



# Healthwatch Reading

Annual Report 2015/16



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# Message from our Chair



**David Shepherd,  
Chair of Trustees**

I am pleased to present this year's annual report. This year has seen great strides in ensuring local peoples voices are heard.

Over the past two years Healthwatch Reading had received an increasing number of calls about local GP services. Therefore, the Board decided they would focus the year's activities on primary care. The staff team carried out 31 Enter and View visits of GP surgeries and spoke to more than 500 patients. The report of the findings will go to inform the design and commissioning of primary care services. We have been able to achieve this through local people giving up their time to talk to us and by building strong working relationships with providers and commissioners, so that we are heard.

In addition, we published a report outlining the experience of women who were diverted from their preferred place of birth during labour. This led to our acute trust making more information routinely available to pregnant women about the possibility of this happening.

Our advocacy services have gone from strength to strength. In July 2015 we held the first ever local event of its kind,

bringing together NHS and council complaints staff to compare how they handle concerns raised and discuss how complaint handling could be improved.

**“We are working hard to listen to local people.”**

The satisfaction with our service led to Healthwatch Reading being awarded a contract from April 1 2015, to co-ordinate Care Act Advocacy, under an arrangement we have called Reading Voice. We are delivering this contract in partnership with Age UK Reading, Reading Mencap and Talkback. This service involves giving a voice to some of the most vulnerable people in our community.

We also saw staff changes - saying farewell to Catherine Greaves, and welcoming Pat Bunch as new Healthwatch Officer.

Our trustees are still driving the vision of Healthwatch Reading forward and our Board remain strong in ensuring that we are working hard to listen to local people and influence the shape of local services.

As we enter our third year we are faced with a new challenge, including a 15% budget cut, which inevitably means we have to look at how best to support local people. We will work hard to ensure that we maintain the standards we have set.

We thank our local community, our partners and friends of Healthwatch Reading for making this another successful year.

# The year at a glance

This year we've reached 2,589 people on social media



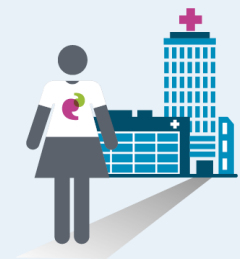
Our volunteers helped us crunch data, set up stalls and hand out leaflets



We've spent more than 1,500 hours helping people resolve concerns or complaints



We've visited 38 services to carry out 'Enter and View' activities



Our maternity report was based on in-depth stories from 19 women



We've engaged with hundreds of local people at community events



# Who we are

Healthwatch is here to make health and social care better for ordinary people.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

We are the only body looking solely at people's experience across all health and social care.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

As a statutory watchdog, our role is to ensure that local health and social care services, and the local decision makers, put the experience of people at the heart of their care.

## Our mission

Healthwatch Reading's mission is to campaign for better care for our community. We do this by:

- Advising people of their rights, giving them information, and signposting them to other services;
- Advocating on behalf of local people to raise concerns, make a complaint or support them to have their voice heard;
- Actioning, by listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them, and influencing those with the power to change things, now and in the future.

## Our priorities

Our priorities are based on what the community says is important to them and are driven by the Healthwatch Board, a committed group of local volunteers.

Our priorities focus on the following key areas:

1. People are empowered to share feedback, complain or have their voice heard - we will work with individuals in our local community, the local voluntary and community sector, as well as statutory partners, to gather local people's views and support them in having their voice heard. This year we focused on visiting 31 GP surgeries to encourage people to have their say on primary care. We also helped build confidence of people, through our advocacy services, so they could express their needs about how they wanted their care delivered or have complaints about their care heard.
2. Ensuring everyone has an equal voice - we will work with the diverse community of Reading to understand how they experience local services. This year we brought together a panel of diverse people in Reading to carry out an 'equality and diversity' scoring exercise on a local health service.
3. People are involved in shaping services for today and the future. We used our seat on a commissioning committee to influence the shape of new primary care contracts.

# Listening to people who use health and care services



## Gathering experiences and understanding people's needs

One of the key ways we collected people's experiences this year was through visits to 31 GP surgeries across Reading. We wanted to reach a wide variety of people and our survey demographics showed:

- Around one-third of people we spoke to were from an ethnic minority
- Around one in five people we spoke to said they had a disability
- One quarter were aged over 64 and nine per cent were aged 11-24

We also worked with other partners and services to collect experiences. Our maternity services project involved us working with NCT groups, children's centres, midwives, health visitors and the local maternity forum, to identify women willing to share their in-depth birth stories.

