



**Healthwatch Newcastle**  
**Annual report 2013–14**

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# Chair's foreword



The adage “Doesn't time fly?” comes to mind. It does not seem that a year ago we were establishing Healthwatch Newcastle. It has been both an interesting and difficult year.

We have followed on from Newcastle LINK and taken some of its key learning and activities forward.

We are still trying to find our position in a complex landscape of patient and public involvement. Raising awareness with the public has been a key activity - without their opinion we cannot function appropriately. The information and signposting line is one service that we are still promoting as it is not currently well used.

This first year has started to see how Healthwatch Newcastle has been able to influence health and social care services by ensuring that the voice of the people of Newcastle is heard and considered in decisions and change. The out of hours service contract for Newcastle has been out to tender; following concerns raised by the public we have been able to influence the tender specification, in particular around the number of sites to ensure that people have equal and easy access to this important service.

The NHS reforms of 2013 have started to bed in and this has revealed areas where there are potential gaps in ensuring the public voice is heard. Primary care services are commissioned by Cumbria, Northumberland and Tyne and Wear Area Team. Having a local knowledge of what

is important to the public of Newcastle or even one general practice list of 2,000 patients is difficult considering that this area team provides commissioning for a population of just under two million people. Healthwatch Newcastle, together with Newcastle City Council, has worked with the team on maintaining local primary care services. In addition, we have been working with them to ensure that local opinion and experience is sought and taken into account when developing strategies or changing services.

During these times of financial constraints, both in the health service and in local authority, working together is really important. Healthwatch Newcastle is an active member of the Wellbeing for Life Board and is taking a particular interest in the Better Care Fund, a catalyst to introduce integrated care. We have excellent health and social care services in Newcastle where there feels to be a culture of wanting to get things done and differently.

We have been developing a culture of collaborative leadership both with statutory organisations and the voluntary and community services. We have done this by developing good relationships and being open and honest with each other.



## To be Newcastle's voice for outstanding health and social care services for all

### Healthwatch Newcastle vision

This requires continuous work and is not considered a one off exercise. Over the next year we will continue to build upon these relationships striving for trust and cooperation.

Healthwatch Newcastle would not function without its band of volunteers which is growing and carrying out activities such as mystery shopping. The Board meets every two to three months and most of the meetings are held in public. All Board members are volunteers and bring a wealth of expertise and enthusiasm to our work. I would like to personally thank all our volunteers and Board members for their selfless work.

The Healthwatch Newcastle delivery team has had to transition from LINK to Healthwatch, which is very different. They have risen to this challenge and I would like to add them to my thanks for all their hard work.

This coming year we will strive to ensure we work towards our vision:

#### **To be Newcastle's voice for outstanding health and social care services for all**

I am looking forward to seeing the work with children and young people developing this coming year, and more involvement in social care.

I was asked recently "What is important in health and social care for the people of Newcastle?"

I want to be in a position of being able to answer this question from an informed base this coming year.

**Bev Bookless**  
Healthwatch Newcastle Chair



# Executive summary



**Healthwatch Newcastle began on 1 April 2013 and is the new independent champion for members of the public and users of health and social care services.**

Healthwatch Newcastle (HWN), delivered by a partnership consisting of Newcastle Council for Voluntary Service and Involve North East, is independent, transparent and accountable to our communities. We influence service providers and commissioners by having the strength of the law and the national influence of Healthwatch England behind us.

Newcastle is in a unique position as some health and social care services are provided on a regional and national basis. We value cross-boundary working with our Healthwatch neighbours and have liaised with colleagues from different areas on common problems of patient discharge from Newcastle hospitals and on mental health issues.

HWN took on the work of the previous Local Involvement Network (LINK) but crucially we also:

- Have the power to make recommendations in relation to **children's social care services** as well as adult social care services
- Have a **statutory** place on the local Health and Wellbeing Board
- Provide a **new information and signposting service** across adult and children's social care as well as the health care system
- Have a **statutory remit to collate evidence** in relation to service shortfalls and issues, reporting on these nationally and ensuring that regulators, other arm's length bodies and government departments respond accordingly
- Report concerns about the quality of health and social care services to Healthwatch England, which can then **recommend that the Care Quality Commission takes action**

In our first year we appointed our nine Board members, including a Chair and Vice Chair, in May 2013. Our staff team was already in position and supported the Board to develop the business plan 2013–15, which contains our key strategic objectives and vision.

We recruited 13 volunteers to help us and they have been busy as our ambassadors, attending events, gathering people's experiences and undertaking time limited projects, such as our GP mystery shopping – see page 7 for details.

We spent a period of time formulating our internal policies and procedures and in particular our decision-making procedure. An information and signposting service was launched with a Freephone number, a mobile (text) number and email address.

A key driver in our work has been to establish good relationships with our stakeholders. Our Chair, Vice Chair and Programme Manager have all met with senior managers, managers and staff from different organisations to begin this process. We have also been active in developing a working relationship with the Newcastle Health Scrutiny Committee with whom we share a common role.



One of our first governance decisions was to decide on appropriate representation on the Newcastle Health and Wellbeing Board (known locally as the Wellbeing for Life Board) as this was viewed as extremely important for our influence in the strategic decision-making processes. Our involvement on this Board has been proactive, primarily driving the need to be aware of the public and patients' needs, and you can read more about our involvement on page 11.

We have also developed good relationships with local Care Quality Commission (CQC) inspectors and have both responded to issues considered by Healthwatch England (HWE) and uploaded local information onto its Hub so that HWE can monitor trends on a national level.

To ensure we are focusing on the right issues we have spent a great deal of time speaking to people from Newcastle. During the year we received 55 calls relating to a health concern or a complaint and we visited ten local groups to speak to people about their health and social care priorities. In total, 89 participants shared 295 views about A&E, care homes, dentists, GPs, mental health services, opticians, pharmacies, sexual health and walk-in centres.

We also used our own branded 'issue leaves' to give people the opportunity to tell us what they thought was good and bad about services in Newcastle. In total we received 298 comments, with 155 being about how services could be improved and 143 about good services.

Besides collecting information we also ran an information session on care.data and submitted three case studies concerning the quality of dementia care services to the CQC ahead of its inspection of Newcastle hospitals and care homes. We have also consulted with the public and with the voluntary and community and statutory sectors on our business plan 2013–15.

