



# Intelligence Report

June 2024

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June was the busiest month of the quarter, as we saw an increase of outreach work and telephone enquiries. This month we saw a rise in the number of enquiries regarding mental health services- which have been increasing since the start of this financial year. As had been the case for the previous months of the quarter, GP services, dentists and adult social care remain our most enquired about services.



138








We received **19** patient experiences via our telephone, website, and enquiries email box.

We captured **138** experiences from our outreach engagement.

**88** City

**69** County

				
14	4	0	138	1
Telephone enquiries	Email enquiries	Website contact us	Outreach	Post

Service Type	Mixed	Negative	Neutral	Positive	Totals
General Practice (GP)	5	47	3	5	60
Hospital services	1	15	0	2	18
Mental Health	1	11	0	3	15
Dentist	0	11	0	0	11
Adult social care- including care packages and social workers	0	7	1	1	9
Emergency Department (A&E)	0	7	0	0	7
Other	0	4	0	2	6
Services for people with Autism/on the Autism spectrum	0	4	0	2	6
Pharmacy	1	3	0	0	4
Other	0	3	0	0	3
NHS 111	0		0	2	2
Optometry services/opticians	0	1	0	1	2
Ambulances and paramedics	0	1	0	0	1
Cardiology/heart medicine	0		0	1	1
Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health in Schools Services (TaMHS)	0	1	0	0	1
Community Mental Health Team (CMHT) and specialist mental health services	0	1	0	0	1
Community Services	0		1	0	1

Diabetes care	0	1	0	0	1
NEPTS	0	1	0	0	1
NHS App	0	1	0	0	1
PALS	0	1	0	0	1
Paediatric care	0	1	0	0	1
Physiotherapy	0	1	0	0	1
Prison healthcare service	0	1	0	0	1
Rehabilitation/enablement	0		0	1	1
Services for people with a learning disability	0	1	0	0	1
<b>Grand Total</b>	<b>8</b>	<b>124</b>	<b>5</b>	<b>20</b>	<b>157</b>

Theme	Total
Booking appointments	40
Access to services	25
Quality of treatment	12
Other	11
Waiting for appointments or treatment; waiting lists.	11
Medication/ prescriptions and dispensing	8
Caring/ kindness/ respect and dignity	7
Accessibility and reasonable adjustments	6
Waiting times- punctuality and queuing on arrival	6
Communication with patients; treatment explanation; verbal advice	5
Complaints	5
Diagnosis	5
Administration (records/ letters/ results)	3
Integration of services and communication between professionals	3
Parking and transport	3
Referrals	3
Cost and funding of services	2
Cancellation	1

Written information/ guidance and publicity	1
<b>Grand Total</b>	<b>157</b>

## Summary of intelligence trends this month

### GP Services



In June, GP services accounted for 38% of the total enquiries we received this month. 78.3% of these were negative feedback, with 32 of the total 47 negative enquiries being from service users who are struggling to book appointments. The issue of booking GP appointments accounts for 15.9% of the total enquiries in the county and 23.9% of the total city enquiries, suggesting the issue is important to both city and county service users.

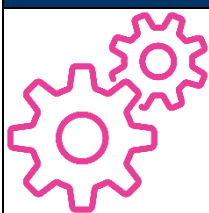
### Hospitals



11.5% of the enquiries this month were regarding hospital services, with 15 of the 18 enquiries being negative. The issues service users have been having with hospitals range from a variety of themes, including communication with patients, Caring/ kindness/ respect and dignity of treatment, Integration of services and communication between professionals and waiting lists.

One person told us "While I am in the hospital I have been seen by different doctors and they are all telling different things e.g. one doctor told me that I do not need operation, but [treatment] can be done by medication and another doctor told me I need to move to another ward, and I might need operation."

### Mental Health



Mental health services were the 3<sup>rd</sup> most enquired about service this month, accounting for 9.6% of the total enquiries, with 11 of the 15 enquiries being negative. The most common themes among these enquiries were limited access to services, waiting lists and the quality of the treatment. We had 3 enquiries this month that referred to long waiting lists for CAMHS.

One person told us "I have been waiting for NHS therapy for 7 months and they said I could be waiting up to a year."

Another complained that "Accessing mental health hubs can be embarrassing. Combining with something accessible to all would make more people also aware of the service there."

### Dentists



We received slightly less dental enquiries this month, accounting for 7.0% of the enquiries. All these enquiries were negative and continuing the trends we have been seeing for months now, all of the enquiries were complaints about access to dental enquiries or the cost of the service. We have had numerous individuals tell us they have been forced to go private as they cannot seem to find NHS dentists that will accept them as patients.

One person told us that "Homeless people cannot see the dentists, which is a big issue."