We again worked with the Reading Youth Cabinet to connect with secondary school aged children. At the cabinet's annual priority-setting meeting, we gave a talk and encouraged their instant feedback on their smart phones to our e-survey. This helped to identify continued problems accessing help for mental health issues.

This year we moved into a new home - in the Elevate hub on the 3<sup>rd</sup> floor of Reading Central Library - which has given us further opportunities to work in partnership with other organisations to capture experiences. Elevate aims to support 16-24 years with jobs and health advice; and the hub also provides IT skills training for the whole community,

promotes volunteering and provides meeting and training rooms for local organisations. So when a young group of people visited the hub as part of a 'challenge', programme, Healthwatch used the opportunity to run a short quiz to gain insight into their understanding of their rights when using NHS services. Our new location has also resulted in an increased number of 'drop-ins' from people who say we are easy to find.

Most of the time though, we believe the best way to gather experiences is by going out into the community. We have encouraged people to give us feedback from stalls we have held outside supermarkets, in shopping malls, in churches and at local events such as Armed Force's Day, Older People's Day, and Carers Rights Day.

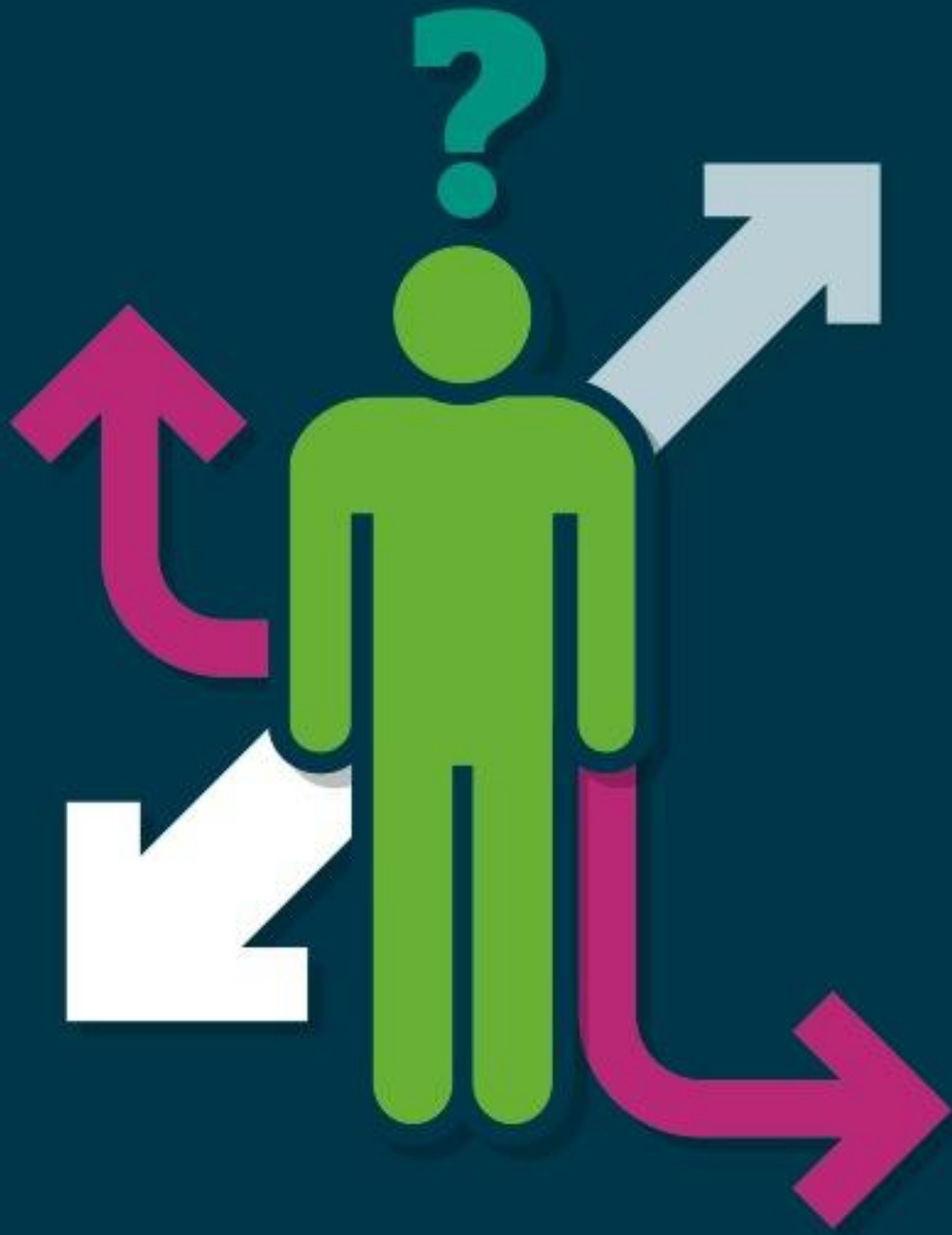
And through our advocacy services, we have gone to the homes or institutions where many 'hidden' and vulnerable people live.