To raise awareness of HWN we have had stalls at over 20 community events, including local family fun days, Northern Pride, World Mental Health Day, International Day of Disabled People and International Women's Day.

We also ran a street survey in Newcastle city centre during summer 2013 to ask whether people had heard of Healthwatch Newcastle and what they thought we did. We spoke to 153 people over three days and we plan to repeat this every year – you can find out more about the survey on page 18.

To keep people informed about our work and developments in health and social care services we have developed a website ([www.healthwatchnewcastle.org.uk](http://www.healthwatchnewcastle.org.uk)), a mailing list, and Twitter (@HWNewcastle) and Facebook (HWNewcastle) accounts. We currently have 882 Twitter followers and 67 retweets of information. Our Board meetings are held in public, filmed and published on our YouTube page at <http://bit.ly/HWNYouTube>.

One of the most important aims of HWN is to influence local commissioners of services so that they meet the needs of those who use them. For example, our community priorities work highlighted issues around information in large print when accessing pharmacy services and care homes and we wrote to the appropriate organisations to seek improvements.

On a more strategic level we have been involved in the Newcastle Better Care Fund programme which aims to integrate local health and social care services. We were also involved in the re-procurement of the out of hours GP service across the North of Tyne area – the local CCGs strengthened the specification due to our comments.

A major area of influence involved the re-commissioning of a GP surgery by NHS England. This is the subject of a case study (see page 23) and with our intervention and that of Newcastle City Council, NHS England revised its proposed closure and set up a ten month consultation process with patients and the public.

Finally we officially responded to the Local Account of Newcastle City Council and the Quality Accounts of three NHS Foundation Trusts that provide services in our area.

# Our volunteers

**We involve volunteers in all of our activities and have a Board and specially recruited volunteers called Healthwatch Champions.**

## Our Board

We have nine people on our Board and they all volunteer their time. The Board members during 2013–14 were:

- Bev Bookless (Chair)
- Jill Remnant (Vice Chair)
- Alisdair Cameron
- Anne Bonner
- Di Barnes
- Tim Care
- Lisa Charlton
- Sarah Cowling
- Alison Walton

Our Board is in the driver's seat of the organisation. It makes decisions and provides leadership and strategic direction to Healthwatch Newcastle as well as promoting good governance.

The volunteers on our Board have a broad range of knowledge, skills and experiences. If you would like to learn more about them as individuals you can view their personal profiles on our website at [www.healthwatchnewcastle.org.uk](http://www.healthwatchnewcastle.org.uk).

## Our Champions

We also have volunteers called Healthwatch Champions whose duties are to:

- Be positive ambassadors for Healthwatch Newcastle and uphold its reputation and values

- Attend events with us to tell people about our organisation
- Help us gather people's experiences of using health and social care services from all communities
- Receive and cascade information that Healthwatch Newcastle sends out
- Help us with time-limited projects and research
- Attend the Healthwatch Champion network meetings

We recruited 13 Healthwatch Champions in 2013–14 and this continues to grow. Our Champions receive induction and role-specific training before they engage in any activities. We also commit to training Champions in child and adult safeguarding and equality and diversity within their first year with us.

During 2013–14 our Champions helped us at two community events, three community priority sessions, one information session on care.data and our community week survey (described on page 17). They also took part in our GP mystery shopping project as described in 'Our Champions in action - GP mystery shopping'.

## Next steps

We're planning a full diary of events and recurring drop in sessions across the city for 2014 and beyond. This will raise awareness of Healthwatch Newcastle and it is expected it will be run by our growing community of Healthwatch Champions with support from staff members.

We are also going to explore taking forward further mystery shopping activities with GP and/or pharmacy services and recruiting enter and view Champions.





## Case study 1: Our Champions in action - GP mystery shopping

Our Champions engaged with a tried and tested activity which has been carried out by other local Healthwatch organisations. The project was based around the findings from the Clwyd Hart report 'A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture' which highlighted the following:

- Information and accessibility – patients want clear and simple information about how to complain and the process should be easy to navigate
- Sensitivity – patients want their complaint dealt with sensitively
- Independence – patients want to know the complaints process is independent

Before we took the work forward we informed key stakeholders as we like to take a 'no surprises' approach. We contacted the two Newcastle Clinical Commissioning Groups and the Cumbria, Northumberland, Tyne and Wear Area Team but did not provide full details of our plans as that would defeat the purpose of a mystery shopping activity. All stakeholders were happy for the work to go ahead.

Our Champions took on the role of a mystery shopper and visited all of the GP practices in Newcastle. The Champions did this to see what information GP practices have about complaints, including the clarity and accessibility of information.

The first step was to look in the waiting area for any leaflets on how to give feedback or make a complaint.

If the Champions could not find any information they approached a staff member to ask for a copy of the complaints process. The Champions then left the practice to make a note of their findings on a form we provided.



The results are awaiting analysis but we are glad to report that most Champions did not come across any barriers when asking for the complaints procedure. Engaging in long, complex and defensive conversations with a staff member at this point would not have helped people to use the process. We are glad we did not see this happening in Newcastle.

A case study will be written and sent to our Board. It will be published on our website and in our newsletter as well as communicated via Facebook and Twitter. The case study will not name and shame any practices but all will be contacted informally to give friendly and constructive feedback. We will say "well done" where this is due. If some GP practices need to improve their displays we will offer some suggestions.

The case study will be used to inform Healthwatch Newcastle's future work on complaints and any further work with GP practices.

# How we involve people in our decision making

**Our Board believes that we must be a locally led organisation working on the priorities of the people who live, work and study or use services in Newcastle.**

This means that the Board cannot define our priorities in isolation. We have to involve the public, our Healthwatch Champions and our stakeholders in our decision making. To reflect this, we have made sure that these groups are embedded in our decision-making process.

**An overwhelming majority of the public (94%) think NHS and social care services could be improved**



You can see our decision-making process in the 'How we make decisions' diagram in Appendix 1 on page 26. It starts with 'information in' and 'work requests in', which comes from individuals, community groups, Healthwatch Champions and our stakeholders. This step is crucial: without information from these groups we would never get to the 'do the work' stage.

Further on in the process there are other opportunities for the public, our stakeholders and Healthwatch Champions to get involved. These are basically the 'getting more information' and 'doing' stages. The process ends with our Board reviewing the work and deciding on the next steps.

