

Healthwatch Committee meeting

7 March 2019

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:

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

Access to primary care for people who are housebound

- We heard from 77 people in total, which is an 11% response rate. This is satisfactory considering that the average response rate to external surveys is 10–15%.
- The report has been written and is now going through the consultation process. Two staff members have checked the report and Committee members have had the opportunity to comment on it. All amendments have been made and the report is now with stakeholders for review and comment on factual accuracy. Stakeholders are also invited to include a statement in the final report.
- The report will be amended, based on stakeholder comments, by 14 March.
- Our aim is that the report will be published by the end of March and we are on track to achieve this

In terms of findings:

- Pharmacy services performed very well, with people highlighting good services, good staff and good customer service.
- GP services performed well, with people highlighting good home visit experiences. Patients just wanted it to be easier to access home visits when needed.
- Opticians performed well, with people highlighting good home visit experiences.
- It was difficult to obtain information about dental services that provided home visits, but for those people who did arrange home visits their experience was good. However, the sample size was small as most people said that they did not need to use the service so did not share any views. There is a sense that people are not prioritising dentistry or are perhaps unaware that they can ask for a home visit. It may be beneficial to do some further work to explore dentistry with housebound patients.

Mental health

- The draft mental health report has been written and is in the process of being reviewed. It will be shared with both Healthwatch Committees (Newcastle and Gateshead) in the week commencing 4 March.
- Initial findings indicate that most people are looking for mental health services that are:
 - Accessible
 - Understanding
 - Timely.
- The six mini projects also highlighted some requirements specific to individual groups.

Project highlight report

Project board: Healthwatch Newcastle

Project name	Access to primary care services for people who are housebound	Reporting period	Feb 2019
Project sponsor		Project Manager	Rachel Wilkins
Author	Rachel Wilkins	Date report approved	
Project overview	<p>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.</p> <p>We know that:</p> <ul style="list-style-type: none"> • All GP practices (33 in Newcastle) have to provide home visits as part of their contract with the Clinical Commissioning Group and NHS England and no extra payment is attached. • There are 65 pharmacies in Newcastle. Pharmacies are commissioned by NHS England but there is no obligation in their contract to provide home visits. A pharmacy can make a business decision to deliver medicines to people's doors or go into people's homes to provide their services (like Medicine Use Reviews or Appliance Use Reviews). They are not paid any extra money to do this. • There are 34 opticians in Newcastle. NHS England commissions domiciliary optometry and there are 12 opticians in Newcastle that supply this service. These services will provide home visits for housebound patients on their patient list and to patients who are registered with an optician who can't provide home visits. Opticians are paid £37.56 for a home visit and an extra £9.40 for the third and subsequent patients seen during one visit (for example, if they see multiple patients in a care home). There is no cap on the number of home visits an optician can do each year. • There are 38 dentists in Newcastle. NHS England commissions dentists to provide domiciliary visits. There are 18 services that provide this in Newcastle and three of these services provide home visits to patients who are registered at a practice that can't do home visits. These practices are paid a lump sum to complete so many home visits a year as part of their contract. The amount a practice is paid can vary but the average is about £50. If practices do not do the amount of home visits noted in their contract, they have to return the left over money. Once a practice reaches its visit cap it cannot be paid to do any more. • 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 3100 housebound people in Newcastle. <p>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.</p> <p>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.</p>		

	<p>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.</p> <p>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.</p> <p>Considering this information gap, any work we do will most likely be beneficial to the primary care services and their commissioners.</p> <p>We aim to:</p> <ul style="list-style-type: none"> • 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
--	--

RAG ratings	
	Project actions on track
	Project actions slippage - monitor situation
	Project actions slippage - action required
	Project actions complete

1. Progress against key project milestones				
Milestone	Planned completion date	Progress or slippage	Variance	Explanation
Meetings held and contact made with key stakeholders	Aug 2018	Completed		
Partnerships made with GP practices for help distributing the survey	Sept 2018	Completed		Six GP practices supported this work. This is 18% of Newcastle practices.

Partnerships made with dentist practices for help distributing the survey	Sept 2018	Completed		Contact was made but I only heard back from one who was not interested.
Partnerships made with opticians for help distributing the survey	Sept 2018	Completed		Contact was made but I did not hear back from any.
Partnerships made with pharmacies for help distributing the survey	Sept 2018	Completed		Andre Yeung, the local authority's Public Health Pharmacist suggested that he can ask a few pharmacists to send their medication delivery drivers out with surveys. Nine pharmacies came on board and surveys were delivered in early December (225 in total).
Partnerships made with local authority and Meals on Wheels service to help distribute the survey	Sept 2018	Completed		The local authority does not tag people as housebound in their records. They could send the survey to people they consider vulnerable but that means the survey may go to people who are not housebound. I did not take this approach forward. I contacted Meals on Wheels a few times with no success.
Partnerships made with local VCS organisations for help distributing the survey	Sept 2018	Completed		A call out for support to VCS organisations was shared via our newsletter but no organisations came forward. Unfortunately, I did not find the time to target organisations to help with this.
Survey distributed	Oct 2018	Completed		Surveys were sent via 6 GP practices (489 surveys) and 9 pharmacies (225). The total number of surveys sent is 714. This takes me over the target of sending out 470 surveys in total.