## What we've learnt from our visits

Our visits to GP surgeries showed that most people were satisfied overall with their care but had concerns with appointment booking, and continuity of clinician, that they would like addressed. There was also very low use of online appointment booking. We also discovered that Reading people do not have equal access to extended opening hours (at weekends or early mornings/late evenings), and that many surgeries operate from old buildings not fit for purpose. We have used the intelligence to make a raft of recommendations to commissioners.



# Giving people advice and information



## Helping people get what they need from local health and care services

One of our key roles is to provide advice and information to the public about how to find services, how to resolve concerns, people's rights when using NHS or social care, and which other organisations might be able to help them.

The number of individuals who sought help from Healthwatch Reading with specific issues, totalled 223 in 2015-16.

These issues included:

- requests for details on which local GPs are taking on new patients
- queries about waiting times for outpatient appointments
- problems with hospital admin which had resulted in missed or changed appointments
- concerns about attitude, manner or comments made by NHS staff
- concerns about disjointed arrangements between hospital and social care before or after hospital discharge
- queries on entitlement to certain medications or referrals
- potential missed diagnosis of terminal illnesses
- complaints about errors that might have caused a person's death.

We provided information and advice on a staffed helpline, Monday-Friday 9am-5pm, and also through our website, and talks at local events. We also made home visits to people with mobility issues, and arranged interpreters for our conversations with non-English speakers.

## ADVICE CASE STUDY

A person approached a Healthwatch Reading stall after listening to a Healthwatch staff member give a talk at a local event. The person was struggling to get help in coping with their child, diagnosed with ADHD. The person had limited ability to speak English.

The Healthwatch Reading staff member sat down with the person to have an informal chat, using short, simple sentences. Healthwatch discovered that the person had no nearby relatives and was not getting any breaks from a sometimes-stressful home situation. The person was unaware that they were entitled to have their needs looked into through a 'carer's assessment' from the local authority, or that the family might be able to access respite breaks, so Healthwatch described examples of what type of help the person could potentially get.

Healthwatch introduced the person to a local authority officer at the same event to see if an assessment could be arranged. Healthwatch also gave the person contact details for several voluntary sector organisations that could assist with peer support in coping with their child's needs.

Lastly, Healthwatch described to the person how interpreters could be arranged for NHS appointments, if the person felt this would assist in discussing their child's health needs - and their own - with clinicians.

The person said the information and advice had made them feel more confident they would now get help.

## Top five contact themes:

1. 23% of people (52/228) contacted us about the Royal Berkshire Hospital or other acute hospitals
2. 19% of people (43/228) contacted us about GP Services
3. 18% of people (40/228) contacted us about Care Act Advocacy services
4. 1% of people (22/228) contacted us about mental health services
5. 1% of people (14/228) contacted us about social care

If information and advice was not enough to help people resolve their concerns, we carried out 'informal advocacy'. This might mean calling a service on a person's behalf to help broker a solution to their issue, or to point out their rights.

When informal advocacy had been exhausted, or when a person felt their concern was too serious, we acted as complaints advocates for them, using the NHS Complaints procedures. This involves a person submitting a written complaint, which might call for an apology, an explanation and/or assurances that changes have been made to prevent a similar issue being repeated. Once organisations investigate and respond, the person decides whether to accept the findings, request a resolution meeting or go to the Parliamentary and Health Services Ombudsman.

### CASE STUDY: INFORMAL ADVOCACY

An elderly woman rang Healthwatch Reading to say she was still waiting for a repeat prescription from her GP surgery that she had submitted six days' beforehand. Repeat prescriptions were normally supposed to be turned around within 48 hours.

The woman said she had had the same problem the month before and despite writing to the practice, the problem was happening again. The prescription included vital blood pressure medication. With the woman's permission, Healthwatch Reading spoke to senior staff at the organisation and the repeat prescription was arranged straight away.

