Report on Feedback at Healthwatch Assembly March 2021- Patient and Public Involvement in Health and Social Care

Summary

Background:

The first Healthwatch Wandsworth Assembly of the year was held on Zoom on 25th March 2021. Discussions were held on future priorities for health and social and how patients can be involved in shaping these services.

What we did:

At our Assembly event, we heard updates from NHS South West London CCG about their work in patient and public involvement in Wandsworth. We then discussed how we gather information to help set Healthwatch Wandsworth Priorities for the year ahead. We asked attendees to help us prioritise our focus on a few things important to local people that their voice can contribute to. Finally, we broke out into smaller groups to discuss the following topics in detail: your experience of managing health and care, working with communities in Wandsworth and hospital discharges.

What we were told:

Communication and information were key themes to come out of the discussion groups. This was in relation to information about health and social care services as well as opportunities to get involved in patient and public involvement.

Many people relied on the Government and NHS websites as sources of information throughout the pandemic. Other sources included newspapers, local newsletters and social media.

Patient engagement by SW London CCG have been very active in reaching out to different community groups with information about COVID-19, particularly the vaccine programme. These relationships can be built on to help raise awareness of patient involvement opportunities for the public.

GP surgeries have played a key role as both an information source as well as a healthcare service in the last year. It was suggested that GPs can do more to establish themselves as information hubs such as using their websites and social media to share information as well as utilizing GP Patient Groups.

Digital platforms continue to be one of the main routes of communication between patients and health and social care services. While many see this as an efficient method, this is not suitable for everyone and a variety of communication methods need to be used in order to tackle digital exclusion.

The hospital discharge system has had to adapt in light of the increased admissions during the pandemic. This has shifted to one approach across organisations. Patients and relatives are asked to feedback on their experiences to help shape the system in the future.

Read more below about the themes and discussions held at our event below.

Introduction

At our Assembly event on 25th March 2021, we focused our discussion on patient and public involvement (PPI). The event was open to members of the public to register for and was held online using Zoom.

The event was introduced by Stephen Hickey, Healthwatch Chair, who acknowledged that this has been a difficult year for everyone and has required looking at more flexible ways to deliver our work.

Mark Creelman, Locality Director for Wandsworth and Merton, and Naomi Good, Patient Engagement Manager, from South West London Clinical Commissioning Group (CCG) presented their work on PPI work in Wandsworth. They gave a brief overview of the history of PPI in Wandsworth and then explained methods of engagement with the public. Subsequently, they spoke about how PPI has adapted during COVID-19 including exploring virtual platforms, particularly to provide information sessions on the COVID-19 vaccine. The pandemic has presented an opportunity to develop PPI and many lessons have been learnt. For example, while the online sessions have resulted in an increased reach of people, it was acknowledged that digital exclusion is an issue to be addressed and they have come up with methods to tackle this. Lastly, they talked about the change in the NHS structure to an Integrated Care Systems in South West London in the near future (sometime in 2022).

Sarah Cook, Healthwatch Wandsworth Manager, then spoke about Healthwatch Wandsworth Priorities for the next financial year. She went through emerging themes that have come through feedback from the public, particularly in our COVID-2 survey launched in March 2021 and asked attendees to fill out a quick poll on their preferences. The top three themes voted on were:

1. the impact of COVID-19 on mental health, NHS support or support from family and friends (especially dementia and LD.)
2. Communications between services and centralised access, especially appointments and support for carers.
3. Re-establishing services and lifestyles, access to services and appointments.

We then went on to hold three discussion workshops.

What we discussed

Attendees were put into smaller discussion groups and facilitators circulated around the breakout rooms. Topics for the discussion groups were:

1. Experiences of managing health and care - Delia Fitzsimmons, Outreach and Engagement Lead, Healthwatch Wandsworth
2. Working with communities in Wandsworth- Naomi Good, Patient Engagement, South West London CCG
3. Hospital discharges- Sandy Keen, Assistant Head of Transformation- Integrated Care, Wandsworth NHS SW London CCG

We have drawn together some themes from across the discussions on the day below.

