

Information and Signposting Service Report

April 2016 - September 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. The number of contacts increased significantly due to increased engagement work, although comparatively few of these contacts resulted in contact for information and signposting.
4. Training has been delivered to volunteers to increase their understanding of what we do with people's experiences and what details are helpful to record.
5. System pressures are starting to more clearly affect people's experiences of health and social care.

Action required by Board Members

6. To note the report.

Author

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Date

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Background

7. The information and signposting role of local Healthwatch is one established by statute. There are two reports to the Board each year: one covering April-Sept and one covering October-March.

Update for this period

8. This period included two CQC inspections which accounts for some of the increase in contacts.
9. HWC had a presence at some large community events this summer which also increased the number of people making contact to share experiences and concerns.
10. Patients at Hinchingsbrooke were surveyed by volunteers at the beginning of April. Where individuals shared stories these were recorded, but a significant number of surveys were completed that have been logged separately.
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, we are looking at acquiring a feedback system from a company called Datify. Staff from HWC are due to visit colleagues in Lincolnshire in November 2016 to look at the day-to-day operation.

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	1	39	122	17	8	34	41	2	5	46	13	7	335
Information only			1			1	10			1			13
Total	1	39	123	17	8	35	51	2	5	47	13	7	348

Totals April 15 - Sept 15	Totals Oct 15- March 16	Totals April 16 - Sept 16
253	197	335
6	20	13
259	217	348

14. Notes

- a. Although we had a sizeable number of experiences shared through meeting HWC at community events, this was not often accompanied by requests for information and/or signposting.
- b. People sharing experiences through social media is also increasing.
- c. See CEO report for see overall trend of number of experiences and concerns gathered.

How people find out about us?

15. We record who has referred someone, or how someone has found out about us if they offer the information. Most people found out about us through direct contact with HWC, although we had a number of repeat callers

Organisation	Number
HWC stand/visit/event	151
HWC staff / Board / vol	11
Previous caller	11
Social media	10
HWC newsletter	6
Other HW	6
Counsellor	2
Internet search	2
NHS 111	2
Other	2
PALS	2
Public meeting	2
AvMA	1
Cambridge CAB	1
Care Network	1
Carers Trust Cambridgeshire	1
CIAS	1
Coeliac UK	1
Health professional	1
Hunts Forum	1
Jumbulance	1
MP	1
Other media article	1
Pharmacy	1
Pinpoint	1
Rural Cambs CAB	1

Signposting to other organisations/information

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

17. There was a higher than normal number of referrals to the CCG's Patient Experience Team due to concerns raised about gluten-free foods not being available on prescription.

Organisation/information signposted to	Number
PALS/PET/Trust Complaints Teams	21
POhWER	15
GP/Practice Manager	6
Cambridgeshire County Council	3
Care Quality Commission	3
NHSE	3
Pinpoint	3
CAPCCG (excluding PET)	2
Information Commissioner's Office	2
Mind (Local)	2
Other HW	2
Parliamentary and Health Services Ombudsman	2
Age UK	1
Arthritis Care	1
AvMA (Action against Medical Accidents)	1
AYME (Association of Young People with ME)	1
Beacon	1
CAIL (Alliance)	1
Cambridge CAB	1
Cambridge Cancer Help	1
Cambridge City Council	1
Cambridge Money Advice Centre	1
Carers Trust Cambridgeshire	1
Child Death Helpline	1
College Student Services	1
Coroner's Court Support Service	1
Cruse	1
Eczema Society	1

FACT	1
General Dental Council	1
HACT	1
Health Unlocked	1
Hoarding UK	1
Hospital Chaplaincy	1
IAPT	1
Inclusion	1
IPSEA	1
K9	1
Lupus UK	1
Macmillan Information Centre	1
Making Space	1
Mencap	1
Mind (National)	1
NHS Business Authority	1
NHS Constitution	1
NRAS	1
Papyrus	1
Patient Info	1
PODS	1
Red Cross	1
Rethink	1
SEAP	1
Voiceability	1
Wallace Cancer Support	1
54 organisations	106 signposts

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 several 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
Cambridgeshire & Peterborough CCG	3
PALS / Complaints Teams	3
Care Quality Commission	2
Other HW	2
CAIL (Alliance)	1
CCC - Contracts	1
CIAS	1
NHS Choices	1
POhWER	1

Impact

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

20. Some positive comments received have included:

‘Many thanks for your mail with all the useful information’

‘I feel in a much better position to take up any further issues which might happen in the future’

‘many thanks for your support’

‘Thanks very much Julie, very helpful’

Issues

21. It has been good to see that concerns we have taken forward are in some cases leading to investigations into services or changes to services.
22. Availability of GP appointments is an on-going issue, and we are starting to see the impact of system pressures in other areas such as waiting times.
23. There is increasing evidence that people with complex mental health needs are having support reduced or being discharged from services without adequate assessment of the impact on their mental health. It is too early to see the impact of new mental health initiatives.
24. Some clients are waiting a long time for a response to their complaint. Some people report getting no response at all.