### CASE STUDY: FORMAL COMPLAINT

An adult in their 20s contacted Healthwatch to complain that Royal Berkshire Hospital had made a mistake with a test result relating to a condition, which the hospital later said was wrong. The person said the initial information had had a major and distressing impact on their life. Healthwatch helped the person write a formal complaint letter, explaining the distress and calling for a full explanation of how the mistake happened and how it would be prevented in the future. The hospital responded to 'unreservedly apologise' to the person, and also to confirm that a machine had malfunctioned, leading to the wrong result. The supplier had been informed and all subsequent tests were now being double-checked.

The hospital had also reminded staff how to give test results in a timely and sensitive way.

# How we have made a difference



## Our reports and recommendations

We used our project and Enter & View reports to make recommendations to providers and commissioners of services, which have been acted upon. These include:

- Our project report on the experiences of the ex-Gurkha community in accessing health and social care, found that making appointments and communicating with clinicians, was difficult due to language barriers and lack of knowledge about NHS processes. This led to our local clinical commissioning groups agreeing to improvements, including the development of a Nepali/English card that people can show receptionists to request an interpreter for NHS appointments;
- Our project report on the experiences of women who were diverted from giving birth at their preferred place, has led to our local acute trust introducing routine information to women during midwife appointments and in leaflets, about the possibility of diversions and where they might be sent to outside of Reading. The trust has also had talks with out-of-area trusts about sharing information in a timely way to ensure seamless follow-up care, and also briefed staff about the importance of good communication to women when diversions are taking place, to help reduce stress on women;
- Our Enter and View report on a visit to the Royal Berkshire Hospital Eye Clinic, uncovered many concerns about administration problems, including appointments cancelled at the last minute by the hospital, or patient calls to the department going unanswered - the hospital said it would use the feedback to inform a wider restructure of the hospital's administration teams
- Our Enter & View visit reports of 31 individual GP surgeries, have prompted GP surgeries to agree to a range of actions, such as: greater promotion of online appointment bookings, better communication of appointment delays, information posters in other languages and improved privacy of front-desk conversations. Wider recommendations on themes from all the visits are now being considered by Reading's two clinical commissioning groups.



## Working with other organisations

Healthwatch Reading is committed to a collaborative approach with service providers, commissioners, regulators and other local system partners to bring about change.

- We shared information about people's experiences of mental health, community and GP services, with the Care Quality Commission (CQC), ahead of their major inspection of Berkshire Healthcare NHS Foundation Trust in December.
- We sent a copy of each GP Enter and View visit report to the CQC and also took part in regular conference calls with the CQC about their rolling inspections of GP practices in Reading.
- We sent NHS England a copy of our maternity report to help inform its national review of maternity services.
- We assisted South Central Ambulance Service in grading some of its work, by convening an equality and diversity panel of local people to give direct feedback.
- We hosted a researcher from the Department of Health's Citizen Insight Team so she could see how a local Healthwatch collects feedback from the public.
- We raised safeguarding concerns with Reading Borough Council about adults at risk of harm or abuse.
- We assisted Reading Borough Council in giving a talk to 12 agencies it had approved to provide home care to local people, about what service users wanted to be treated, based on our past research.
- We gave advice to Reading Borough Council on communicating with and involving people and their families who will be affected by a planned move from the town's current day centre to a new location.
- We agreed to sit on CCG-run group drawing up plans for a new service on end-of-life care, and another group focusing on care homes.
- We chaired or hosted a regular meeting of Thames Valley local Healthwatch, to share ideas and intelligence.
- We gave a presentation to one of the regular training sessions held for all GPs in Reading, about ways their surgeries might better support unpaid carers.



## Involving local people in our work

Healthwatch Reading continually called for local people to be involved in the commissioning and evaluation of local services during 2015-16 via its seats on the Reading Integration Programme Board, the Joint Primary Care Co-Commissioning Committee, the Urgent Care Programme Board, and the Health and Wellbeing Board.

We won greater involvement for local people by:

- Successfully arguing for commissioners to extend a consultation, so all patients at three practices facing new management, would be given an equal chance to influence the shape of future services
- Successfully arguing for Healthwatch Reading and patient participation groups to be included in commissioner-led workshops to set a new APMS contract for three GP practices, which helped give feedback about access to services;
- Taking part in scoring bids from providers wanting to take over the GP practices;
- Taking part in face-to-face questioning of shortlisted providers, so we could ask them how they would ensure good patient experiences.