### Adult Social Care



As was the case last month, adult social care was the 5<sup>th</sup> most enquires about service, accounting for 5.7% of total enquiries, with 7 being negative enquiries. The most common themes are access to services and the quality of treatment/care received.

A service user's relative told us that Leicester City Council "takes too long to do assessments and provide help. They did 2 assessments and not provided the help needed."

Another told us that in a Leicester City nursing home "care workers would give the residents bed wash at night, but they would document on the care plan that they have gave a bed wash in morning. [I made] the manager aware of this situation but no one takes any notice or action."

<b>Choose the area of care that you would like to tell us about</b>	Please tell us about your experience (For example: What went well? What could have been better?)
<b>Dentists</b>	We received a telephone call from a lady whose health visitor suggested calling us for help in finding an NHS dentist in Leicester City.
<b>What we did</b>	We provided a detailed list of the 3 nearest dentists who were accepting new NHS patients, including the address and contact details of each practice.
<b>Adult Social Care</b>	We spoke with a lady at a community event who was concerned that the elderly in Evington were feeling isolated. She told us that their local bus route has stopped so they can't easily get about and was looking for nearby community services and groups they could get involved in.
<b>What we did</b>	We advised the lady that it would be worth getting in contact with Age UK as they might be running nearby social groups/ activities. We also advised that community centres, leisure centres, Churches and Gurdwara's also run community services and the ones in Evington may be able to help.
<b>Non-Emergency Transport</b>	We received an email from a patient who had recently been diagnosed with cancer and was due for a scan at Glenfield Hospital. The patient stated that they had been denied Thames Ambulance Service Transport and wouldn't be able to afford a taxi to the hospital and was seeking an alternative.

<b>What we did</b>	We suggested that they contact their GP as they may be able to provide an alternative. We also suggested contacting Age UK as they run a transport service. Finally, we provided a list of charities that provide hospital transport, for a small fee.
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Strategic Meeting	Who attended?	Date	Number of Attendees	Length of Meeting	Insights and Outcomes
HAB & Volunteer Away Day	All	03 June	15	3 hrs	<p>HMU - Intelligence Report - June</p> <p>Conversations regarding Priorities for 24-25, GP Access, NHS Dentistry, CYP Mental Health, review, comment &amp; agree workplan for the team, overview of the business plan and celebration of volunteers.</p>
Harsha Kotecha- one to one meeting with Stephen	HK and SP	04 June	2	1 hr	Conversation to welcome Stephen onto the HAB and discuss meeting representation. Stephen to take responsibility for attending the Learning Disability meeting
UHL Chair	HK	05 June	15	3 hrs	Part of the stakeholder panel for appointment of the UHL. Asked for the interview panel could prone the candidate about the current challenges and opportunities for the LLR system
Gemma and Hardip Catch up	GB/ HK/ HC	10 June	3	1	Fortnightly catch up with Gemma and Hardip.
ICB	HK	13 June	28	2.5 hrs	<p>The ICB did not appoint a Chair during the recent recruitment process. Initially Simone Jordon has taken on the role. This has now changed, Pauline Tagg is now Acting Chair and the process to appoint an interim Chair is being progressed.</p> <p>A question from the public about family carers and the development of Carers Partnership Board, In response the ICB agreed to review the Carers Delivery Group and its remit, refresh the Carers Strategy and review the ICB's PPI assurance group to avoid duplication.</p> <p>There was a presentation about social prescribing from the Leicester Central PCN about their approach and the benefits.</p> <p>The LLR system remains in financial deficit position at month 12 of £(68.4)m, which is also the variance from plan as NHSE provided funding (revenue and cash) for the original £10m planned deficit. This can be broken down as; UHL £(52.8)m deficit, LPT £8k surplus, and ICB £(15.6)m deficit.</p> <p>This £10m is non-recurrent funding and will need to be repaid in future years and so on a like for like basis the financial position is £(78.4)m. In comparison to the NHSE forecast commitment of £(61.1)m in November this is a £(17.3)m adverse movement.</p> <p>The £ (17.3)m movement is due to £(5.3)m UEC pressures, £(7.5)m staffing costs, £(2.5)m depreciation funding shortfall, and £(2)m net industrial action</p>



