



**Local Intelligence Report**  
**September to October 2019**





## We Listen

## We Note

## We Act

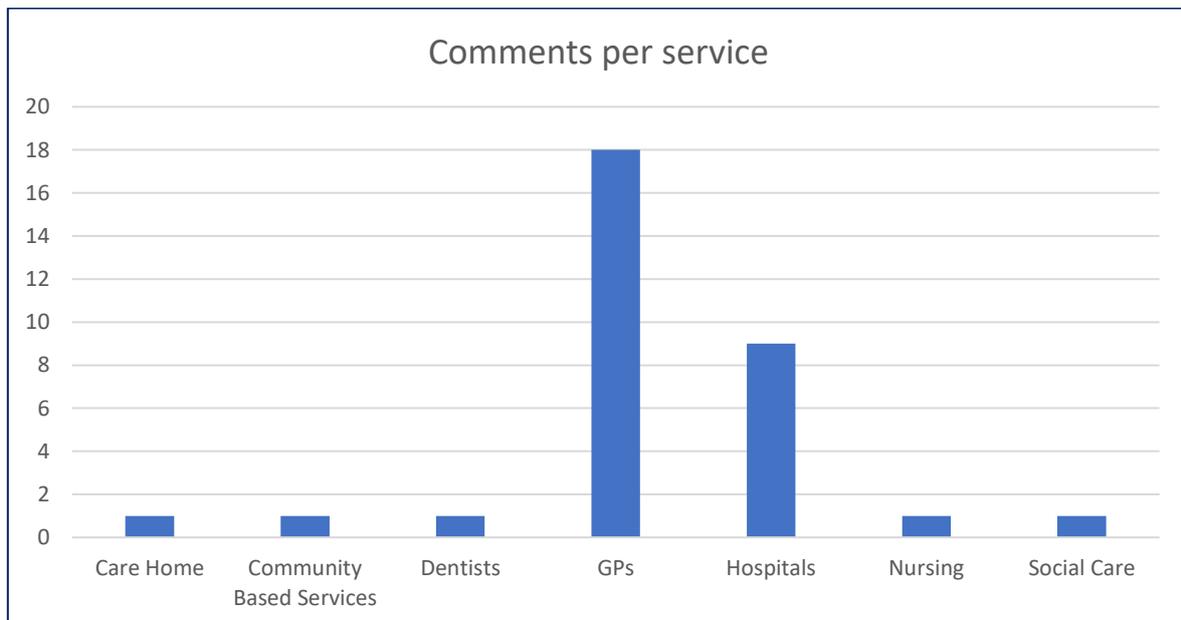
### Introduction

Healthwatch Walsall (HWW) is your independent consumer champion for health and social care services in Walsall. Our job is to champion the consumer interests of those using the services and give local people an opportunity to speak out about their concerns. We listen to views, concerns and compliments about services in order to help shape and improve them so that people are accessing the most quality and appropriate care.

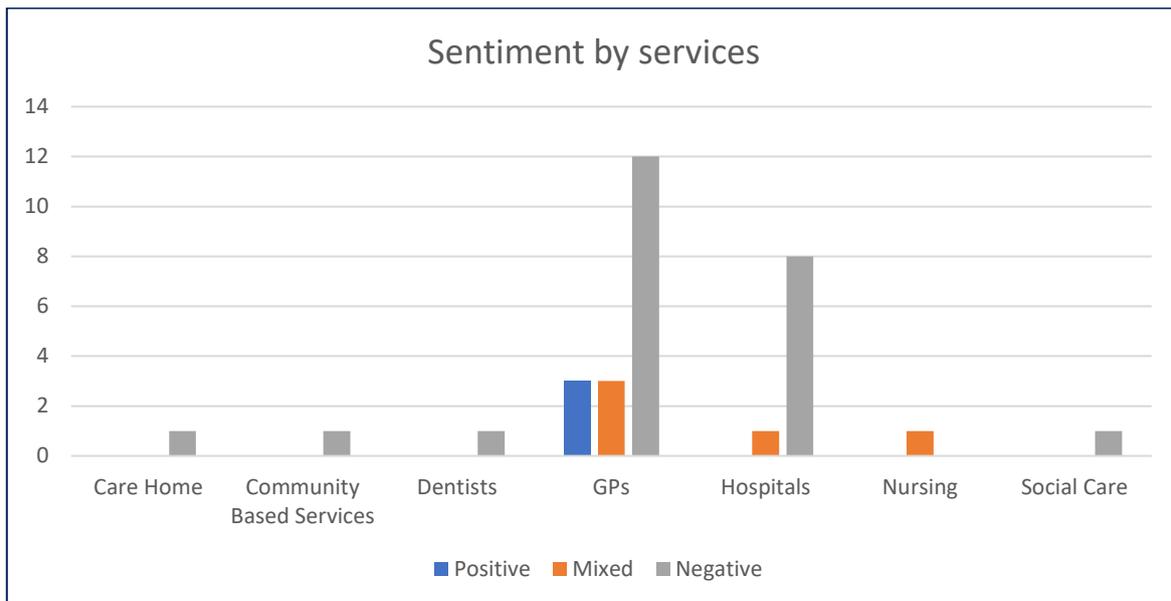
We have moved to new premises which has meant we have moved away from the town centre. Our new address is: **The Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall, WS3 1LZ. Telephone: 0800 470 1660.**

