

Healthwatch Committee meeting  
19 December 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

#### Access to primary care for people who are housebound

- Everything is on track to be completed as planned
- Over 800 surveys have been sent via services (GPs and pharmacies) – the target was 470 surveys
- So far, 69 completed surveys have been returned from the original batch of 400 surveys
- A further 60 responses are expected from the second batch of 400 surveys
- The target was to collect a minimum of 155 survey responses; it is not expected that this target will be reached
- We are currently carrying out 56 mystery shopping phone calls to GPs, pharmacies, dentists and opticians

#### Mental health

- The project is progressing well
- Sub-contracted work (around mental health in veterans, people who are homeless and people on Universal Credit) is on schedule for mini reports to be submitted by the end of this year
- Internal work is also going well: the mental health online survey in the LGBT community received 32 responses and data analysis has begun; consultations with the African and Caribbean community have been completed; and w/c 10 December there is an update meeting with the student on placement, who is carrying out the survey with fellow students at Northumbria University

The project highlight reports below give a more detailed update on progress.

# Project highlight report

## Project board: Healthwatch Newcastle

<b>Project name</b>	Access to primary care services for people who are housebound	<b>Reporting period</b>	Dec 2018
<b>Project sponsor</b>		<b>Project Manager</b>	Rachel Wilkins
<b>Author</b>	Rachel Wilkins	<b>Date report approved</b>	
<b>Project overview</b>	<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"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <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"> <li>• 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</li> <li>• Collect a minimum of 155 survey responses by December 2018</li> <li>• 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</li> <li>• Share our findings and recommendations with the public and stakeholders via a report by March 2019</li> </ul>
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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		We have seven practices on board helping us, although one may drop off. This is 21% of Newcastle practices. Due to timescales, it is no longer possible to get more on board.
Partnerships made with dentist practices for help distributing the survey	Sept 2018	Completed		Contact has been made but I have only heard back from one who was not interested. I have tried to get more on board directly, with no success. We have put a reasonable amount of effort into this task, but it is now too late to achieve anything with this service. On a positive note - the service with the most comprehensive contacts is GP practices anyway, and they have engaged very well.
Partnerships made with opticians for help distributing the survey	Sept 2018	Completed		Contact has been made but I have not heard back from any. I have tried to get more on board directly, with no success. We have put a reasonable amount of effort into this task, but it is now too late to achieve anything with this service. On a positive note - the service with the most comprehensive contacts is GP practices anyway, and they have engaged very well.

Partnerships made with pharmacies for help distributing the survey	Sept 2018	Partially completed		Andre Yeung, the local authority's Public Health Pharmacist has suggested that he can ask a few pharmacists to send their medication delivery drivers out with surveys. Ten pharmacies are on board and surveys will be delivered by early December (250 in total).
Partnerships made with local authority and Meals on Wheels service to help distribute the survey	Sept 2018	Completed		<p>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 am not taking this approach forward for now.</p> <p>I have contacted Meals on Wheels a few times with no success. We have put a reasonable amount of effort into this task, but it is now too late to achieve anything with this service. On a positive note - the service with the most comprehensive contacts is GP practices anyway, and they have engaged very well.</p>
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	In progress		<p>Sent via four GP practices on 12 October. 427 surveys in total so far.</p> <p>So far, 69 completed surveys have been received - a 16% response rate. Surveys are still coming in.</p> <p>Three more GP practices have come on board and I will be sending out about 140 surveys via those practices.</p> <p>250 surveys will also be going out via pharmacies. A further 10 will be going out via the Community response and rehabilitation team.</p> <p>The total number of surveys sent will be about 827. This takes me over the target of sending out 470 surveys in total.</p>
Mystery shopping	Dec 2018	In progress		<p>Twelve calls have been made with 44 remaining. Six people (staff and volunteers) will be completing the rest of the calls (about 7 calls each). Training is taking place on 6 Dec.</p>
Data analysis	Jan 2019			
Report writing	Feb 2019			

## 2. Key expectations in next reporting period

- Pharmacy distribution complete
- Mystery shopping complete

## 3. Risk report

### Risk rating

**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**

**Green**

No problems so far. Engagement has been good. Those who have not been able to engage have given reasonable reasons

**The new General Data Protection Regulation (GDPR) puts services off sending out our survey on our behalf to housebound patients on their patient list**

**Green**

This has not been raised as an issue so far.