In addition, Healthwatch Reading brought anonymised 'patient stories' to programme boards made up of commissioners and providers, to help keep improved patient experience, and not just cost savings, high on agendas.

We also used our monthly newsletter and social media to give updates on our projects and seek feedback for upcoming meetings we would be attending. For example, we invited local people to set questions that would be put to the new Royal Berkshire Hospital chief executive in the first of a regular set of meetings with local Healthwatch.

We supported our representative on the Health and Wellbeing Board to continue being effective, by giving them regular briefings on the staff team's work. Healthwatch staff also attended some HWBB meetings to give in-depth presentations on projects they had been working on.

We also regularly attended the North and West Reading Patient Voice and South Reading Patient Voice meetings to share intelligence and to hear their concerns.

And we worked to help develop a robust patient participation group network, by holding a training workshop and networking event for PPGs.



# Our work in focus





# Our work in focus: Reading Voice - the new Care Act advocacy service



Healthwatch Reading has this year forged stronger links with the voluntary sector organisations Reading Mencap, Age UK Reading, and Talkback to provide a vital new service to some of the most vulnerable people in our community.

Known as Reading Voice, the service matches people who have a statutory entitlement to 'Care Act advocacy', with the most suitable independent advocate from a local pool. These advocates help people who have learning disabilities, dementia, or other communication or physical needs, to express their views about how they want to live their lives and receive care, during social services care assessments or reviews.

The people who need this advocacy do not have anyone else in their lives, or anybody appropriate, who can support them through care planning processes.

The advocates are also assigned to people in safeguarding cases where abuse or neglect is suspected.

Advocates are not support workers, care workers, or counsellors. Their role is to empower people to have their say and express their wishes. They do this by:

- Focusing on what the person wants, not what professionals or relatives might prefer
- Spending time with the person to build up trust
- Encouraging people and building up their confidence to make their own choices
- Being non-judgemental - we do not tell people what to do
- Using different and creative methods to communicate
- Explaining and exploring different options about care and other choices about their lives
- Looking out for peoples' rights
- Challenging discrimination
- Celebrating diversity of people.

Care Act advocates have to undergo a new statutory qualification, involving training days, written assignments, and observations in practice.

It has been a big learning curve for the Reading Voice advocates but they have supported each other through monthly meetings hosted by Healthwatch Reading, sharing knowledge, skills, and case discussions. These regular meetings also mean we have gained a greater understanding of each other's other work within the charities, which has helped us to improve how we signpost members of the public with more general queries, to the most relevant local organisation for support.

Some of the advocacy cases have highlighted gaps in local safeguarding procedures, which we have raised with Reading Borough Council.

Overall, we have learnt that assumptions are often wrong about people being 'unable' to take part in care and wellbeing planning about their own lives. Spending more time with people, explaining all their options and communicating with them in a way that suits their needs, can make all the difference.



## CARE ACT ADVOCACY CASE STUDY

Paul lives in a care home and has Parkinson's. He has low mood and has been saying he wants to move to another home.

His assigned advocate visits him regularly and he begins to trust her to talk about his wellbeing.

Paul tells the advocate he loves reading but his shaky hands make it hard to turn pages of books. The advocate describes other options (which haven't been discussed with him previously), like audio books and discusses with staff how this could be arranged.

The advocate observes that Paul is not fully dressed, his room feels cold and he says he feels chilly. The advocate raises this with staff. The advocate also observes that Paul cannot reach his drinks and has no way to ask staff for help if they are not in the same room.

On one visit she also notices a fresh bruise on his face and Paul tells her how he got it. The advocate makes a safeguarding referral. This eventually results in an occupational therapist working with the home on a falls prevention plans.

The advocate also helps Paul draw up a 'Wellbeing Plan' expressing in his own words, what would help improve his daily life. This plan is shared with the social worker and the home, and they begin taking steps to better meet Paul's needs.

# Our work in focus: Helping providers learn from complaints



Another Healthwatch Reading innovation during 2015-16, was to hold the first event of its kind in Reading, bringing together staff from various complaints departments, PALS offices, or patient experience teams.

The aim of the event was to start a local conversation about how providers could better handle concerns or complaints raised by the public, and to improve understanding of the work of our complaints advocates.

We were pleased to have representatives attending from most major providers, including Royal Berkshire NHS Foundation Trust, Berkshire Healthcare NHS Foundation Trust, Reading Borough Council, and also GP practice managers.