					costs all of which occurred at UHL. An update on UEC highlighted that the system continues to experience winter pressures despite being in June. The University of Leicester has carried out research on last winter and a report will be available soon. Planning for this winter has already begun.
Victoria Charlton	HK	18 June	3	1 hrs	Gemma and I met with Victoria to input to the County HWB's annual report. We discussed what areas of our work might be included that showed partnership working and engagement across Leicestershire. Agreed that the work around World Mental Health day was possible most appropriate along with snippets of other areas
ICB Health Equity Committee	HK	18 June	16	2 hrs	<p>- Health Inequality Support Unit Update (HISU) was established on 1st April. The primary purpose was to bring people together virtually to work together to understand and share health inequalities across the system. This resource was initially funded using BCF money, but this is non recurrent, this funding ends in June 2024. The ICB is exploring new ways to fund this work in the future.</p> <p>- LLR Immunisation Programme - there was an update on the immunisation programme across LLR. There is now an Immunisation Programme Board to move the immunisation programme to move forward. There was uptake of all vaccines is lower than the national average, but significant progress has been made to improve this with various initiatives being introduced to help eg the roving hubs, increase in gelatine free vaccines.</p> <p>- The Diabetes delivery group was established 10 years ago and been collected data and implementing new initiatives to support patients, but we are still key issues remain:</p> <ul style="list-style-type: none"> <li>• Higher prevalence - esp. related to ethnicity</li> <li>• Workload impact on practices of high prevalence- but this can be addressed by appropriate support and resources</li> </ul>

					<ul style="list-style-type: none"> <li>• NDHG - further investigate why there seems lower detection in some groups □ Access issues - education programmes and technologies (CGM) - both for Socioeconomically deprived areas and E.M. groups - action plans needed</li> <li>• Further data needed for YT2, Children, LD, housebound /elderly</li> </ul>
Catch up with Gemma	<b>HK/ GB</b>	24 June	3	1 hr	Updates on the business plan and priorities and the annual report
HWB and HWLL Quarterly Catch up	<b>HK/GB</b>	24 June	4	1 hr	Quarterly catch up with Cllr Louise Richardson and Victoria Charlton to update on HW work programme
Charnwood CYP mental health meeting	<b>GB</b>	4 June	21	2 hrs	Inaugural meeting for providers to introduce themselves and share the work they are doing with CYP in Charnwood. Proposed meeting with Helen from the Loughborough Wellbeing Centre to discuss creating a focus group for YP
Meeting with Deaf Action Leicester	<b>GB</b>	13 June	4	2 hrs	Partnership working to revisit our report from 10 years ago. Survey to be created and project to start
LPT/ HW Catch up meeting	<b>HK/GB</b>	18 June	6	2 hrs	Quarterly meeting with LPT - items raised and discussions on progress with young people's mental health.
AIS Group meeting	<b>GB</b>	20 June	13	2 hrs	Attending meeting as part of the deaf community project. Direct patient feedback shared to UHL and providers - sentiment of the people is that the same stories are shared but nothing changes.
Kash Bhayani	<b>KB</b>	27 June	20	2 hrs	Health Needs Assessment focussed on recent findings from the review of local sexual health needs. Chlamydia is on the rise. Tuberculosis is particularly a concern in Leicester with the particular ethnic mix and actions are being taken, eg, Latent TB screening. The stigma of TB has been highlighted as some people would rather get treatment on visits to their country of origin then admit to it to their extended family. TB is labelled as a disease of poverty. Health and Wellbeing Board Annual Report January 2022 to July 2023 was summarised. 2023-24 is being created. Public Health is working with the African Heritage Alliance exploring key areas of black mental health in Leicester. Over representation has been known for a long time. AHA is urging the

					<p>system to stop repeating research and do something.</p> <p>Racial disparities in maternal outcomes has been an area of concern particularly the mortality rates of black mothers. More insights have been gained recently. UHL is working to identify any systematic racism in case of being a factor. Mental Health Collaborative is asked to report on work undertaken in 6 months' time.</p>
Charmer Study	<b>HK</b>	25 June	3	1 hr	<p>Meeting with researchers about the Charmer Study . CHARMER is designed to equip geriatricians and pharmacists to proactively stop medicines that are no longer needed or where the chance of harm outweighs future benefits. This is to address the current statistic of less than 1% of medicines being stopped during a hospital admission leading to avoidable harm and hospital readmissions.</p> <p>CHARMER is the largest international hospital trial of its kind, involving around 100 hospital doctors and pharmacists from 24 hospitals, aiming to reduce harm from medicines for over 20,000 older inpatients. The trial started on the 1st February 2024.</p> <p>Leicester Royal Infirmary is part of the study.</p> <p>The researcher would like us to share the progress on the HW website</p>
Health and Wellbeing Board - County Development session	<b>HK/ GB</b>	27 June	28	2.5 hrs	<p>HWB County Development Session to focus on 'Best Start in Life'. There was an overview of Best Start for Life priority and the Maternity &amp; Early Years Strategy.</p> <p>The deep dive discussion was around the challenges, opportunities and how we can collectively more this are forward.</p> <p>We shared the experience of maternity services and mental health.</p>

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