# Information and Signposting Service Report

## March-August 2014

### 1. Introduction

The Information and Signposting service began in February 2014. This is a summary of the period March-August 2014. Future reports will be made in April and October, covering 6 months each.

**Main points**

1. The majority of signposting information takes place in the context of people sharing experiences and/or raising concerns. The pure 'information-giving' activity is minimal

2. There is further potential to follow-up people who share their experiences at events. How to do this effectively is being discussed with the team

3. Very few people contact us about social care issues. This is an area where we need to raise people's awareness of our role

4. The article in the Hunts Post about our listening event for the CQC inspection of Hinchingbrooke Hospital has generated a large response. Building on this and developing our media contacts is key

5. Gauging the effectiveness and impact of the service has proved difficult for a number of reasons:

    a. The complexity of issues raised means that there may not be a solution within a short-timescale. This makes it difficult to survey people a few weeks after their initial contact
    b. Some people just want someone to listen to them as they have already taken action themselves
    c. Some people have exhausted all the available options before they come to us so our ability to signpost is limited

6. However, despite the difficulty in measuring impact, we have received a number of comments such as:

    'Thank you for listening to me'

    'I will tell all my friends about you now'

    'Now I know where to come if I have another problem'

    'Thank you for your help and advice with this matter'

## 2. Statistics

**Information and signposting March-August 2014**

| Means of contact | Correspondence | Email | Event /Tell us your story form | Focus Group | Meeting | Patient Opinion | Shape Your Place | Social media | Telephone | Visit | Website | Other | Totals |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Experiences & concerns | 1 | 23 | 63 | 1 | 5 | 58 | 1 | 6 | 51 | 1 | 10 | 3 | 235 |
| Information only | | | | | | | | | 5 | 1 | 2 | | 8 |
| **Total** | 1 | 23 | 63 | 1 | 5 | 58 | 1 | 6 | 56 | 2 | 12 | 3 | 243 |

## 3. Referrals in

Most people do not state if they were referred by another organisation, but we are starting to collect this information more systematically.

| **Signposting to HWC from other organisations** | |
|---|---|
| POhWER | |
| NHS England | |
| HWE | 1 |
| Other LHW | |
| CAPCCG | |
| CCC | |
| Voluntary org: | |
| CAB | 1 |

## 4. Signposting to other organisations

The majority of signposting is to the relevant PALS /Patient Experience Team or POhWER as most calls involve health services and often are issues around complaints. Onward referral to voluntary and community groups is not always required at that point, especially if a period of time has elapsed since the event.

There has been an increase in people asking about legal redress, and those people are signposted to Action Against Medical Accidents (AvMA), which is the UK charity for Patient Safety and Justice.

| **Signposted to:** | |
|---|---|
| POhWER | 15 |
| CIAS | 2 |
| PALS/PET | 15 |
| Walk-in Centre | 1 |
| Local GP | 1 |
| NHS England | 1 |
| Healthwatch England | |
| Other Local HW | |
| CAPCCG/LCG | 1 |
| Other CCG | 1 |
| Cambs County Council | 1 |
| Care Quality Commission | 2 |
| Local Government Ombudsman | |
| Parliamentary & Health Services Ombudsman | 2 |
| Voluntary/charity: | |
| AvMA | 8 |
| CAB | 1 |
| Care Network | 3 |
| Carers Trust | 2 |
| Royal British Legion | 1 |
| Royal Air Force Benevolent Fund | 1 |
| SSAFA | 1 |
| Students' Union | 1 |
| Provider: | |
| Healthcare at Home | 3 |
| CCS – Feet Focus | 1 |
| Other: | |
| Independent Healthcare Advisory Service | 1 |
| Information Commissioners Office | 1 |
| MP | 1 |
| **TOTALS** | **67** |

## 5. Passing concerns onto others

A procedure has been agreed to ensure that significant or 'big' issues are passed on appropriately. The team receive weekly summaries of what has been logged on the experiences and concerns spreadsheet. This enables staff to be aware of issues relating to their Trusts and areas of expertise.

These are collated into one table bi-monthly (monthly from September 2014). The whole spreadsheet goes to the CEO and the Board. Providers see the part relating to their own service, and commissioners and regulators see what is relevant to them.

This enables decisions to be made about what are 'big issues' where escalation may be required, and what to include on the CEO's return to the Quality Surveillance Group. This intelligence also helps in planning future projects.

This is still a new process and the monthly report is being refined. Some providers would like more detail but we are being careful to respect people's privacy. Therefore, the data is put under broad headings including 'quality of care', 'staff attitude', 'communication'. A short narrative is also included to highlight what we have been told.

Whilst we are clear we do not undertake casework, we will sometimes make contact with another organisation on behalf of a customer, especially where the customer is deemed to be vulnerable. This is always with the customer's consent. Sometimes information only is shared, on other occasions it may involve giving contact details so the organisation can make direct contact with the customer.

| **Passed concern to:** | |
|---|---|
| PALS/PET | 3 |
| NHS England | 2 |
| Healthwatch England | 2 |
| Other LHW | 1 |
| CAPCCG | 1 |
| CCC | |
| Provider | 3 |
| Department of Health | 1 |
| Local Medical Committee | 1 |

## 6. Conclusion

The recording of experiences and concerns leads to most of the information and signposting activity undertaken. Activities undertaken by the team provide potential to expand this work. This is particularly true of when people meet Healthwatch Cambridgeshire staff and volunteers at events and share their experiences and concerns directly.

Engaging with the local media is also another way to promote information and signposting. Recent results from a press release indicate the potential of developing a more active media presence.

Julie McNeill: Information Officer

August 2014