We are always reviewing how we involve the public, Healthwatch Champions and our stakeholders in our work and we hope that it will go from strength to strength as the organisation develops. We already have some fresh ideas to develop in 2014–15, such as the co-ordination of events and recurring drop in sessions across the city, issue-based listening events for a variety of audiences and any work that stems from our May 2014 meeting with key voluntary and community sector members in Newcastle.

To see a table of our decision-making process in action go to Appendix 2 on page 27.

## **Involving people in delivering our statutory activities**

Our Board members, Healthwatch Champions and stakeholders also support us to deliver some of our statutory activities.

The table on the next page shows how they have done this so far.



Statutory activity	Example
Promoting and supporting the involvement of local people in the commissioning, the provision and scrutiny of local care services	Nominated Board members have been involved in the development of the Newcastle Better Care Fund. This involvement has been at different levels ranging from strategically at the Wellbeing for Life Board to attending engagement meetings: all emphasised the importance of involving and sharing with patients and the public.
Enabling local people to monitor the standard of provision of local care services and whether and how local care services can be improved	Our Healthwatch Champions engaged in a GP mystery shopping project as described in ‘Our Champions in action - GP mystery shopping’ on page 7. The Champions were able to feed in their findings and suggest improvements.
Obtaining the views of local people regarding their needs for, and experience of, local care services and importantly to make those views known	Our Healthwatch Champions help us do this by acting as our eyes and ears on the ground, attending events with us and feeding information up for us to consider. Our stakeholders will play a bigger part in this soon.
Making reports and recommendations about how local care services could or ought to be improved	Our Board members have a role in this. Any key projects completed by our staff or Champions will go to our Board so it can consider the next steps. The Board may agree to send the report to key people like commissioners, service providers, Healthwatch England or the Wellbeing for Life Board.
Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England	Our Chair was instrumental in ensuring NHS England considered patients when commissioning and decommissioning GP practices in Newcastle. This stemmed from the Scotswood GP practice issue (see page 23) and a general concern that NHS England’s area teams need to improve their local knowledge of communities – this was passed on to Healthwatch England.
Providing Healthwatch England with the intelligence and insight it needs to enable it to perform effectively	We provide Healthwatch England with the information we collect by uploading it the Healthwatch Hub. We also presented information at its June 2013 Board meeting in Gateshead and have passed on two issues: NHS England needs to improve its local knowledge; and whether the Friends and Family test should be dropped as a local indicator (this was in early April 2014).

### Next steps

Involvement of the public, our stakeholders and Healthwatch Champions in delivering our statutory powers will become even more embedded as the organisation develops. Our work during 2014–15 with the voluntary and community sector and on enter and view and other mystery shopping activities will strengthen this.

# Statutory activities and powers

Healthwatch Newcastle (HWN) has the following remit:

- To make recommendations in relation to children's social care services as well as adult social care services
- To take up a statutory place on the Wellbeing for Life Board: HWN has two places
- Provide an information and signposting service across adult and children's social care as well as the health care system
- To collate evidence in relation to service shortfalls and issues, reporting on these nationally and ensuring that regulators, other arm's length bodies and government departments respond accordingly
- To report concerns about the quality of health and social care services to Healthwatch England, which can then recommend that the Care Quality Commission takes action

## How we respond to issues

We are made aware of issues and problems about health and social care services through a variety of mechanisms, ranging from the information and signposting service (see below), contact with the public at events or meetings, issues raised by key partners in the voluntary and community and statutory sectors, and information passed to us by the Patient Advice and Liaison Service (PALS), Independent Complaints Advocacy (ICA) and the Care Quality Commission.

We also pick up issues at a statutory level at the Wellbeing for Life Board and Health Scrutiny Committee.

All the information that is passed onto us is logged on our system and we analyse this information to identify if there are any trends in issues being raised. To decide whether we will act on something we use a 'one, two, three' procedure: if an issue is raised with us once we will log it onto our system; if the same (or similar) issue is raised with us twice by different people then we will highlight it as something of interest; if an issue is raised with us on three occasions by different people then we will consider appropriate action.

## Information and signposting

Information and signposting is an important service we provide for people in Newcastle. This is primarily through a Freephone number but includes a mobile (text) number, email service – contact can also be made through our website and social media (Facebook and Twitter).

As well as enabling people to make an informed choice or decision about their health and social care we also signpost to appropriate services and assist with onward referrals.



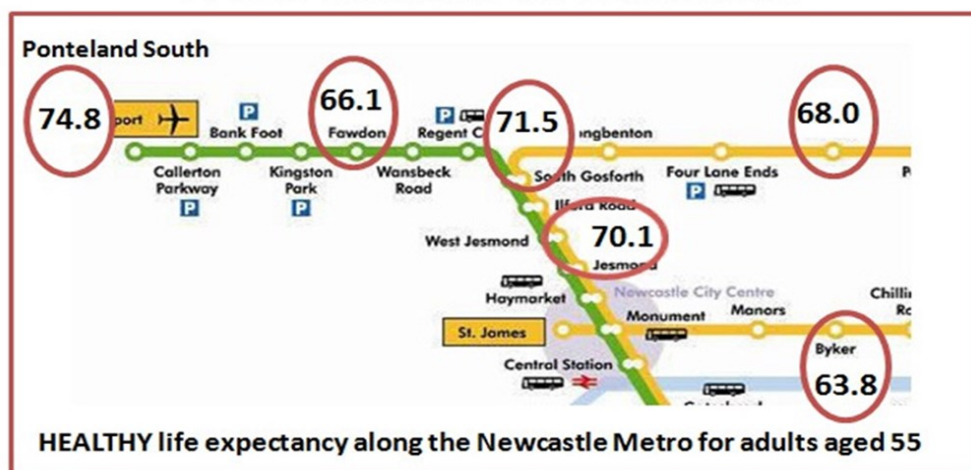
Many of us  
don't know  
where to go  
if we have a  
problem or  
concern to  
raise



This service also helps patients navigate their way through complex NHS systems, listens to their concerns and can handle initial complaints by offering support and a gateway to the ICA service. In Newcastle, ICA is commissioned and provided by a separate organisation - the Carers Federation. PALS covers queries and complaints about NHS Foundation Trust services, community and GP services in the North of Tyne area.

We have worked closely with these organisations to ensure that users and patients are supported by the appropriate organisation and do not slip through gaps.

## A few minutes on the metro



### Working in partnership

We recognise we need to work with partners and stakeholders in order to successfully undertake our activities and achieve better outcomes for patients and the public. This is a key driver in our work. During this first year we have proactively worked with a number of organisations to establish working relationships and respond to appropriate issues which have occurred.

