

A STRATEGIC REVIEW OF HOW HEALTHWATCH WANDSWORTH USES ENTER & VIEW TO SUPPORT ITS OBJECTIVES

1. Why a review now?

Enter and View – the power which Healthwatch has to go into a service, observe and talk to its users and publish what it finds – is an important tool for providing evidence of the patient/service user experience. It sits alongside other important Healthwatch tools such as outreach work, consultations, public meetings, research projects, and more structured approaches asking people about their experiences, such as surveys.

Wandsworth LINK, our predecessor body, used Enter and View to shed light on how patients experience leaving hospital, how older residents are looked after in care homes and how adults with mental health problems are getting on with changing patterns of community services.

Since April 2013, Healthwatch Wandsworth has published two Enter and View reports that were initiated by Wandsworth LINK.

- How adults with learning disabilities are coping with new Personal Budgets
- Talking to patients leaving hospital to see if the process has improved since the previous Enter and View study

The Enter and View programme is now at a crossroads and Healthwatch Wandsworth, as a new organisation, needs to decide what should happen next. Since its creation, Healthwatch Wandsworth has focused on consulting with its membership on its priority areas – those health and social care issues that local people think need most attention by the organisation. Within this framework, it was hoped that opportunities for new Enter and View studies would become obviously apparent. So far this has not proved to be the case.

This alone is one reason for a strategic review of how Enter and View is to be applied going forward.

2. The external drivers on Healthwatch Enter and View

The national and local context in which Healthwatch Wandsworth is operating when capturing and representing the experience of patients and service users has also changed significantly. This is the second reason for reviewing the Enter and View programme locally.

3. Care Quality Commission (CQC)

The national regulator, the Care Quality Commission, has recently launched a new approach to its work, starting with the inspection of hospitals. There is now considerably more emphasis on trying to capture user experience to inform their judgements:

- CQC will hold listening events with local people before each hospital inspection (this is in addition to the current practice whereby CQC asks Healthwatch if they have any feedback/observations to pass on)
- All inspections will be conducted by a team of people, including someone who has used services – an ‘Expert by Experience’
- At the end of the inspection, CQC will hold a Quality Summit to feed back and discuss their findings and judgements.

CQC is also consulting about a ratings system for services which will determine the frequency of inspections. The best rated services will have less frequent inspections.

4. Healthwatch England (HWE)

April 2013 not only saw the creation of local Healthwatch bodies, different constitutionally from LINKs, but also saw the creation of Healthwatch England (HWE), a new national ‘parent’.

The influence of HWE has already been felt, for example, by providing a common framework (called The Hub) for all Healthwatches to use, which allows stories we gather from patients/users to be logged and coded in a consistent way, allowing reports to be produced showing trends in patient feedback.

The creation of a more identifiable ‘Healthwatch family’ may also encourage better local coordination between neighbouring Healthwatch bodies. Already in South London there has been contact between us about representation on the South London Quality Surveillance Group (SLQSG) and an agreement in principle to all use The Hub when we hear of patients’ experiences. The increasing regionalisation of NHS services in particular makes such co-operation increasingly important.

5. NHS England

Also created in April 2013, NHS England is responsible for commissioning service delivery. There are regional divisions for this task and the South London region is most relevant for Healthwatch Wandsworth, covering 12 Clinical Commissioning Groups and 12 Healthwatch bodies south of the Thames.

NHS England has responded to recent NHS 'scandals' by setting up regional groups for sharing information about the quality of NHS services – in an attempt to get early warning when things might be going wrong before they get to a critical stage. Information sharing is between NHS Commissioners (CCGs), the regulator (CQC), local councils and local Healthwatch. HW Wandsworth has been actively engaged in this process which is still at a formative stage.

6. Wandsworth Clinical Commissioning Group (WCCG)

Yet another part of the restructured NHS that took place on 1 April 2013, CCGs replace PCTs and involve GP led commissioning.

Wandsworth CCG has been developing a Quality Strategy, a key part of which is about capturing patient experience to shed light on the outcomes being delivered by local NHS providers – principally St George's.

WCCG already arranges ad hoc 'walkabouts' to different services that they commission. We are in discussion with them and with St George's about rationalising all the different sorts of 'visits' that the hospital might receive – including by Healthwatch Enter and View.

This dialogue needs to extend to St George's Community Services, the Mental Health Trust and the NHS 111 out of hours service.

7. Local NHS Providers

Providers have been developing an increasing (and often confusing) range of approaches to capturing patient experience. These are built around the nationally mandated requirement to ask patients if they would recommend the service to a friend or member of their family (the Friends and Family Test, or FFT).

There is not a consistent approach to how findings from internal provider surveys are shared. Healthwatch Wandsworth is urging standards should be adopted concerning analysis and publication. Healthwatch Wandsworth has also been instrumental in supporting the provider approaches by providing volunteers for 'mock inspections' and PLACE reviews (ward inspections focused on key aspects of the patient environment).

8. Social Care Initiatives

Because of the high profile of NHS 'politics', it is in this area that most developments in better capture of patient experience have taken place. This is even more focused on acute hospital care over other NHS provision.

The CQC review of its approach to inspection does, however, cover both health and social care. In time we expect greater detail on what will be entailed when CQC inspects social care services and NHS non-hospital care.

The principles of focus on 5 key areas (Safety, Care, Responsiveness, Effectiveness and Well led) will apply across the board as will proportionality of inspection based on ratings.

By their very nature, people in receipt of social care – in their own homes and in care homes – are highly vulnerable and even less visible than people receiving hospital care.

The Department of Health has taken steps to prompt social care providers to improve their own self regulation, but this remains a relatively low profile initiative.

9. How the external environment might influence how Healthwatch Wandsworth uses Enter and View

It is an exciting time for the recognition of how important it is for the experience of people using a service to influence how it is judged and how it performs.

In some areas it is becoming a crowded field with every party trying to develop something to demonstrate their commitment to this agenda.

Taking account of what we know about Enter and View – its potential and restrictions – and recognising the complex external environment in which we are working, this review now debates the future direction of the Enter and View programme in Wandsworth, according to the following ‘dimensions’ or ‘axes’:

- A – Focus on health vs. focus on social care
- B – Visits to residential/ in-patient services
- C – Bespoke/ special studies vs. regular programmes of visits
- D – Solo Healthwatch studies vs. joint Healthwatch studies
- E – Independent Healthwatch studies vs. collaborative studies with providers or commissioners (or both)