3. Risk report	Risk rating
<p><b>Survey does not start in October 2018</b> It will be starting in October.</p>	Green
<p><b>Poor survey response rate</b> We are trying to maximise this as much as we can by utilising services and partnerships. However, a 15% response rate is fairly good. The most important thing is to get more services on board.</p>	Amber
<p><b>Poor representation of certain communities responding to our survey (i.e. men, BME, people with early stage dementia)</b> At the moment all services are sending out the surveys to their entire cohort of housebound patients so we have limited control over who chooses to respond. So far most respondents are female, but there is not much that we can do to increase the number of men responding. There are things we could do to ensure ethnicity is balanced, but unfortunately, due to a copy and pasting error the monitoring question: ethnicity and marital status, was missed out. We have corrected this and will be contacting those who have given us permission to get in touch with them to gather this information where it is missing. Once I have that information, I will be able to assess if certain ethnicities are poorly represented. However, I have already started to target practices where seldom heard communities live, to try and boost the number of responses from those communities.</p>	Red
<p><b>The delivery of mystery shopping calls proves more challenging/problematic than we envisaged</b> We will be able to answer this more accurately once this work has started, but experience suggests it is unlikely.</p>	Green
<p><b>Difficulties completing number of mystery shopping interviews suggested</b> We will be able to answer this more accurately once this work has started, but it is unlikely and I would be happy to reduce the number of calls planned if needed.</p>	Green
<p><b>Work poorly received by stakeholders</b> Evidence would suggest that all stakeholders are pleased to see this work going ahead. Stakeholders have had an opportunity to comment on a draft copy of the survey and I received positive comments only.</p>	Green
<p><b>Work poorly received by public</b> No evidence that it will be well received or not well received at present, but experience suggests it would be unlikely.</p>	Green
<p><b>Staff leaving or going on sick leave</b></p>	Green

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

## 1. Project highlight report

### Project Board: Healthwatch

<b>Project name:</b>	<b>Mental health</b>	<b>Reporting period:</b>	<b>Nov 2018</b>
<b>Project sponsor:</b>	<b>Alisdair Cameron</b>	<b>Project Manager</b>	<b>Lyndsay Yarde</b>
<b>Author:</b>	<b>Lyndsay Yarde</b>	<b>Date report approved:</b>	
<b>Project overview</b>	<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"><li>1. When we are consulting on our priorities for the coming year, mental health always scores very highly.</li><li>2. We believe our research in this area will complement and add to information already gathered by the ongoing review of mental health services.</li><li>3. It will provide an opportunity for Healthwatch to contribute further to the current review of mental health services.</li><li>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.</li></ol> <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"><li>• LBGT community</li><li>• Veterans</li><li>• African/Caribbean community</li><li>• Students in higher education</li><li>• People who are homeless/living in insecure accommodation</li><li>• People in receipt of Universal Credit</li></ul> <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	90% complete		Limited number of consultations still underway
Support partner organisations	Oct - Dec 18	80% complete		Have met with all external organisations twice. Organisations now finishing consultations and writing reports
Analyse results	Dec - Jan 18	20% complete		Data analysis underway
Write report	Jan - Feb 18			
Report publicity and dissemination	March 18			

## 5. Key expectations in next reporting period

Describe against plan the high level milestones to be completed next month

- Support partner organisations and internal colleagues to complete their interim reports
- Produce LGBT interim report
- Begin data analysis

## 6. Risk report

Risk rating

Delays in receiving interim reports (end of Dec deadline)

Amber

Data analysis takes longer than expected due to the amount of information generated by the six mini projects

Amber

## 4. Changes in reporting period

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