

Healthwatch Committee meeting
5 October 2018
Project updates - paper 1
Presented by: Steph Edusei

Members of the Committee are asked to:

- Note the contents of the report

Quality statement: 1, 6, 7, 12, 13, 14, 15, 22

Project Managers are currently working on two projects:

- Access to primary care for people who are housebound
- Mental health

Further work is being done around bowel, breast and cervical screening, focusing on gathering the views and experiences of hard to reach groups.

The LPIDs (Lite Project Initiation Documents) below give an update on progress on these projects.

Project title	Access to primary care for people who are housebound	Project Manager	Rachel Wilkins	Date	21/08/2018
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Background

Access to primary care (GP, pharmacy, opticians and dentists) by people who are housebound was a priority shortlisted by our Newcastle staff and Newcastle Committee and put forward for voting at our annual conference and via a public survey. The priority was listed in the Newcastle survey only and will be a Newcastle only project. Members of public and our stakeholders were encouraged to vote and it came in second place.

Since 2014 only one person has expressed a concern about access to a GP whilst they were housebound. This concern was about a GP in Gateshead.

There are 38 dentists in Newcastle (18 carry out home visits), 65 pharmacies, 33 GPs and 34 opticians (12 carry out home visits). Based on data received from GP practices so far and the total of people registered with practices in Newcastle, we estimate that there are about 3,100 housebound patients in Newcastle.

As we hold limited information about access to these services for people who are housebound, it would be beneficial to gather some data on service provider activity and provision on the one hand and service user experience and opinions on the other.

This is particularly important considering the target audience (housebound people). These people are often seldom heard and hard to access due to the nature of them being confined to their own home.

As there does not appear to have been a systematic review of access to these services by housebound people locally or nationally, there is an information gap that we could fill for Newcastle.

Considering this information gap, any work we do will most likely be beneficial to the primary care services and their commissioners.

Definition

The aim of this project is to gather people's views about access to these services as described in the 'Key deliverables/desired outcomes' section.

Objectives

The work aligns to our strategic objectives:

To ensure that service users, patients, carers and the public are involved and engaged in the design and delivery of social care and health services

Based on the views people share as part of the project, it may lead to services being delivered differently.

To support the improvement of the quality of social care and health services by identifying and prioritising key issues

Based on the views people share as part of the project, it may identify issues that need to be prioritised for resolution.

To be a valued, influential and challenging critical friend to providers and commissioners of social care and health services and contribute to the representation of the views of Newcastle people

The end product will present patients views about these services which we will then share with

providers and commissioners.

Benefits

As a result of gathering the views of people who are housebound via a survey, Healthwatch Newcastle has a better understanding of access to primary care services for these people.

Healthwatch Newcastle has been able to identify key themes around access to these services for people who are housebound and has shared these with NHS England, CCG, local medical, dental, optical and pharmaceutical committees, primary care services, and the public.

Healthwatch Newcastle has been able to make recommendations to improve services for people who are housebound and these are shared with NHS England, CCG, local medical, dental, optical and pharmaceutical committees and primary care services.

NHS England, CCG, local medical, dental, optical and pharmaceutical committees and primary care services have used the work to ensure that housebound patients receive a better and more accessible service.

Healthwatch Newcastle has been able to identify good practice and share this with relevant stakeholders and the public.

Scope and exclusions

The project will consider access to home visits for housebound patients via:

- GP practices in Newcastle (all)
- Pharmacies in Newcastle (all)
- Dentists in Newcastle (all services providing NHS dentistry and those who provide NHS home visits as per this list)
- Opticians in Newcastle (all services providing NHS optometry and those who provide NHS home visits as per this list)

We will aim to find out:

- How easy or difficult it is for them to access these services
- What could be done to help them access these services
- Assess their knowledge about services available for housebound patients (GPs, dentists and opticians only)
- Gather some qualitative feedback from patients who have had home visits (GPs, dentists and opticians only)

Key deliverables/desired outcomes

We aim to:

- Survey at least 470 people (15% sample of housebound patients in Newcastle) about access to primary care services for people who are housebound by December 2018
- Collect a minimum of 155 survey responses by December 2018
- Complete 56 mystery shopping telephone interviews (11 GP practices, 21 pharmacies, 13 dentists - 7 who provide home visits and 6 who don't, and 11 opticians - 6 who provide home visits and 5 who don't) by December 2018
- Share our findings and recommendations with the public and stakeholders via a report by March 2019

Risks

- The services providing home visit services for housebound patients do not agree to send out our survey to housebound patients on their patient list
- The new General Data Protection Regulation (GDPR) puts services off sending out our survey on our behalf to housebound patients on their patient list
- Survey does not start in October 2018

- Poor survey response rate
- Poor representation of certain communities responding to our survey (i.e. men, BME, people with early stage dementia)
- Mystery shopping calls responded to negatively by services
- The delivery of mystery shopping calls proves more challenging/problematic than we envisaged
- Difficulties completing number of mystery shopping interviews suggested
- Work poorly received by stakeholders
- Work poorly received by public
- Staff leaving or going on sick leave

Timescales

7 months in total with ongoing follow up from April 2019

Value £

£2024 (estimate)

