social care services.

The Board heard that we had exceeded performance targets in the past year, and the reports and publications produced had been well received by stakeholders and Healthwatch England. Attention was given to the priorities and work plan for 2017-18, which would build on the work that had been undertaken over the past four years.





Check-in @ the new Emergency Department

We shared our report with the HWB, which presented the experiences of patients at the new Adult's Emergency Department at the Leicester Royal Infirmary (LRI).

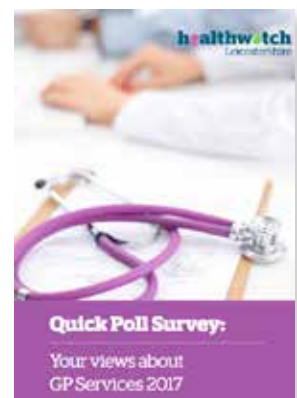
A number of recommendations had arisen out of the report which were welcomed and supported by the Board, and responded to by UHL, in the form of an action plan, which was circulated to members of the HWB.



Your views about GP Services

The Board considered the findings of our quick poll survey asking patients their views on GP services. The emerging findings were presented and based on the experiences shared by respondents. We had suggested a number of recommendations for service providers and commissioners. The CCGs welcomed the report and acknowledged that there were issues when trying to access a GP service.

The Board noted the findings to urge health and social care partners to consider actions associated to the report recommendations to improve services, systems and processes outlined in the findings report.



In Mum's Words: A woman's journey through pregnancy

This report was shared with the HWB and received praises for the design, accessibility and content of the report. HWB partners - UHL and Public Health - committed to reviewing the messages in the report as well as discussing how to progress the recommendations.

The governance arrangements include an overarching Healthwatch Leicestershire 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 our 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.





Healthwatch Leicestershire Board



Our People



Our People

Our governance and decision-making

The HWL Board meets quarterly in public and the headlines and highlights on our activities are posted on the website. In addition, the Board hold bi-monthly meetings as an opportunity to review and reflect on the local health and social care economy and relationships with key stakeholders, identify and agree actions on 'hot issues' and agree appropriate actions.

Voluntary Action Leicester (VAL) is the contract holder and therefore employs the 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's Chief Executive and HWL Board, to ensure clear lines of responsibility and accountability, including two VAL Trustees* as nominated leads who are also on the HWL Board.



Board

Rick Moore -
Chair

Mina Rodgers -
Frail Older People Lead

Sue Staples -
Enter & View Safeguarding Lead, ELRCCG Lead

Fiona Barber -
WLCCG Co-Lead and Adult Social Care Lead
with LCC and BCT

Christopher Faircliffe -
LPT and EMAS Lead

***Narendra Waghela** -
Planned Care Lead

John Baker -
WLCCG Co-Lead

Pat Fraser MBE -
Carers and Mental Health Lead

***Evan Rees** -
Hospital Lead

Staff Lead

Vandna Gohil - Director

Gemma Barrow - Development Officer

Ivan Liburd - Development Officer

Yachna Desai - Information Advisor

Kenton Hall - Communications Officer

We have 40 active volunteers who are involved in many activities including:

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

How we involve the public and volunteers

Volunteer Testimonies

We asked some of our volunteers to share their experience of volunteering for Healthwatch Leicestershire over the years, below is what they told us.

“The last 12 months have been busy for my part of Healthwatch Leicestershire. We saw the introduction of the Help to Live at Home project, a culmination of 2 years’ work in partnership with Leicestershire County Council and NHS CCG County bodies. In addition, I continued to represent Leicestershire’s communities at Leicestershire County Council’s Overview & Scrutiny Committee, ensuring informed debate on issues such as the Adults & Communities Strategy, Local Accounts and other initiatives.

I also chaired a quarterly meeting with the Directors of Adults & Communities, Children and Families and Public Health. In these meetings we were able to discuss the Councils plans and ensure local citizens were part of the planning cycles.

I was invited to sit on the Public Health group reviewing contract performances to highlight issues from a patient perspective.

I also sat on the initial programme board looking at the introduction of a single point of access across the Health & Care sectors, this work is still ongoing.

Together with my colleague, Sue Staples, also a Healthwatch Leicestershire Board member, we represented Healthwatch Leicestershire on the Leicester, Leicestershire and Rutland Information Sharing group, alongside the three local authorities, NHS and CQC with a view to ensuring vulnerable residents were being cared for appropriately and protected.

I sat as the Healthwatch Leicestershire participating observer on the West Leicestershire Clinical Commissioning Group Board, where I was able to promote patient’s

involvement, equality of access and feedback on the issues that we heard from local communities. I was invited to sit on the West Leicestershire Clinical Commissioning Groups Primary Care Commissioning Committee in both the Public and Confidential meetings. This gave Healthwatch Leicestershire an opportunity to contribute to the development of primary care from a patient and carer perspective.

I have been proud to present the impressive Healthwatch Leicestershire reports to CCG meetings, together with Adults & Communities Overview and Scrutiny meetings and a Health Overview and Scrutiny meeting.

I truly believe that, since its inception, Healthwatch Leicestershire has made a significant contribution to the development of Health and Social Care services throughout Leicestershire. We have listened to communities and fed back their concerns, we have worked with commissioners and providers to help them understand community thoughts and then supported those organisations to deliver appropriate services in the right places. We have challenged in a critical friend way, we have investigated different services and we have helped communities to have their say. I believe that commissioners and providers value this input as it has helped shape the way forward for services”.



Fiona Barber

- Healthwatch Leicestershire Board member



“As a representative for Healthwatch Leicestershire, I was honoured to become a trusted patient voice on Trust Boards and the participating observer on Boards such as the Leicestershire Partnership Trust Board and the East Leicestershire and Rutland CCG Governing body, allowing me to influence decisions, promote patient engagement, scrutiny and challenge.

I enjoyed working closely but independently with stakeholder engagement teams on various joint engagement projects related to urgent care, maternity care, Sustainability and Transformational Plans and being trained as an NHS patient Leader to make a difference.

I was proud to have led the Healthwatch Leicestershire Enter & View (E&V) Safeguarding group, written and introduced E&V Guidelines and standards plus training a team of authorised representatives.

We were also included as a stakeholder as part of the Leicestershire County Council Safeguarding Effectiveness group as well as the CQC Information Sharing group discussing all aspects of care homes and domiciliary care across Leicester, Leicestershire and Rutland, reporting to the Quality Surveillance group.

Healthwatch Leicestershire has provided me continued opportunity to be involved and influence Healthcare systems”.



Sue Staples
- Healthwatch Leicestershire Board member

“As Chair of the predecessor of Healthwatch Leicestershire, I was on the transition group to secure a substantive Board for Healthwatch Leicestershire including the recruitment of a Chair.

The first thing I noticed was the huge increase in the work load, heavily influenced by the changes to the Health and Social Care Act. In particular the increase in project Boards and Groups below Trust and CCG Boards and the new multi-agency organisations which had been set up to deliver integration.

The most pleasing aspect of my Healthwatch experience, was the introduction of specific evidenced based projects, for example: A Week in A&E, Support for Cancer Patients and our Carers work. This has given us the best chance, as proved, to enable change”.



John Baker
- Healthwatch Leicestershire Board member



Healthwatch Leicestershire

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Chief Executives Department
County Hall,
Leicester Road, Glenfield,
Leicester, LE3 8RA

We will be making this annual report publicly available by 29th June 2018 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 license agreement.

If you require this report in an alternative format please contact Healthwatch Leicestershire on the address above.