

Local Intelligence Report July to August 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 successfully presented our Annual Report and held our Annual General Meeting (AGM) attended by members of the public, councillors and support organisations. Link to download a copy of our annual Report: <a href="https://tinyurl.com/y2de5xnw">https://tinyurl.com/y2de5xnw</a>
Some of our highlights of last year below:

- We spoke to 4,787 people across the Walsall Borough
- We visited 216 sites of care, treatment, community events, meetings and groups
- We signposted almost 300 people to support, advice and information points
- We have made almost 210 recommendations of improvements to help make a difference
- We have 22 volunteers helping to carry out our work. In total they gave over 400 hours of their time to work with Healthwatch
- We have 1,743 followers across Twitter, Facebook and Instagram

We held our Spotlight on... GP Services (Primary Care Network) on the 17<sup>th</sup> July with a presentation by Dr Anand Rischie MRCGP, GP at Pleck Health Centre & Chair of the Clinical Commissioning Group in Walsall.

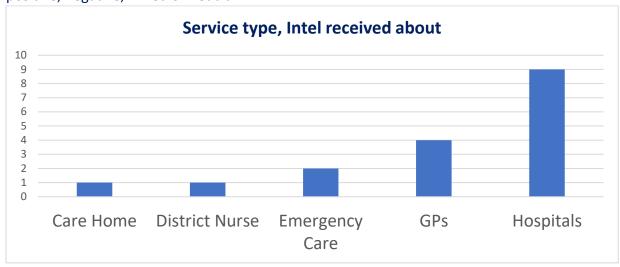
Link to our Spotlight on...GP services & AGM webpage: https://tinyurl.com/y2vcs42a

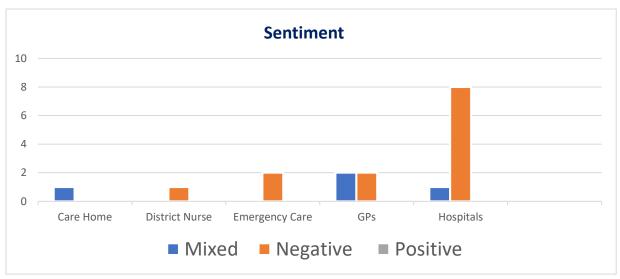
We also moved to new premises which has meant we have moved away from the town centre. Our new address is: The Blakenall Village Centre, 79 Thames Road, Blakenall, Walsall, WS3 1LZ. Telephone: 0800 470 1660.

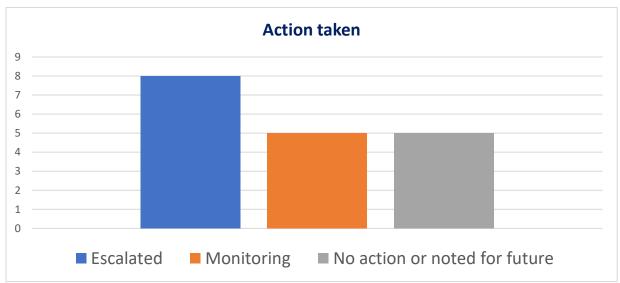


Over the last few months Healthwatch Walsall have collected patient experiences into a user-friendly intelligence report.

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







Most of the comments received have been relating to Walsall Manor Hospital, which were not positive. We have escalated some of the issues identified to an NHS Advocate, Local Authority, Walsall Adult Safeguarding Board, PALS, and a Practice Manager of a GP surgery.



### **Hospitals**

#### Patient care and no diagnosis/mis diagnosis

HWW received a letter from a patient who had been admitted to the A&E department with severe abdominal pain. They were advised that it was gastroenteritis and sent home. After visiting their GP, the GP called for an Ambulance and the patient was admitted to Walsall Manor Hospital and operated on. The issue being a gallstone/gall bladder issue. A CT scan in the first instance may have highlighted the problem.

HWW, with the patient permission, contacted PALS to enquire when the Trust will respond and advised the patient that if they wished to lodge a formal complaint then HWW could refer them to an Advocate.

#### **Patient Safety**

HWW received a call from a concerned relative of a patient who was suffering from dementia but was receiving treatment for another condition. The relative was not only concerned about the quality of care and poor communication from staff but felt their loved one could be physically harmed by another patient.

HWW sent a letter of concern to the Trust outlining the concerns which was received. But less than 24 hours later the patient was assaulted by the previously indicated patient and it resulted in a facial/ head injury as well as the distress caused by the assault. Upon being informed HWW raised a safeguarding report with the Local Authority.

We have been advised that the injured patient has been moved to another ward for discharge. HWW contacted the relative and were informed that the patient has returned home and improved.