Over the last two months Healthwatch Walsall have collated patient experiences into a user-friendly intelligence report.

The graphs below are split into sections of different services and intelligence whether positive, negative or mixed.



Most of the comments received have been relating to Walsall GP services.



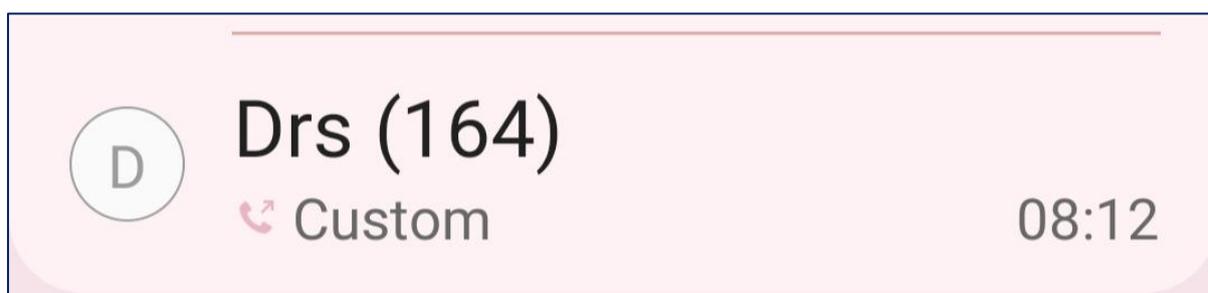
### GP Surgeries/Services

One patient passed on positive comment about staff and being able to book appointments at Bloxwich Medical Practice.

One patient was willing to wait to see their named GP, but on the day of the appointment they saw a Locum. They said they were still very good.

A patient at Dr Khans Surgery is able to get an appointment within 24 hours.

A patient tried calling a GP practice a 164 times in 14 minutes to book an appointment. The patient has a long-term condition which can be life threatening.



***HWW have identified the surgery as an E&V opportunity to assess other patients experiences and telephone waiting times.***

Patients are being asked by GPs to book appointment with hospital professionals. One patient was asked to contact the Cardiology Department at Walsall Manor Hospital. The patient tried a number of times over a couple of weeks and could not get through. They contacted HWW and let us know.

***HWW contacted the Hospitals Patient Liaison Service and discussed issue. They internally contacted the Cardiology department and an appointment has been made for the patient and they have been told.***

GP changed dosage of patients medication recommended by Hospital Consultant. Patient feels that this is due to money saving.

***HWW have referred patient to the NHS Complaints Advocacy POhWER.***

A continuing issue around one patients supply of specialised food & medication from possible late prescriptions or other reasons. This has occurred in the past and been resolved but the issue has arose again.

***HWW contacted the surgery Practice Manager and requested that a meeting with the family, pharmacist and Practice representative to identify where the problem(s) is occurring and to finally resolve. If it continues HWW have discussed the patients right to complain via the NHS Complaints Advocacy service, POhWER.***

\*POhWER – Deliver NHS Complaints Advocacy service to those people who wish to make a complaint about treatment provided under the NHS.

### **Project involvement around General Practice Nurses.**

Healthwatch across the Black country were commissioned by Wolverhampton Clinical Commissioning Group (CCG) on behalf of Black Country and West Birmingham Sustainable Transformation Partnership (STP) to carry out work collating feedback from patients about their knowledge and experiences of using General Practice Nurses.

#### **Findings**

- Understanding of roles and skills
- Appointment preferences
- Availability of appointments
- Benefits of nurse appointments
- Information sharing

#### **Recommendations**

- Provide more information on nurse services.
- Information on the knowledge and skills of individual nurses.
- Forms of information sharing; Participants gave suggestions of how they would like to receive information.
- Online booking; Some participants said that they booked appointments using the online booking service at their practice.
- Signposting and active promotion of nurse services by reception staff; Participants largely suggested that they would book in to see a nurse if they were signposted by reception at the point where they were requesting an appointment.