The Chair, Vice Chair and Programme Manager have all been active in developing relationships and have met with appropriate senior managers, managers and staff from NHS organisations, council departments and voluntary sector organisations - see Appendix 3 for a list of meetings.

We are an independent organisation but have complementary roles with both the Health Scrutiny Committee of Newcastle City Council and the Wellbeing for Life Board.

One of our first governance decisions was ensuring representation at the Wellbeing for Life Board and the Health Scrutiny Committee. Both were viewed as extremely important for influence in the decision-making processes and to progress our work.

### Wellbeing for Life Board


Our Chair and Programme Manager are the formal representatives on this Board. Their involvement has been proactive, primarily driving the need to be aware of the public and patients' needs and where appropriate advising and supporting the public's involvement in strategic activities and plans. Our representation on this Board has led to Healthwatch Newcastle being involved in one-off pieces of work and also work which is still continuing, for example, the out of hours GP service and Better Care Fund.

We also participated in the development of the Wellbeing for Life Strategy which was produced through consultation with Board members. The Wellbeing for Life Strategy gives the overarching strategic health and wellbeing priorities to Newcastle.

### Health Scrutiny Committee

The Vice Chair and Programme Manager attend the Health Scrutiny Committee. The relationship with this committee has developed significantly, with our Vice Chair and Programme Manager working with a subgroup to develop a formal protocol of joint working and information sharing.

The protocol has been extended to the Wellbeing for Life Board and includes formal agreements to share information, work together where appropriate and be involved in work where roles overlap. This agreement has led to a standardised proforma being used by NHS service providers to provide information to both the Health Scrutiny Committee and Healthwatch Newcastle. This joint working protocol will be used by us to roll out to other important partners and stakeholders.



I welcome the relationship that has developed over the past year between Health Scrutiny Committee in Newcastle and Healthwatch Newcastle. We share the same goals of improving health and wellbeing in Newcastle, reducing inequalities and improving access to, and the quality of, local health and social care services.

Whilst noting their independence and autonomy, we have taken time this year to develop a proactive approach to working together and have a much closer relationship based on a shared understanding of each other's roles, responsibilities and priorities. We now share information routinely between us to address concerns, share learning and to help inform each other's programme of work.

We hope to continue this working relationship with Healthwatch to develop a long term partnership that is committed to listening and continuing to improve the health and social care outcomes for people in Newcastle.

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**Councillor Taylor**  
**Chair, Health Scrutiny Committee**

Besides local contacts we have also developed relationships with national organisations such as the Care Quality Commission (CQC) and with Healthwatch England.

We have ensured the information we gather on local health and social care services is uploaded onto Healthwatch England's database (Healthwatch Hub) so trends can be monitored at a national level. We have also engaged with Healthwatch England on specific subjects and have published information on our website to support its information gathering.



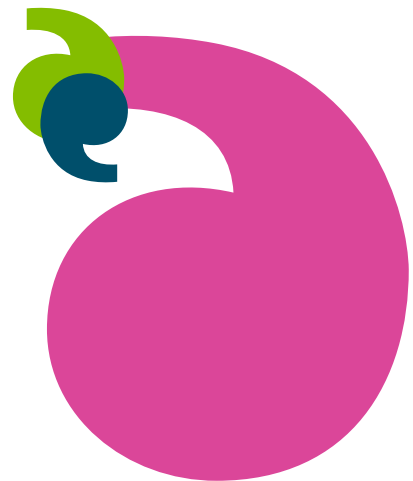
Healthwatch England also gave us an opportunity to highlight our work at its Board meeting, which was held in public at the Sage Gateshead in June 2013. We presented our achievements up to that point in time by presenting a video of staff members speaking about their current work and what they wanted to achieve in the future. Our Chair, Bev Bookless, also took the opportunity to ask questions of Healthwatch England and to influence its support of local Healthwatch.

Regular meetings have been held with inspectors from the CQC's local area team covering Newcastle to monitor updates and plan potential joint work. We have also monitored CQC inspections of care homes in Newcastle and have raised queries with the CQC if appropriate to find out if homes have improved their services.

Please read the **Healthwatch Newcastle's influence** section on page 20 for examples of how we have had an impact.

#### Enter and view

We are aware that other organisations undertake inspections of various health and social care services in Newcastle and our enter and view activities need to support these inspections. In our first year we had no reason to undertake any enter and view activities but our Champions carried out 'mystery shopping' in GP practices throughout Newcastle. Information about this can be found in **Our volunteers** on page 6.



# Engaging with people

**Our engagement with local people can be separated into three key areas:**

- **Gathering issues and experiences**
- **Raising awareness of Healthwatch Newcastle**
- **Keeping people informed**

## 1. Gathering issues and experiences

Between April 2013 and March 2014, we used the following methods to gather issues and experiences about health and social care services in Newcastle.



**Almost 9 in 10 think the healthcare system needs to change**

### Information and signposting service

The information and signposting service was established on 1 April 2013 and has been helping people make appropriate choices and resolve some of their difficulties. We log all contacts and compare with other issues we gather via our information stalls and visiting voluntary and community groups.

During 2013-14 we received 55 calls relating to a health concern or complaint, five were related to social care and two were about both health and social care services. Calls about health were wide-ranging and many were about GP services (particularly quality of treatment and complaints management) and mental health services (patient choice and access to services). Social care comments covered day care, care assessments, after care following an operation and poor care at an older people's care home.

### Community priorities

Throughout 2013-14 we visited ten local groups and spoke to people about their health and social care priorities to add to our growing evidence base. We used participatory appraisal techniques to ask people the following questions:

- What are your experiences of using health and social care services?
- What would you change/improve about your health and social care services?
- What would you save/what do you like about your health and social care services?

You can see a list of the groups we spoke to in Appendix 4 on page 29.

In total, 89 participants shared 295 views. Seven of these participants did not complete monitoring information. Of the 82 people who did complete a monitoring form, the breakdown is as follows:

- 80 were White British
- 43 were over the age of 60
- 14 were under the age of 20
- 37 had a disability
- 19 identified themselves as carers

This is what people told us about services in Newcastle upon Tyne...