General Information

It was felt there was a lack of information from healthcare services at the start of the pandemic but that messaging and communications has improved since. In contrast to the Track and Trace system, there has been a lot of information about the vaccine programme, some feeling this was an overload of information at times. More recently people felt there was a lack of information and communication around hospital waiting lists. Having clear information on the status of waiting times may help people with anxiety about getting support. It was suggested that communications of cancelled appointments could be improved as some were overcommunicated.

As well as the Government and NHS websites, many people referenced healthcare organisations' websites and newsletters (including the Healthwatch Wandsworth and Wandsworth CCG newsletters) as being key sources of information on COVID-19 and non-COVID-19 services. Newspapers and news websites were also used for more detailed information on updates on the pandemic. Social media was also mentioned as being a source of information, especially for being able to easily share information with family and friends. However, it was agreed that social media can also play a role in spreading fake news stories and therefore people should check whether the reports are coming from a reputable source.

Looking to the future, the overall request was for clear and concise information on health and social care services. Some attendees were interested in receiving information on the backlog of services and how this is going to be addressed. Another topic of interest was ways to look after your health such as healthy eating, ways to build immunity and preventative measures for getting ill. There was also interest in finding out more about peer support groups for people with certain conditions or illnesses. One person suggested using a household approach and looking at working with people across the generations.

It was also suggested that sources must be trusted and many don't trust those associated with politics. People felt that text messages (from GPs) were useful but they needed to be able to check it was a legitimate source. Peer support was also highlighted as important. Another point made was that people wanted good news.

> **Suggestions:**
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> - Provide **clear and concise information** on:
>   - Health and social care services
>   - The status of waiting time for services
>   - How to look after yourself to build immunity and prevent illness
>   - Peer support groups

Patient and Public Involvement (PPI)

As spoken about earlier in the assembly, the importance of PPI was highlighted in the discussion groups. It was agreed that more needs to be done to let the general public know about opportunities to influence local and specialist health and social care services.

Currently many feel that awareness of PPI opportunities only becomes clear when you start to get involved in one area. It would also be helpful to have more transparency in how decisions are made (the group were particularly interested in how the backlog of appointments will be tackled).

The vaccination information events have helped the CCG to gain recognition with a wider range of community groups. This has led to more requests from a wider number of groups to discuss specific issues related to healthcare. Focusing on a single issue may have helped because it was topical and helped build the network. This can be built on in the future to increase the awareness of PPI and help share good practice across services. It was highlighted that it takes time and effort to communicate with community groups and a tier effect could be used.

> **Suggestions:**
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> - **Build on recognition and engagement with community groups** to help increase awareness of opportunities for patients to get involved with shaping the healthcare agenda.
> - Use the CCG to **share good practice** across health and social care services.

GP Surgeries

GP surgeries have played a key part in people's health and social care during the pandemic as both places of care and information. Many agreed that the GP reception was an important gatekeeper of information and their attitude towards patients was significant in determining whether patients got the care and information they were looking for. Not everyone reported positive experiences when only able to contact the reception via phone and many felt phone interactions were not enough.

GP surgery noticeboards, newsletters and websites were recommended as places to post information on healthcare services. Some GP surgeries have created social media accounts during the pandemic to help connect with patients during this time. Others were said to have proactively written to patients who they only had addresses or landline numbers for. This was appreciated by patients who kept connected and received useful information in the letter.

GP Patient Groups were mentioned as being just one of a variety of models of current PPI. Attendees reported having very varied experiences of patient groups with some feeling it was more of a "tick-box exercise" for the surgery. There was an overall feeling that more could be done to utilise their role and help with patient communications, including helping clinicians promote opportunities for people to influence health and social care services. However, there may be barriers to this approach, especially in terms of data protection with sharing patient's contact details.

> **Suggestions:**
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> - GP reception services need to approachable and patient with enquiries.
> - GP surgeries can do more to become **information hubs** for patients including using their websites and social media.
> - **GP Patient Groups should be utilised** more to help improve patient communications.
> - Ensure clarity on how patients can be involved in decision making and transparency of decisions made (including how the patient voice influenced it).