***See report on our website. Link: <https://tinyurl.com/yyzvksjx>***



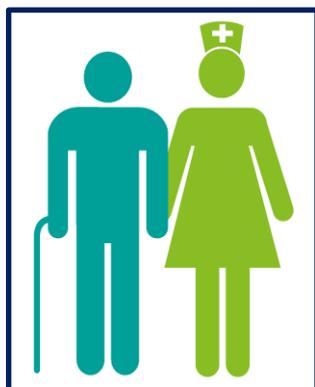
### Hospitals

A patient was admitted to Walsall Manor Hospital on a Sunday and discharged on the following Tuesday. During this time the patient was not given a hot meal. The patient wanted HWW to know. No formal complaint.

Whilst HWW volunteers have undertaken Ward reviews on behalf of the hospital there has been negative comments about the discharge process. HWW can look again to see if the same or other discharge issues are continuing. Especially around pharmacy.

There is a concern from a family relative about the diagnosis to treatment time for cancer patient. The relative feels that in 96 days no treatment or further investigations have been made. They fear the worst outcome due to lack of action.

***HWW referred patient to POhWer to make formal complaint. A question regarding the lack of treatment in this time will be asked at upper Trust level.***



### District Nursing

A patient receiving home visits contacted HWW to advise that they were being missed and that the wrong pads were used when the nurse changed dressings.

***HWW contacted the District Nurse Manger and discussed issues. They advised that they contact the patient and discuss to arrange a visit to look at pads and future visits.***



### Care Homes

HWW received a comment about a local care home. Her husband was a resident but passed away December 2018. Whilst we logged the concern, we have visited that home in 2019 and reported under our Enter and View program.

HWW recently undertook two Enter and View visits. Leighswood Residential Care Home and Cedar Falls.

Two Authorised Representatives visited on two occasions. Here are some of our findings and recommendations from our Leighswood visit.

#### Findings:

- The registered Manager was not present at time of either visit. We were informed that they were on Sick leave.

- On the first visit the Area Manager from a sister home was on duty. She asked if we could return on another occasion.
- We observed that a stand hoist remained in the same position on both occasions we visited in the back lounge and was not removed to a storage.
- Table was unsafe and in danger of falling on to someone.
- Staff had multiple roles including cleaning, laundry, cooking etc.

#### Recommendations

- We would suggest that the home has dedicated staff for roles within the home, carers dedicating their role to caring for the people that live in this home.
- We recommend that the table in the far lounge is repaired, to make safe or disposed of.
- Relocate the stand hoist from the lounge to storage when not in use.
- Produce a menu for display with the addition of pictorial meals to assist residents to visually choose aiding residents with dementia.
- Reposition fridges and table in main dining room to allow full access to fire extinguisher.
- Contact Dementia team for advice on aids for people who have dementia i.e. Crockery, cutlery and other aids.
- We recommend that residents are supervised inconspicuously at mealtimes in the least restrictive manner by staff, with the availability of condiments that can be placed on their table.

We are currently awaiting provider feedback comments from the above. The final report will be published shortly.

An Enter and View visit to Cedar Falls has taken place and is currently being written up as a draft report.

#### **Seldom heard**

Our Insight - Senior Lead Advocate has reached out to several groups and group contacts to engage with those whose voices are seldom or not heard. Such as Migrants, refugees, residents who may be cared for etc.

The response from the homeless community regarding able to access health and social care services has been quite positive with many finding accommodation and access to services more readily.

Others people/ homeless have access via Glebe Centre who continue to work hard for the homeless.

There have been issues accessing migrant and refugee groups as some groups have moved or those that work with the groups have proven hard to reach.

#### **Transitional Beds**

Our Insight Lead has also started the L.A. Transitional Beds surveys. Visiting nursing homes and talking to people about their discharge and transitional bed experiences.

Generally, the response to date from people has been positive. No safeguarding issues have been raised.

### **Inequalities work programme**

HWW have met with several groups of deaf service users who use Walsall health and social care services.

Some of our findings:

- Deaf service users told us that English is not their first language. BSL often is.
- Not all deaf people can read lips. There is an assumption by professionals that they can.
- Sometimes professionals just talk louder and slower and become frustrated when a deaf person cannot understand.
- Deaf service users said they have been refused an interpreter by service providers because of cost.
- Deaf patients can struggle to book an appointment and may have to wait till an interpreter is available. Sometimes two weeks or more.
- They can miss appointments as they cannot read or readily have access to a service than can interpret information to them.
- Service providers assume family or friends will interpret. Some service users wish their healthcare to remain private.
- Interpreters can be of different levels of ability to sign & may not be qualified/ experienced enough to interpret for a deaf patient correctly.