We mixed everybody up into small groups, asking them to describe to each other how their organisation's complaints procedures worked. It soon became clear to all how much these processes varied, and how tricky this must be for the public.

We also set the scene by sharing statistics on the number of people coming to us for help on complaints, and the most common themes they raised.

We then gave a talk about the role of advocates, our training and our values. This helped attendees understand, that as advocates, we speak 'as the person' rather than 'telling' people what to do. The groups then looked at case studies to discuss what actions could have been taken to avoid complaints escalating. We also discussed what makes a good written complaints response and also looked at how to hold effective face-to-face resolution meetings. Finally, we urged organisations to adopt the joint guidance from Healthwatch England, the Parliamentary and Health Services Ombudsman and Local Government Ombudsman *My expectations for raising concerns and complaints*.

We plan to hold a similar event in 2016-17 as part of our ongoing commitment to supporting local people with complaints.

# Our plans for next year



## Future priorities

Our plans for 2016-17 will build on our work in the third year of Healthwatch Reading. We will focus on:

- Ensuring patients are kept informed and involved of changes underway in primary care. Due to ongoing GP recruitment difficulties, different kinds of professionals are emerging in primary care teams such as physician's associates and prescribing pharmacists, and we hope to ensure patients are given full information to help them gain confidence about these professionals. We will also work in partnership with patient participation groups to check how patient care is delivered at Circuit Lane Surgery and Priory Avenue Surgery, which are being taken over by a company new to Reading, under a 10-year contract.
- Understanding the experience of people and their carers, when people are at the end of their life. Many national reports have highlighted that people often don't get to die in their preferred place, at home, and that there is still a taboo that prevents people discussing their wishes with their family. We will work in conjunction with hospices, palliative care teams, faith groups and other partners to conduct sensitive conversations with Reading people.
- Examining how the electronic prescription service is working in Reading - do people know about its benefits and use it, and do people encounter any problems with it at GP surgeries or pharmacies?
- Keeping a watching brief on how integration is working between health and social care services in Reading. We continue to hear from people about problems when they are transferred from one service to another as a result of issues such as contradictory or miscommunication between professionals.
- Calling for full public consultation on new plans being drawn up by new NHS regional bodies known as 'STP footprints'. This reorganisation involves Reading NHS organisations having to work with counterparts in Oxfordshire and Buckinghamshire on cost savings, efficiencies and transformation of services. This has led to concerns about money being taken from one area of the footprint to give to another area and we will speak up for Reading people to ensure they have a say on plans that affect their care.
- Improving the way, we give information to the public through the creation of a new staff post, of digital information officer.

# Our people



## How we make decisions

Our board and trustees are all volunteers and members of the local community.

The trustees are responsible for the strategic vision of the organisation and its governance. The trustees are also responsible for raising funds in order to fulfil the work plan.

The Board are responsible for the work plan and ensuring that we are listening to our local community, responding and ensuring change is happening.

We also involve our local community in decision making about our work plan. Before the Board decides what to focus on each year we ask our local community via our newsletter and a call out to our reference group about the issues that are of concern to them. Along with the information we collect from our contacts and the intelligence from the Board, the Board then compiles the work plan for the year.

We hold regular board meetings in public, to which we invite local speakers to update the public on matters of interest.

We also involve volunteers in our project work and Enter and View visits, including student volunteers.



## Our people

### Trustees:

David Shepherd - Chairman

Gurmit Dhendsa - financial and strategic development

Monica Collings - public health and mental health services

### Our Board:

Sheila Booth - physical disabilities and sensory needs

Douglas Findlay - young people and pharmaceutical services

Tony Hall - care for the elderly and GP services

Sue Pigott - learning disabilities

Reverend John Rogers - engagement with the faith community and social care

David Shepherd - commissioning of services

Helena Turner - community engagement, young people and mental health

### Co-opted members

Francis Brown - North and West Reading Patient Voice

Libby Stroud - South Reading Patient Voice

### Our staff team:

Chief executive: Mandeep Kaur Sira

Team manager: Rebecca Norris

Advocacy services lead: Merlyn Barrett

Officers: Catherine Williams and Pat Bunch

# Our finances





INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		130,311
Additional income		94,012
Total income		224,323
EXPENDITURE		
Operational costs		8,239.84
Staffing costs		135,266.06
Office costs		15,871.17
Total expenditure		159,377.07
Balance brought forward		64,945.93

# Contact us



## Get in touch

**Address:**

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We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s, and our local authority.

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at the address above.

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