Digital platforms

Digital platforms became essential in accessing healthcare information and services throughout the pandemic.

The NHS 111 service was praised for its efficiency in helping people deal with enquires and linking between services. This included the online and phone platforms.

Using email and text messaging to inform people about appointments and key information was mentioned as being helpful and efficient, particularly when compared to letters which could be late or repetitive.

Many organisations have used online platforms such as Zoom to host outreach and information events. In some cases, this has allowed for an increased reach, both in terms of people and diversity.

While many attendees agreed that digital platforms have worked well, it was acknowledged this does not work for everyone as not everyone has access to the required technology. A range of communications needs to be utilised in order to reach all members of the public and address digital exclusion. This could include using key local services, such as pharmacies and libraries, to put information on noticeboards. Some people mentioned that they had found local mailings posted through their door as helpful to keep up to date with the situation in their area.

> **Suggestions:**
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> - Use lessons learnt throughout the pandemic to **keep on using digital platforms to offer patient services** as they can be more efficient in some circumstances and can increase reach.
> - On the other hand, **digital exclusion is a significant issue** as not everyone has access or can use technology. This must be **addressed by using a variety of communication methods.**

Hospital discharges

Sandy Keen, Assistant Head of Transformation- Integrated Care, Wandsworth NHS SW London CCG, held a workshop on changes to the hospital discharge system. The hospitals have needed support to manage the sudden and large increase in hospital admissions during the pandemic. This being so, the system of each organisation having a separate discharge system was not working efficiently. To address this, a discharge team was set up to work across organisations. Hospital staff discharged patients and the care package was then assessed in the patient's home. It is thought that there have been benefits to this way of working.

The groups spoke about how COVID-19 has changed the discharge process. The NHS has had to take a more directive approach to care after hospital. This could include making the decision that someone needed to go into residential care if there was not adequate support for them at home. This decision was made by healthcare professionals including managers overseeing discharges and social workers. Occupational therapists may also be involved in assessing whether a person was sufficiently cared for at home during their

discharge period. With time, it is planned that the element of choice will be reintroduced to patients regarding their discharge care.

The discussion groups at the assembly were asked about their experiences and views on the discharge process. They were also invited to take part in a task and finish group for this programme which is collecting insight about patients' experience to help improve the process going forward.

One attendee works with the Older People's Forum. They were able to share views of people they had spoken to about their discharge experience. This included that while older people may say they are independent and can manage, this may not be found to be the case once they get home, and they might need additional support. For instance, after being in hospital, a person may not have essential food items at home or may not have equipment to make use of care services (e.g., one person did not have a microwave so was not able to have the meals that had been arranged to be delivered to them). Some voluntary organisations are addressing this need; Regenerate Rise have a take home bag for people being discharged from hospital that includes essentials. There currently is an equipment store as part of the discharge service which could potentially provide things like microwaves. It was recommended that a check on practical needs is included in the discharge process and assessments are done at home. Another suggestion was having a cut-off time for discharge, so people are not returned home late in the day with no support or people to contact if something turns out to be needed that was not anticipated.

In terms of room for improvement, the groups agreed that getting people settled back home is an important part of care. It was felt that having the option of residential/care home care is possible important, this includes temporary placements if a more permanent arrangement is in place. Having a means test in place to assess whether people are fit enough to be discharged was also discussed. This was in place previously before COVID and needs to be re-established. Getting the views of patients and their relatives about how the new discharge system is working was noted as being vital in improving the process.

One person highlighted that there needs to be an improvement to processes for assessing needs before a hospital stay. The assessment of need should be up to date when a person is admitted for planned hospital stays (there can be delays between the assessment and the eventual admission date). The accuracy of some of the persons details would also benefit from being re-checked.

Suggestions:

- **Address practical as well as care needs** of patients during the discharge process. This could involve follow-up phone calls to make sure a person has settled in and has everything they need after returning home.
- Make sure there is **sufficient time for carers, social workers and other support to be put in place** before someone returns home.
- Keep the **assessment of patient need as current as possible** for pre-admission and discharge.
- **Ask for patients' and relatives' views** on the discharge service and suggestions they have for improvement.