Service	What is good?	What could be improved?
A&E	Staff attitude Speed of service	Waiting times
Care homes	No comments	Quality of service and staff attitude
Dentists	People generally happy with service	Cost of dental treatment
GPs	Appointments Quality of service	Appointments Quality of service Staff attitude
Mental health	Quality of service	No comments
Opticians	People generally happy with service	Waiting times Quality of care (these issues mainly came from the Newcastle Society for Blind People group)
Pharmacies	Medipacks Quality of service	Incorrect medication / mix up Quality of service
Sexual health	Quality of service	Staff attitude
Walk-in centres	Availability out of hours Quick service Friendly staff	Staff attitude Variable service provision across city Poor communication between health professionals Qualifying criteria for treatment

Overall, the two main factors which seemed to determine if people had a positive or negative experience of services were waiting times and staff attitude.

### Issue leaves

As part of our awareness raising at the community events discussed above, we also gave people the opportunity to tell us what they thought was good and bad about services in Newcastle. We did this using HWN branded 'issue leaves' which people completed and tied to our issue tree. We asked people:

- How can our services be better?
- What makes them great now?

In total we received 298 comments using our issue leaves. One hundred and fifty five (155) were about how services could be better and 143 were about what makes services great now.

All the comments and experiences are recorded centrally to enable ongoing trend analysis and identification of future areas of work.

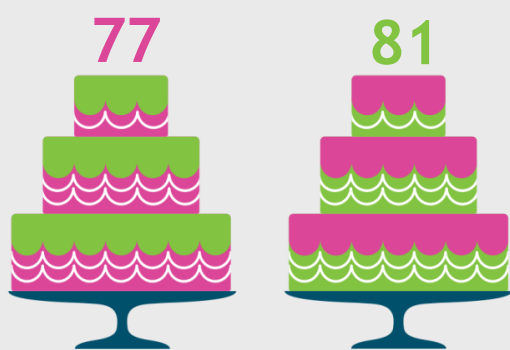


**Information session on care.data**

A new initiative called 'care.data' was meant to begin on 1 April 2014. NHS England was planning to share patient information in a different way and this was communicated via a leaflet drop to people's households in February 2014. The leaflet explained the planned changes and told people how to opt out if they did not want their information to be shared in that way.

The leaflet was not quickly and easily understandable and Skills for People (a local learning disability organisation) asked us to visit some of its groups to explain it. We chose to do this because one of our strategic objectives is to empower people to make informed choices. We visited two groups with one of our Healthwatch Champions.

**Life expectancy at birth in Newcastle for men is 77.2 years and for women is 81.2 years**



There was widespread criticism about the leaflet mailing from patient groups, GPs, privacy organisations and the national media. NHS England has now scrapped the timetable for implementation. It plans to pilot the initiative with 100–500 GP practices in the autumn to test, evaluate and refine the programme. National roll-out will happen once the process is right.

**Dementia review: gathering local case studies for the Care Quality Commission**

From November 2013 to January 2014 the Care Quality Commission (CQC) inspected hospitals and care homes in over 24 local authority areas to check on the quality of dementia care. CQC focused on how well services worked together to provide care for people with dementia.

Newcastle was one of the selected local authority areas so we chose to submit three case studies of people's experiences of using services. We also told people on our mailing list about the dementia review and encouraged them to submit any of their stories directly to the CQC.

Feedback from the CQC tells us that Freeman Hospital and the Royal Victoria Infirmary were inspected as part of the dementia review work. Both services passed with flying colours. We are also aware that Northumberland, Tyne and Wear NHS Foundation Trust has been shortlisted for a Patient Safety and Care award for its dementia care.

Milldene Nursing Home, Byker Lodge, Brooke House, St Joseph's Home, Briardene and Wordsworth House were also inspected. All passed with flying colours except Brooke House, which needs to make some improvements.

**Business plan 2013–15 consultation**

The consultation period for the business plan was five weeks but we are still happy to take any comments and suggestions people may have about it. As a living and breathing document it is being changed and added to all the time.

We promoted the consultation through our February and March newsletters and via the website. There were multiple ways to respond, including an online and paper-based questionnaire and we also took comments via email and letter.



While we asked specific questions there was also an opportunity to make general comments. We received 29 comments from various sources including individuals, voluntary and community sector (VCS) organisations and statutory health and social care providers. We are currently working on answering everyone's comments and changing our plan to reflect this.

This consultation was the catalyst to an event we hosted called 'One collective voice'. The main aim was to address concerns the voluntary and community sector had about the role of Healthwatch Newcastle (HWN). It was a great day that generated a lot of action points and will be discussed fully in next year's annual report.

### Next steps

We have recently appointed Children North East to join us to develop children and young people's involvement. The organisation will be developing appropriate involvement mechanisms for children and young people to be engaged with HWN. This is crucial to our ongoing development and we welcome Children North East to the team.

During our first year our Vice Chair and our Involvement Coordinator met with key members of the VCS to raise awareness of Healthwatch Newcastle and discuss how we can work together.

To consolidate this work, we recently held a meeting for other key VCS members in Newcastle to explore the potential for sharing information and to address people's concerns.

We are currently collating the feedback from the discussion which will help to inform how best we work together in the future.

## 2. Raising awareness of Healthwatch Newcastle

Between 1 April 2013 and 31 March 2014, we had stalls at over 20 community events to raise awareness about HWN. The focus of this work was to:

- Promote the information and signposting service
- Promote other HWN feedback mechanisms: website and social media
- Encourage people to sign up to our mailing list

In addition to promoting HWN by distributing leaflets and pens, we ran fun activities at many of the events. We offered temporary tattoos for children (and adults in some cases!) at all the family events we attended.

We also held a hula hoop competition at Northern Pride with the caption 'How long can you keep it up?' These low cost additional activities were very successful at increasing footfall to our stall. The temporary tattoos also gave us a great opportunity to chat with parents while their children were occupied.



