

Information and Signposting Service Report

October 2015 - March 2016

Purpose

1. This report informs the Board of the performance of the service in this period and provides an opportunity to explore and increase awareness of the experiences and enquiries being received.

Key Issues

2. The service continues to undertake most information and signposting activity through people sharing their experiences and concerns.
3. Although the overall number of contacts fell, the calls continue to reflect increasing complexity.
4. There has been a rise in the number of different organisations people are signposted to, reflecting the diverse nature of calls received.
5. We continue to try and work with others to effectively gather intelligence from other sources to ensure that our picture of issues across the county is as full as possible.

Action required by Board Members

6. To note the report

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Date

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Background

7. The information and signposting role of local Healthwatch is one established by statute. The service began in February 2014. The pattern is now established that there will be two reports to the Board each year: one covering April-Sept and one covering October-March.

Update for this period

8. The reduction in activity may be explained in part by the lack of CQC full inspections of local NHS Trusts during this period.
9. Enter and View was carried out at Addenbrookes outpatient clinics, and surveying patients in Hinchingsbrooke in March 2016. Where individuals shared stories these were recorded, but a significant number of surveys were completed that have been logged separately.
10. Regular meetings were ongoing with the CCG's Patient Experience Team until the postholder left. Work with the County Council continues with others on improving the information they provide to the public around care.
11. Relationships continue to be developed with information providers, but the focus has moved to investigating ways of gathering and sharing intelligence in order to build up a bigger picture of health and care issues across the county.
12. As discussed at the Board meeting in March 2016 are looking at acquiring a feedback system from a company called Datify.

13. Table showing intelligence and enquiries received

	Letter	Email	Event /Tell us your story form/ HW Stand	Survey	Meet -ing	Social media	Tele- phone	VCS	Visit	Website	Community Grp	Other	Totals
Experiences & concerns	0	13	20	66	1	10	34	0	1	24	27	1	197
Information only	0	1	2	0	0	1	14	0	1	0	0	0	20
Total	0	14	22	66	1	11	48	0	1	24	27	1	217

Totals Oct 15- March 16	Totals April 15 - Sept 15	Increase/ Decrease
197	253	-56
20	6	+14
217	259	-42

14. Notes

- a. There was a significant reduction in people contacting us in December-January.
- b. There is generally less promotional activity during the winter, although our new Engagement worker worked hard on going out to groups over the winter which is reflected in the Community Groups total.

Referrals into the service

15. We record who has referred someone if they offer the information. Most people found out about us through direct contact with HWC staff or volunteers

Organisation	Number
HWC visit to provider	66
HWC staff	10
Community Newsletter	4
Health professional	3
HWC volunteer	3
Previous caller	3
Internet search	2
Other media article	2
Care Quality Commission	1
CCC Health Ctee	1
Cruse	1
Healthwatch England	1
HWC Board Member	1
MP	1
Rural Cambs CAB	1
Twitter	1

Signposting to other organisations/information

16. Most referrals go to either POWhER for NHS Complaints Advocacy, or to Patient Advice and Liaison Services/Patient Experience Teams/Trust Complaints Teams.

17. There has been a rise in the number of different organisations people are signposted to. This rose from 30 in the last report to over 70 in this report.

Organisation/information signposted to	Number
POhWER	17
PALS/PET/Trust Complaints Teams	10
GP/Practice Manager (DN/GP)	8
Care Quality Commission	6
Parliamentary and Health Services Ombudsman	5
CIAS	4
Mind (Local)	4
Voiceability	4

Carers Trust	3
Lifecraft/Lifeline	3
Making Space	3
Mind (National)	3
Papworth Trust	3
Adult Care and Support Guide	2
Age UK	2
Cambridgeshire and Peterborough CCG	2
Cambridgeshire County Council - Adult Social Care	2
CamSight	2
CPFT Triangle of Care	2
GMC	2
NHS England	2
Rethink (National)	2
Alex Wood Day Centre	1
Anglia Transport services	1
AvMA	1
Barnardos Advocacy Service	1
Beacon	1
Cambridge Dial-a-Ride	1
Cambridgeshire Consultancy in Counselling	1
Cancer Research UK	1
Centre 33	1
Childline	1
Cogwheel Trust	1
COPE	1
Coroners Court Support Service	1
Counselling - other	1
Cruse	1
Dementia Carers Support Service	1
Dentist	1
Disability Cambs	1
District Nurse	1
Emergence Plus	1
Emergency Department	1
Ferry Project	1
HACT	1
Health & Wellbeing Network	1

Health Unlocked	1
Healthtalk	1
Herts Urgent Care	1
Hunts Volunteer Centre	1
HWC website	1
Illuminate	1
Local Government Ombudsman	1
Local Rethink Carers' Group	1
Macmillan	1
MS Therapy Centre	1
NHS Choices	1
NHS Handbook to the Constitution	1
NHSE Area Team	1
NMC	1
Offenders' Families Helpline	1
ONS regulations	1
Orchid	1
Other local Healthwatch	1
PACT	1
Parkinson's Cambridge branch	1
Patient Info	1
Penderels Trust	1
Pinpoint	1
Rarer Cancers Foundation	1
Richmond Fellowship Employment Support	1
Rosmini Centre	1
Safe+Well	1
Samaritans	1
South Cambridgeshire District Council	1
Stroke Association	1
Student Community Action	1
SUN	1
UK Home Care Association Code of Practice	1
Young Minds	1

Direct contact/advice-seeking calls

18. On a number of occasions, there have been calls or emails to other organisations, either to provide a ‘warm handover’, or to try and find out information to help the client, rather than asking the client to make contact themselves. This approach is taken for a number of reasons:

- We may be better placed to ask questions or raise issues - for example having local contacts with the Clinical Commissioning group.
- The importance of finding out accurate information to pass to clients, especially where they appear to have conflicting information, or are not clear what they have been told.
- The caller may not be in a position to make the contact themselves due to mental health or other issues.
- The caller may have had a previous poor experience and may therefore be reluctant to make direct contact.

Warm handover/direct contact Organisation	Number
POhWER	1
Care Quality Commission	2
NHSEngland	1
Integrated Care Board	2
PALS	1
Monitor	1
Cambridgeshire & Peterborough CCG	2
Care Network	2
CCC Safeguarding	1
CUH	1

Impact

19. Measuring impact remains a challenging issue. We sometimes have repeat calls from clients - either because we helped them previously, or more often because they remain unhappy with services. In some cases we can only listen, as there is either no action they can or are willing to take.

20. Some positive comments received have included:

“Many thanks for your mail with all the useful information”

“Thank you for your very comprehensive and helpful advice”

“Thank you once again as you have identified exactly what was needed”

“Thank you for giving us the confidence to move it on”

“That information that you provided, is precisely the information that I need”

Issues

21. It has been good to see that concerns we have taken forward previously are in some cases leading to investigations into services or changes to services.
22. Access to mental health services remains a concern both for adults and children.
23. There continues to be a lack of knowledge of advocacy services for people using health and social care services. Some people are still reluctant to complain for fear of it affecting their care.
24. People remain generally happy with the quality of GP care but there are issues in getting appointments