- Stakeholder engagement and development work (i.e. survey writing, mystery shopping preparation, mailout preparation) - Sept 2018
- Survey distribution, data collection/input and mystery shopping calls - Oct to Dec 2018
- Data analysis - Jan 2019
- Report writing - Feb 2019
- Report publication - Mar 2019
- Follow up with stakeholders (to influence and ensure impact) - Apr 2019 onwards

Constraints

All listed in risks

Project title	Mental health	Project Manager	Lyndsay Yarde	Date	Jul-18
Background					
<p>Healthwatch Newcastle and Healthwatch Gateshead chose mental health as one of our priority areas for 2018/19 for the following reasons:</p> <ol style="list-style-type: none"> 1. When we are consulting on our priorities for the coming year, mental health always scores very highly, and this year it was the most popular option by a quite large margin. 2. We believe our research in this area will complement and add to information already gathered by the ongoing review of mental health services - Deciding Together/Delivering Together (DT/DT) and its equivalent for young people - Expanding Minds/Improving Lives (EMIL) 3. It will provide an opportunity for Healthwatch to contribute further to the current review of mental health services 4. Our key remit is to ensure that all service users and the public are involved in the ongoing development of health and care services, especially those who may struggle to have a voice or to get involved. <p>Following consultation with partner organisations we have decided to concentrate on gathering the views and experiences of groups or communities who have not been involved or have had only limited involvement in the DT/DT or EMIL work.</p>					
Definition					
<p>Healthwatch Newcastle's mental health projects goals are to:</p> <ol style="list-style-type: none"> 1. Better understand how certain groups of service users experience trying to access help with their mental health conditions 2. Better understand how certain groups of service users experience mental health services once they access them 3. Enable people currently under-represented in the DT/DT consultation to have their say 4. Give those people the opportunity to share their views about the services they receive and to make suggestions about how they might be improved 5. Share our findings with Northumberland, Tyne and Wear NHS Foundation Trust, the CCG Newcastle and Gateshead LAs and the DT/DT steering group. 6. Ensure that our findings feed in to and influence the outcome of the DT/DT service review currently underway 					
Objectives					
<p>This work aligns with our strategic objectives to:</p> <ol style="list-style-type: none"> 1. Ensure that service users, patients, carers and the public are involved and engaged in the design and delivery of health and social care services 2. To support the improvement of the quality of social care and health services by identifying and prioritising key issues 3. To be a valued, influential and challenging critical friend to providers and commissioners of social care and health services and 4. To contribute to the representation of the views of Newcastle and Gateshead people 					
Benefits					
<ol style="list-style-type: none"> 1. Healthwatch Newcastle has greater knowledge about local people (from the specified groups) views about and their experiences, of local mental health services 2. That knowledge is also made available to the CCG, NTW and the DT/DT steering group 3. Recommendations for improvements are shared with all stakeholders and inform the review of mental health services currently underway. 4. Users of mental health services, from the specified groups receive a better, more accessible service 					

Scope and exclusions

The groups we intend to focus on are:

- LGBT community
- Veterans
- African/Caribbean community
- Young people
- People who are homeless/living in insecure accommodation
- People who have experienced domestic abuse

We chose these particular groups because we know through our own involvement in the DT/DT and EMIL consultations and through talking to statutory and voluntary colleagues involved in the consultations that all these groups have been under represented in the consultations so far. They are also groups who struggle to have a voice generally.

We plan to ask all participants in the research a series of short questions: We plan to ask all participants in the research a series of short questions:

1. What are your experiences of trying to get help with your mental health?
2. If you managed to get help, how effective was that help?
3. What could have made things better or easier for you?
4. Choose three words that describe what a first-class mental health service would look like for you?

We will gather answers to these questions through a combination of focus groups, structured one to one interviews and surveys. We will undertake most of the research ourselves but will also offer local organisations or community groups the opportunity to carry out work on our behalf. We will offer two small grants of up to £1000 to enable specialist organisations to gather the views of those groups Healthwatch would struggle to engage with effectively within a limited time scale.

We will not engage with people who are not members of our specified groups.

Key deliverables/desired outcomes

Healthwatch Newcastle will:

1. Prepare a short survey for people from the specified groups who use/try to access mental health services
2. Arrange focus groups for people from each of the specified groups. Alternatively invite people to take part in an online survey or a 1:1 interview, via telephone or meeting in public venue.
3. Prepare an Info pack about our small grants scheme and publicise it
4. Recruit two organisations to undertake consultations with their communities on our behalf
5. Support those organisations as they undertake the consultations and report on the outcomes.
6. Prepare a mini report on the findings from each of the specified groups and overarching report with recommendations

Risks

- We may struggle to recruit partner organisations and/or the recruitment process may take longer than expected
- People from the specified groups may not engage with the project
- Partner organisations may not stick to the research brief and/or the timescales
- The quality of the partner organisations work may not meet expectation/requirements

Timescales		Value £	£2,650
<p>Stage one - planning - July - Sept 2018</p> <ul style="list-style-type: none"> • Consultation with interested parties • Draw up small grant info pack • Invite applications for small grant - publicise • Recruit partner organisations • Start to arrange focus groups <p>Stage two: Consultation - Oct - Nov 18</p> <ul style="list-style-type: none"> • Carry out focus groups, telephone surveys and one to one visits and support partners to undertake their consultations <p>Stage three: Dec - Feb 2018/9</p> <ul style="list-style-type: none"> • Data analysis and support partner organisations with this • Report writing and support partner organisations with this • Report consultation and publication 			
Constraints			