Some of our recommendations:

- Front line staff should have deaf awareness training.
- TV/ screens are used to show patients name or have pre-recorded signed messages for deaf patients in waiting areas.
- Professionals should not assume that family members or friends will translate as they may not be able to or wish to.
  - Vibrating pagers given to deaf patients so that they understand their appointment is next or someone is trying to communicate with them.
- Surgeries use text messaging or Emails to book or communicate with deaf patients.
- Deaf patients have their appointment time ring fenced to ensure any interpreter has enough time to interpret for the patient & GP.
- Services have reliable and qualified interpreters. Less qualified or experienced interpreters are not able to translate effectively

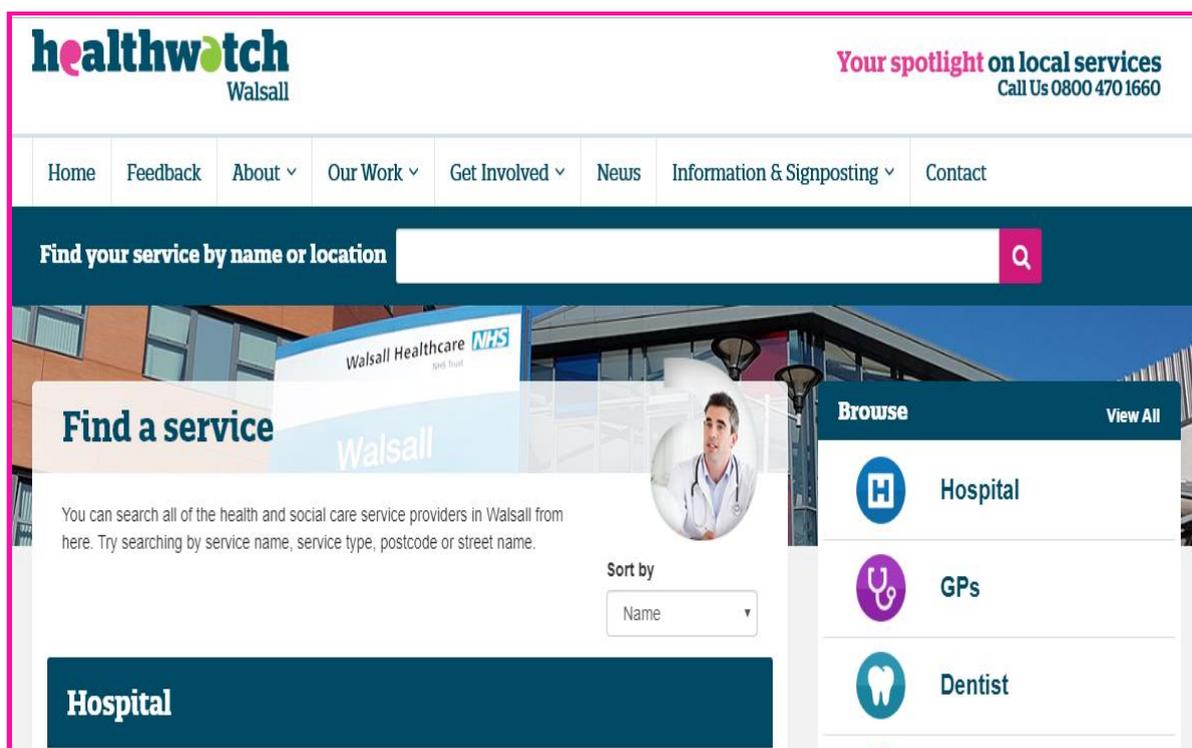
A full report is being drafted and available December 2019.

### **Walsall Together**

A questionnaire/ survey has been agreed and our lead is actively contacting groups and undertaking said survey. Work has also been made around communication material such as leaflets and banners to promote surveys. It is also available online.

Link: <https://tinyurl.com/yyxjymqg>

We have a new look web page: <https://healthwatchwalsall.co.uk/services/>



To share your patient experiences contact us on  
Telephone: 0800 470 1660

Visit our new Feedback review page:  
<https://healthwatchwalsall.co.uk/services/>

Or Email: [info@healthwatchwalsall.co.uk](mailto:info@healthwatchwalsall.co.uk)