Mystery shopping	Dec 2018	Completed		All 56 calls were completed by two staff members and two volunteers.
Data analysis	Jan 2019	Completed		
Report writing	Feb 2019	In progress		Has been checked by Chief Executive and Marketing and Project Coordinator. It has now entered the consultation phase (Newcastle Committee first, followed by stakeholders).

2. Key expectations in next reporting period

- Report sent to both Newcastle Committee and stakeholders for comments
- Comments received from Committee and stakeholders to make next batch of amendments

3. Risk report

	Risk rating
<p>The services providing home visit services for housebound patients (GPs, opticians and dentists) do not agree to send out our survey to housebound patients on their patient list</p> <p>No problems. Engagement has been good. Those who have not been able to engage have given reasonable reasons.</p>	Green
<p>The new General Data Protection Regulation (GDPR) puts services off sending out our survey on our behalf to housebound patients on their patient list</p> <p>This has not been raised as an issue.</p>	Green
<p>Survey does not start in October 2018</p> <p>It did start in October.</p>	Green
<p>Poor survey response rate</p> <p>We have achieved an 11% response rate and had an adequate amount of data for a report.</p>	Green
<p>Poor representation of certain communities responding to our survey (i.e. men, BME, people with early stage dementia)</p> <p>All services sent out the surveys to their entire cohort of housebound patients so we had limited control over who chose to respond. Most respondents were female, elderly, disabled and white British. There is not much we could have done to ensure a more representative sample as we had no direct contact with housebound patients throughout the project for data protection reasons. This means we could not offer support directly to those groups who are seldom heard. We did try to ensure an even spread of ethnicity by working with more practices with a diverse patient list, but due to a copy and pasting error the monitoring questions for ethnicity and marital status were missed out.</p>	Red
<p>The delivery of mystery shopping calls proves more challenging/problematic than we envisaged</p> <p>No problems.</p>	Green
<p>Difficulties completing number of mystery shopping interviews suggested</p> <p>All calls were completed.</p>	Green

3. Risk report	Risk rating
<p>Work poorly received by stakeholders All stakeholders were pleased to see this work going ahead and have been involved/informed throughout. They will get to comment on the report soon.</p>	Green
<p>Work poorly received by public No evidence that it will be well received or not well received at present, but experience suggests it would be unlikely.</p>	Green
<p>Staff leaving or going on sick leave</p>	Green

<p>4. Changes in reporting period (A change request pro-forma should be attached as an appendix for all changes)</p>
None

1. Project highlight report

Project Board: Healthwatch

Project name:	Mental health	Reporting period:	Feb 2019
Project sponsor:	Alisdair Cameron	Project Manager	Lyndsay Yarde
Author:	Lyndsay Yarde	Date report approved:	
Project overview	<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.2. We believe our research in this area will complement and add to information already gathered by the ongoing review of mental health services.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. The groups we intend to focus on are:</p> <ul style="list-style-type: none">• LGBT community• Veterans• African/Caribbean community• Students in higher education• People who are homeless/living in insecure accommodation• People in receipt of Universal Credit <p>We plan to ask all participants in the research a series of short questions. 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 three small grants of up to £1,000 to enable specialist organisations to gather the views of those groups Healthwatch would struggle to engage with effectively within a limited time scale.</p>		

RAG ratings	
	Project actions on track
	Project actions slippage - monitor situation
	Project actions slippage - action required
	Project actions complete

4. Progress against key project milestones				
Milestone	Planned completion date	Progress or slippage	Variance	Explanation
Project plan complete	Jul 18	Complete		
Complete research grant documentation	Jul18	Complete		
Design survey	Jul 18	Complete		
Advertise research grants	Aug 18	Complete		
Recruit partner organisation	Sept 18	Complete		
Recruit volunteers	Sept 18	Complete		
Organise consultations	Sept & Oct 18	Complete		
Carry out focus groups, visits, phone calls and circulate surveys	Oct & Nov 18	Complete		
Support partner organisations	Oct - Dec 18	Complete		Have met with all external organisations twice. Organisations. Consultations have now finished and the reports have been written and submitted to Healthwatch.
Analyse results	Dec - Jan 18	Complete		

Write report	Jan - Feb 18	80% complete		At time of writing, the draft report is complete except for the recommendations, they will be finished this week and the report then shared, etc.
Report publicity and dissemination	March 18			

5. Key expectations in next reporting period

- Draft report to be shared with Healthwatch Newcastle and Gateshead Committees and amended as required.
- Report to be shared with stakeholders for their comments.
- Report to be finalised, proof read and published.

6. Risk report

Risk rating

People reading the drafts don't respond within the timescales given.

Amber

Amending the report takes longer than the timescales allowed.

Amber

4. Changes in reporting period

(A change request pro-forma should be attached as an appendix for all changes)