Events attended included:

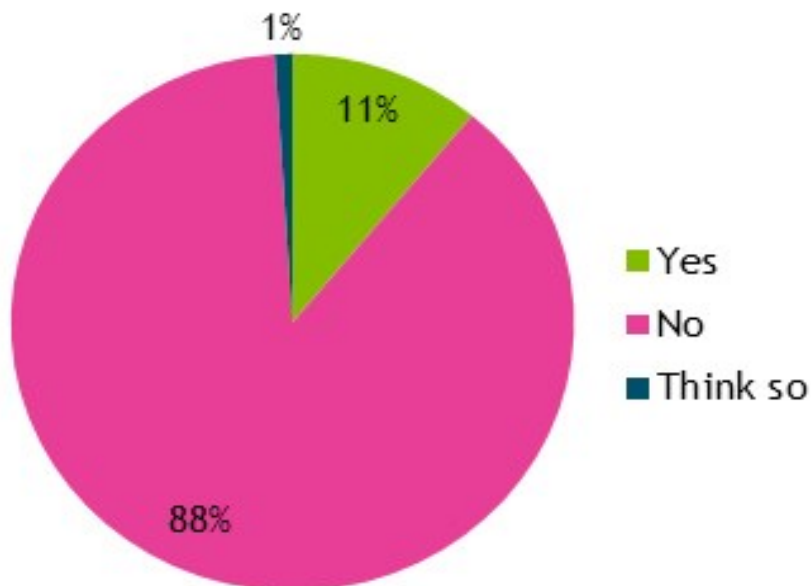
- Northern Pride 2013 which attracted around 30,000 people
- Community family fun days
- Patient Participation Group meetings
- World Mental Health Day event
- International Day of Disabled People event
- International student registration event
- Newcastle Youth Council meeting
- International Women's Day event
- Newcastle Elders Council radio

**Community week: survey**

During the summer of 2013, HWN staff and volunteers hit Newcastle's main shopping areas to ask the general public four simple questions:

- Have you heard of Healthwatch Newcastle?
- Where did you hear about Healthwatch Newcastle
- What do you think Healthwatch Newcastle does?
- How can you get in touch with Healthwatch Newcastle?

We spoke to 156 people over three days and this is what they told us:

**Have you heard of Healthwatch Newcastle?**

Eighteen (18) people had heard of HWN, 137 people had not heard of us and one (1) person was unsure.

**Where did you hear about Healthwatch Newcastle?**

Eighteen people had heard of HWN, eight via their GP, one via the Citizen's Advice Bureau, and one from directory enquiries. Eight people could not recall where they had heard about us.

**What do you think Healthwatch Newcastle does?**

Top three answers:

1. Health
2. Don't know
3. Healthy lifestyle

**How can you get in touch with Healthwatch Newcastle?**

Top three answers:

1. The internet
2. Don't know
3. The telephone



Although people did not know our web address or Freephone number, most people said they would search the internet for contact details if they wanted to get in touch. Everyone was offered a leaflet containing our contact details and more information. We plan to repeat this survey annually to gauge awareness of Healthwatch Newcastle.

### Next steps

We are continuing to raise awareness through community events. We have a full diary of events which we will be attending over summer 2014 and beyond. We are also planning recurring drop in sessions across the city so we can develop a regular presence at a variety of community venues. The aim is that the stalls and drop in sessions will be run by our growing community of Healthwatch Champions with support from staff members. We are also planning to put advertisements on the back of buses on key routes through Newcastle in the summer of 2014.

### 3. Keeping people informed

We have established the following mechanisms to keep people informed about our work and the health and social care services in the city:

- Healthwatch Newcastle website
- Mailing list
- Twitter
- Facebook

Communication is coordinated across all mechanisms to ensure information is consistent in terms of timing and content.

#### Mailing list

Subscribers to our mailing list receive regular newsletters which contain information about our current work and any relevant health and social care issues. Subscribers also receive ad hoc newsflashes about any relevant information which falls outside the publication deadlines of the newsletter.

#### Social media: Twitter and Facebook

HWN's Twitter account is @HWNewcastle

HWN's Facebook page is HWNewcastle

We use Twitter and Facebook to tell people about our events and inform people about key health and social care issues which affect Newcastle. Twitter and Facebook accounts are linked so that all tweets are automatically posted on our Facebook page. Our Twitter feed is also available on the homepage of our website.

We currently have 882 Twitter followers and have had 67 retweets of our information. We have 37 likes on our Facebook page.

Our Board meetings are held in public, which are filmed and put onto our YouTube page at <http://bit.ly/HWNYoutube>.

The NHS sees over a million patients every 36 hours



That's over 27,000 patients every hour

# Healthwatch Newcastle's influence

One of the most important aims of Healthwatch Newcastle is to influence local commissioners of services so that they meet the needs of those who use them. In our first year we have rightly concentrated upon establishing ourselves, however, we have also undertaken pieces of work and been involved in some important developments. These are described below.



## Better Care Fund

In June 2013 the government announced it intended to change the way that some NHS money is spent, with the explicit intention of integrating local health and social care services. This is known as the Better Care Fund (BCF). Newcastle City Council and the Clinical Commissioning Groups (CCGs) were given the task to work closely together with other partners to submit joint plans to the government explaining how they will use this shared fund to improve local services. Healthwatch Newcastle became involved in this process through our involvement in the Wellbeing for Life Board.

We were concerned that the BCF will potentially mean big changes in health and social care services in Newcastle that users and patients need to know about. These changes need to have the involvement of those who will use the services, i.e. real patients and users. As this was viewed as being an important development, two Board members were nominated to lead on the BCF along with the Chair and staff members. Throughout the Newcastle BCF plan's development these Healthwatch representatives attended appropriate meetings, submitted important information on how people viewed services and influenced key decisions. We will continue to be involved in the BCF in Newcastle and will ensure that the development of new services involve the views of patients and users and ultimately provide what is required.



### **Quality Premium local indicators for CCGs**

Recently we became aware of a decision of the Department of Health not to include the Friends and Family test as a local indicator. This stemmed from the Better Care Fund work, with both Newcastle North and East and Newcastle West CCGs initially selecting the Friends and Family test for A&E and acute inpatient care.

Although we understand that it may be difficult to make comparisons between services using this test we are disappointed that locally derived patient experiences which reflect the needs of patients and the public in Newcastle cannot be developed and used. We passed this on to Healthwatch England.

### **Information in large print**

In November 2013 we spoke to Newcastle Society for Blind People's Macular Degeneration Group about their experiences of using health and social care services. Some people told us about the difficulties they had getting large print information from pharmacies and domiciliary care providers.

### **Pharmacies**

"...I was given a list of medication by my pharmacist but I couldn't read it so had to have it read out to me. I was told I couldn't have it in larger print..."

We contacted the Local Pharmaceutical Committee (LPC) to find out what contractual obligations pharmacies have to provide accessible information for their customers. The committee told us:

"There is no contractual agreement stating that pharmacies must provide large print information. However, they are required to pay due regard to the Equality Act and therefore make any reasonable changes to the way medication is supplied to support patients to use their medication effectively.