HWW have raised a safeguarding incident and referred the patient to POhWER\* to make a formal complaint. We will monitor the response from the Trust and Local authority around the safeguarding.

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

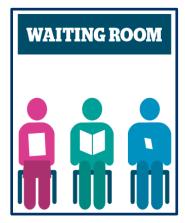
Link: https://www.pohwer.net/walsall

## Waiting time for blood tests

**UPDATE FROM PREVIOUS REPORT** 

HWW have received a response from the hospital regarding possible delays in blood testing. The response has been shared with the patient/ relative, but they have not commented yet as they are on leave.

Depending on the patient response at this time HWW will monitor and identify any other issues around blood testing at the hospital.



#### **GP Surgeries/Services**

HWW have recently undertaken a small number of focus groups around patient awareness and experiences of practice nurses in GP surgeries. This was a Black Country approach involving HW Wolverhampton, Sandwell and Dudley.

The groups attended various paractices in the Pinfold Medical Centre and were engaged over a two week period. The group subjects/prompts and questions were pre-determined.

It was noted that some patients felt:

- Patients have time to speak to the Nurse, instead of feeling rushed when speaking to a GP
- Nurses talk at same level as patients
- Nurses do routine tests and tasks so save GPs time
- It's easier to get an appointment to see a Nurse than a GP
- Some patients felt more comfortable seeing a same sex professional/ clinician.
- Some Patients felt that nurses were more understanding about their condition(s) or needs than their GP.
- Nurses keep you informed & if anything arises, they book you in or make a doctor appointment.

Whilst many patients felt that they knew what the role of the nurse was, some were still a little bit unclear and would benefit from seeing a poster or video in surgeries saying what the practice nurse can do and can't do?

#### **GP** refusing to issue medication.

HWW were contacted by a patient who had their normal prescription of Ibuprofen, paracetamol and T Gel shampoo refused by her GP. They have a long-term condition. HWW contacted the Practice Manager who indicated that the GP will review their decision and advise if their decision will stand or be revoked?

HWW advised the patient that this was a Nationwide approach by GPs not to prescribe medication such as ibuprofen, paracetamol and other lower value medications. As it was cheaper to purchase over the counter and would cost the NHS a lot more. But those with long term conditions a GP does have some discretion. Once reviewed the patient will receive a decision shortly from the practice.

# **Doctor refusing to make home visit**

A patient with severe back pain contacted 111 who referred an out of hours doctor who did not/would not visit the patients' home. 111 then sent an Ambulance to the patient who did not want to be moved so did not attend hospital. Patient was unhappy that the initial doctor did not attend. The patient lodged a complaint with 111 but it has been 3 months and no response.

HWW contacted 111 but did not get feedback about the patient's complaint, so the patient has been referred patient to POhWER to lodge a formal complaint re; original complaint and lack of response and communication from the service.

## **District Nursing**

A person who receives home visits to have dressings changed, reported to HWW a drop-in service provision. They had received two to three District Nurse visits per week but were now receiving one to two. This patient had previously had visitation/ treatment issues with the district nursing team and HWW had contacted them to raise the issue. Visits seemed to be back on track up to the school break period.

HWW contacted the District Nurse Manger who indicated that there are staff shortages of District Nurses generally, nationally and due to staff leave and some staff sickness it has meant a drop in available nurses. HWW spoke to the patient who whilst not happy accepted current issues.



#### **Care Homes**

HWW recently undertook and Enter and View visit. A range of issues were found were found at the home: poor maintenance in home with broken door handles and doors, resident alarm cords were moved away from reach, staff did not have a designated rest area or a place to leave belongings, activities could not be evidenced, there were two methods of storing resident medication by medication name or by resident, resident clothes were lost or mislaid even with name tags in, supervision could have been improved as we observed one resident empty a salt cellar onto

their food twice.

HWW raised immediate concerns with the home manager and reported back to Local Authority staff. It has resulted in an Authority Visit later and HWW have attended and observed any improvements or further failings. A report will be issued shortly.

# Voices seldom or not heard

Our Insight - Senior Lead Advocate has reached out to a number of 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. HWW invited to our offices who shared valuable insights into some of the experiences and difficulties migrants and refugees still encounter in our country.

This new project will seek to identify any issues or barriers such groups may encounter when in need of NHS or Care services and identify good practice in the Borough.

Over a period of time their experiences will be collected, analysed and a report written to be presented to the Local Authority with recommendations as appropriate.

Our Insight Lead has also proved to be invaluable when taking part in our Enter and View visits. Engaging with residents in Care and Nursing Homes who may have varying cognitive skills but still have the right to have their voices/ views heard.



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

Email: info@healthwatchwalsall.co.uk

Part of Engaging Communities Staffordshire

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Inspiring Change, Improving Outcomes