

# Information and Signposting Service Report April-September 2015

#### 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 giving through people sharing their experiences and concerns
- 3. The increasing complexity of some callers' needs is such that more information seeking/warm handovers on behalf of clients is being undertaken (rather than pure signposting)
- 4. Partnership work is ongoing to ensure that we 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

5. To note the report

#### Author

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Date

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# Background

- 6. 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.
- 7. Previous reports have not covered these exact periods, so whilst comparisons can be made to previous data, the period covered is not exactly the same. For example, the previous report covered 7 months. Therefore whilst the actual figures for activity appear to show a decline from the previous period, the monthly average is the same.

#### Update for this period

- 8. There was significant activity in this period relating to the CQC inspections at Cambridge University Hospitals and Hinchingbrooke. We received little feedback about Cambridgeshire & Peterborough Foundation Trust (CPfT) services which were also inspected during this time.
- 9. Regular meetings now occur with the CCG's Patient Experience Team. Other meetings with new post-holders in PALs took place, with more planned. Work with the County Council continues with others on improving the information they provide to the public around care.
- 10. Relationships continue to be developed with information providers, but the focus is now moving to looking at ways of sharing intelligence in order to build up a bigger picture of health and care issues across the county. This will involve working with Cambs Voice members and other organisations such as Care Network and the local CAB.
- 11. A number of emerging issues were identified which are expanded upon in the report:
  - Increasing complexity of callers' issues, especially around mental health
  - Difficulty in finding out correct protocols when people are banned from GP practices
  - Lack of awareness about NHS Complaints Advocacy

	Letter	Email	Event /Tell us your story form/H W Stand	Focus Grp	Meet -ing	Patient Opinion	Social media	Tele-	VCS	Visit	Website	Community Grp	Other	Totals
Experiences & concerns	2	25	86	0	4	14	32	33	6	8	34	7	2	253
Information only		1						5						6
Total	2	26	86	0	4	14	32	38	6	8	34	7	2	259

# 12. Table showing intelligence and enquiries received

Totals	Totals	
April 15 -	Sept 14 -	Increase/
Sept 15	Mar 15	Decrease
253	274	-21
6	24	-18
259	298	-39

13. Notes

- Our subscription to Patient Opinion ended during this period, and we chose not to renew.
- Promotional activity tends to be higher over the summer in terms of events. We did less engagement during this period as opposed to last year due to a number of personnel changes.
- The last reporting period covered 7 months so the activity cannot be strictly compared.

# Referrals into the service

14. Currently we do not routinely ask how people heard about us, but record it if they offer the information.

Referrer	
After HW attending event	4
Cambridge CAB	3
Other Local Healthwatch	2
Mind in Cambs	2
HW volunteer/staff	2
Dementia Compass	1
CAIL (The Alliance)	1
COPE Newsletter	1

#### Signposting to other organisations

15. The Information and Signposting service has an emphasis on getting people to the right place for their query or concern. Generally this results in most referrals going to Patient Advice and Liaison Services/Patient Experience Teams. Significant number of referrals are also made to POhWER who are the local provider of NHS Complaints Advocacy.

Signposted to:	Number
PALS/PET	15
POhWER	13
NHS England	5
Age UK	3
Care Quality Commission	3
Local GP	3
Mind in Cambs	3
NHS Choices	3
Alzheimer's Society	2
AvMA (Action against Medical Accidents)	2
Carers Trust	2
CIAS (Cambridgeshire Independent Advocacy Service)	2
MP	2
Beacon	1
Brain Tumour Charity	1

CAIL (Cambridgeshire Alliance for Independent Living)	1
Cambridgeshire County Council	1
Care Network	1
District Council	1
General Dental Council	1
Health & Wellbeing Network	1
Homelink	1
Lifeline	1
Local Councillor	1
Making Space	1
NRAS (National Rheumatoid Arthritis Society)	1
Parliamentary & Health Services Ombudsman	1
Pendrels Trust	1
SUN Network	1
Young Minds	1
TOTAL	75

#### Warm handovers/advice-seeking calls

- 16. On a growing 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 Care Quality Commission who can put us in touch with the inspector for that service.
  - The importance of finding out accurate information to pass to clients, especially where they say they have been given conflicting information.
  - The caller may not be in a position to make the contact themselves due to mental health or other issues.
  - On one occasion a safeguarding report was made.

Passed concern to directly/sought advice or information from:	Number
PALS/PET	4
Other LHW	4
Care Quality Commission	3
Cambridgeshire County Council - Contracts	3
Cambridgeshire County Council - other	3
Provider	3
Cambridgeshire & Peterborough CCG - excluding Patient Experience	
Team	2
NHS England	1
Safeguarding	1
POhWER	1

# **Emerging issues**

- 17. The previous trend of increasingly complex issues has been maintained. There have been a small number of callers who have also talked about committing suicide, which brings extra pressure in dealing appropriately with these callers. This has also highlighted the difficulties in accessing crisis care, especially for those who are no longer in mental health services.
- 18. We have taken calls from some people who have been banned from one or more GP practices in Cambridgeshire. It has been very difficult to find out the protocols for how the system should operate in Cambridgeshire. This has made it difficult to understand whether people have been given correct information, or whether the correct procedures have been followed. However we understand this issue is to be discussed by the CCG Primary Care Joint Commissioning Committee in December.
- 19. There remains a lack of public knowledge about how to complain, especially about the NHS. NHS Complaints Advocacy is not well known. One client emailed us to say:

'Help and advice in creating our submission to PALS would have been appreciated had it been able to be obtained from an independent source, but I know of no such option available.'

There is also confusion about where the responsibility for providing advocacy support lies. If the client is complaining about a service elsewhere in England, then they should get support from the provider who is commissioned for the local authority area where they live. The Local Government Association provided guidance in this area prior to the commissioning arrangements changing in 2013i.

However, whilst this briefing note suggested that contracts should include a clause about cross-boundary working, it is not clear what arrangements have been made in this respect.

<sup>1</sup> Local Government Association: Commissioning Independent NHS Complaints Advocacy, 2012. http://www.local.gov.uk/c/document\_library/get\_file?uuid=f07bf24c-cd0c-458f-8672-419f26a0831a&groupId=10180 Accessed 27/10/15