Also, from a professional and customer service perspective, the LPC hopes that all pharmacies strive to offer the best service possible which includes providing accessible information."

We did not have the details of the actual pharmacy involved therefore the LPC could not address the issue directly. However, during our investigations we found out that the RNIB had recently developed an information pack for health professionals about supporting patients with visual impairment. We shared contact details to ensure this information was distributed to all pharmacies in our area and beyond.

### **Home care**

"...They don't do carers lists in large print. I have to rely on my carers reading out to me who is coming next..."

We contacted the commissioning team at Newcastle City Council to find out what contractual obligations home care providers have to produce accessible information for their service users. The council told us:

"All providers of home care services in Newcastle upon Tyne are contractually obliged to adhere to the Service Quality Framework Core Service Objectives which detail the minimum standards required for all services. Section C1.4.1 (fair access, fair exit, diversity and inclusion) states that: 1) Policies and procedures are communicated to service users in ways appropriate to their needs and service users can confirm this happens; 2) Service users confirm that information is made available to them to meet their cultural, religious and/or lifestyle needs."

Newcastle City Council's commissioning team confirmed that the care provider should be providing accessible information (including large print) where necessary and contacted the provider to investigate the issue. The provider confirmed that this issue would be addressed through its IT department.

### Out of hours GP service

This was an early intervention by us and involved the re-procurement of the out of hours GP service across the North of Tyne area (Newcastle and North Tyneside). Concerns about this process were raised with us and after researching this issue we wrote a letter to the Accountable Officer of both Newcastle CCGs in July 2013 seeking clarification.

The tendering process for these services was due to start at the beginning of August 2013 and we wanted to ensure this provided the opportunity for a much wider discussion and vision of how urgent and emergency care should and could be delivered in Newcastle. We were also keen to involve the views of patients, users and community groups and to ask both CCGs to be clear about who would be making the decision for awarding the contract.

We wanted to remind both CCGs about the priority to reduce health inequalities. We were also concerned about the location of this service as access may be an issue if private transport is not available with the resultant dependence upon the ambulance service and/or the need for home visits.

The CCG's Accountable Officer responded to this letter and during a meeting with our Chair the senior managers from the CCG told us that they were able to strengthen the out of hours specification based on the letter sent by us. The main areas the CCGs strengthened in the specification were around equality of access (i.e. the number of sites) and the availability of transport to access the sites.







## Case study 2: Scotswood GP practice

The practice had been identified as a ‘Darzi’ practice (provided in areas where there are high levels of ill-health and long-term conditions) and the provider had won the five year contract in 2009. The Cumbria, Northumberland and Tyne and Wear Area Team of NHS England had taken over commissioning responsibilities for GP practices from the Primary Care Trusts in April 2014 and had been in discussion with the provider to extend the contract beyond the end of March. Unfortunately no agreement could be reached and the provider gave notice of its intention not to seek renewal of the contract. The area team sent out letters to patients notifying them of this situation and advising them to seek an alternative GP practice. The provider moved to ensure that it was fulfilling its employment obligations by giving the staff the appropriate notice period.

We were extremely concerned about this decision as there had been no consultation with the patients, their carers, wider community or appropriate stakeholders. The period to find an alternative GP was extremely short, particularly bearing in mind that the area suffers from a number of social problems, and the practice had been very successful in addressing longstanding health inequalities and high levels of ill health in the area. NHS England had also not taken this decision to the Newcastle’s Health Scrutiny Committee. It was also clear that patients and staff at this practice were very unhappy with this decision and so we felt it was important to escalate this issue.

On 19 February 2014 our Chair wrote jointly with the leader of Newcastle City Council to the Director of NHS England’s area team to express a “strong and shared dismay” at the proposal to close Scotswood GP practice. NHS England responded with a formal response letter and this was followed up with a meeting with senior NHS England managers. NHS England announced that the Scotswood GP surgery would be temporarily managed by a neighbouring GP practice (Holmside Medical Group) for a ten month period from 1 April 2014.

During this time NHS England will consult with patients and the public in Scotswood to consider the future of the practice in relation to new medical facilities being planned for nearby localities. This is now occurring and was made clear to all key stakeholders, including the patients, their carers and surrounding communities and the Health Scrutiny Committee. The committee has also established a short timescale task and finish group to look at what occurred, how this is to be avoided in the future and to offer best practice. Healthwatch Newcastle is part of this subgroup.

We are also offering the area team advice and information on effective consultation methods if required and have also made working relationships with both the area team’s senior management and key members of staff.



1 in 5 people in  
Newcastle have a  
limiting long-term illness

### Local Account/Quality Accounts

Local councils who provide adult social care services and NHS Foundation Trusts have to produce plans and documents which show how their services have performed in the previous year and what their priorities are for the forthcoming year.

These are called Quality Accounts by NHS Trusts and Local Accounts by local councils. All of these documents were published in May or June 2013 which was when we were establishing ourselves. Local Healthwatches have an opportunity to comment upon these plans but as this was our first year our responses were limited.

### Consultation on the way CQC regulates, inspects and monitors care

In July 2013 the CQC consulted about the way it regulates and inspects health and social care services. It proposed to move from generic to more specialised inspections and to introduce a rating system (similar to OFSTED inspections).

We put this information on our website to promote it for other people and organisations to respond to and we also provided a response ourselves.





# Financial information

## Healthwatch Newcastle 2013-14

### Income

Contracted income for year	<u>215,078</u>
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### Expenditure

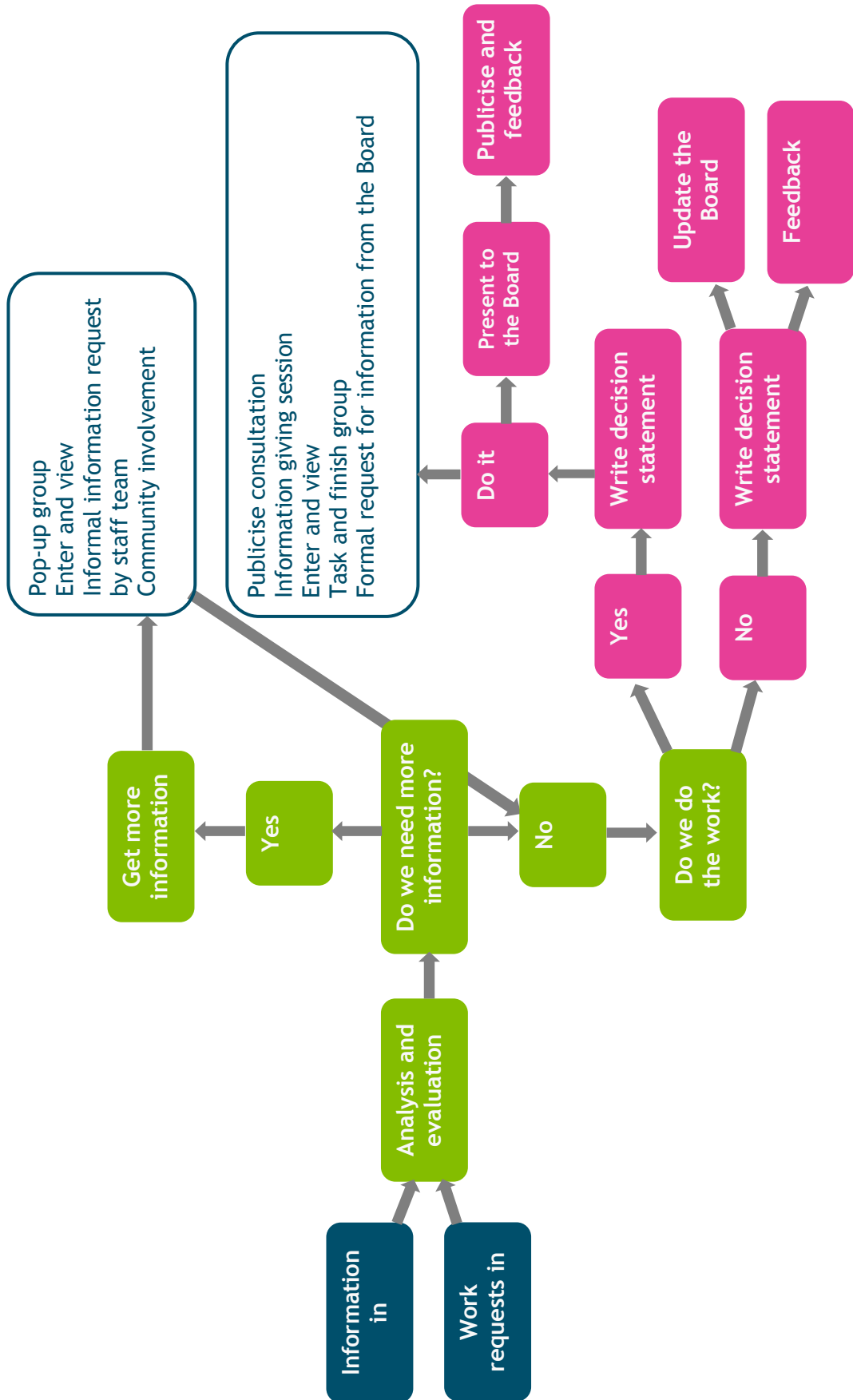
Delivery partners activity	169,427
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Healthwatch Newcastle Board activity	10,932
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	<u>180,359</u>
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<b>Surplus of income over expenditure at 31 March 2014</b>	<b>34,719</b>
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## Appendix 1 How we make decisions





## Appendix 2

### Our decision-making process in action

The evidence	What we decided to do	What will happen next
<p><b>Information and signposting service:</b> We were picking up from callers that people were unsure how to make comments or complain about a service</p>	<p>We used our Healthwatch Champions to engage in a GP mystery shopping activity as described in 'Our Champions in action - GP mystery shopping'</p>	<p>Our GP mystery shopping activity will be written up as a case study and sent to our Board to decide on the next steps</p>
<p><b>National report-NHS hospitals complaints system review:</b> One finding was that people did not complain because they felt the process was too confusing or they feared for their future care</p>	<p>We decided to work in partnership with Healthwatch England and used our website to encourage people who had complained to get in contact with Healthwatch England</p>	<p>Our information session on 'Compliments, comments and complaints - how to feedback your views to health services' will be delivered and the success of the programme will be reported to our Board</p>
<p><b>Healthwatch England:</b> It had spoken directly to consumers, sector leaders and reviewed the evidence around the current complaints system across health and social care. Healthwatch England found that the complaints system does not work for consumers; further work followed.</p>	<p>We decided to take forward an information session called 'Compliments, comments and complaints - how to feedback your views to health services'. The aim is to make people aware of the compliments, comments and complaints avenues available to them.</p>	

### Appendix 3 Meetings with key partners and stakeholders

Position	Organisation	Healthwatch representative
Chief Executive	Northumberland, Tyne and Wear NHS Foundation Trust	Chair/Programme Manager
Chief Executive	Newcastle Upon Tyne NHS Foundation Trust	Chair/Programme Manager
Chief Executive	North East Regional Ambulance NHS Foundation Trust	Chair/Programme Manager
Responsible Officer	Newcastle North and East and Newcastle West CCGs	Chair/Programme Manager
Director of Adults and Cultural Services	Newcastle City Council	Chair/Programme Manager
Director of Public Health	Newcastle City Council	Chair/Programme Manager
Cumbria, Northumberland, Tyne and Wear Area Team Commissioning Director	NHS England	Chair/Programme Manager
Commissioning Manager	Newcastle North and East CCG	Programme Manager
Commissioning Manager	Newcastle West CCG	Programme Manager
Nursing and Patient Services Director	Newcastle Upon Tyne NHS Foundation Trust	Programme Manager
Partnership Manager	Northumberland, Tyne and Wear NHS Foundation Trust	Programme Manager
Assistant Director of Strategy, Contracting and Performance	North East Regional Ambulance NHS Foundation Trust	Programme Manager



## Appendix 4 Community priorities – groups we met with

Group	Group participants	No. comments
Newcastle Society for Blind People (NSBP)	Disability - sensory	50
Skills for People - Geordie Voices	Disability - learning	12
Changemakers	Young people	40
Your Homes Newcastle - Youth Voice	Young people	43
Change UR Mind	Young people/mental health	34
Brunswick Over 50s Group	Older people	34
Elders Council	Older people	19
Riverside Community Health Project Women's Group	Women	32
Kids and Us Dads Group	Men	28
Wor Hoose	Parents	3
	<b>Total</b>	<b>295</b>



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Any enquiries regarding the annual report should be emailed to  
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