Overview of Signposting Feedback and Holding to Account: 1st October 2023 – 31st March 2024

Background

This paper collates data from Quarters 3&4, covering the calendar months of October 2023 to March 2024.

This paper supplements the signposting data and Chair/Chief Executive Reports already provided to Board on a quarterly basis as part of contract monitoring.

The purpose of this paper is to provide an overview to the Healthwatch Hertfordshire Board of the intelligence we have collected through our signposting function and how it has been used to hold services to account.

The data below outlines the quantity of signposting contacts, the services involved, as well as the key themes identified. This data is shared on a regular basis at internal operational meetings, and is used to help inform action via the holding to account function as well as inform research and engagement priorities.

Introduction

The signposting data within this report refers to calls and enquiries made from the public into our signposting service. All data collected under this function is driven by what is important to the public (as the views and contacts are unsolicited), however the service is reliant on the public knowing about us and seeing the value of contacting us.

To understand and evaluate how the public hear about our signposting service and whether they see a value in contacting us, all signposting contacts are asked where they found our contact details/how they heard about us, and whether they are satisfied with how their call was handled and the information provided.

As a reminder, the public tend to contact us when all other avenues have been exhausted, and there is a feeling there is nowhere else to turn. Therefore, the majority of enquiries we deal with are complex, and tend to require a level of understanding of the NHS/social care landscape, that unfortunately is not always accessible to the public.

The signposting model is being continuously reviewed in line with national guidance and operational need/capacity.

Overview of number of contacts

Table 1 – Number of Signposting Contacts per month

Month	Number of contacts
October	34
November	47
December	40
January	41
February	62

March	43
Total	**267**

Table 2 – Services discussed

Ranking	Service	Number of contacts
1	Primary (includes general practice, pharmacies, opticians, and dentistry)	126
2	Acute hospitals	102
3	Mental health	29
4	Urgent & Emergency Services (includes 111 and Minor Injuries Units)	13
5	Social care/HCC/Care homes	11

Please note: The above figures do not add up to 267 because some callers reported on more than one service type, and some were general enquiries unrelated to particular services.

Table one shows the busiest 6-month period that the signposting & feedback service has ever had. The fact that we continue to spend more than 60 minutes (on average) on each case/piece of feedback demonstrates the level of complexity that we often deal with for those contacts who *are* in need of signposting support.

For the first time since 2020, table two shows feedback regarding the acute hospitals almost matching that of primary care services – this could point to public perception of service recovery, as more people expect hospital services to be getting back to "normal" post-COVID, and some contacts have expressed frustration about additional delays due to strikes. Mental health services maintained position as the third-most fed back about throughout the time period. Unusually, feedback related to HUC and the East of England Ambulance Service was increased over the 6 months, but mainly in the form of 'Have Your Say' feedback forms, with no ability to reply or discuss feedback further. Comments regarding social care remained approximately the same during the period (compared to Apr-Sep 2023) as a proportion of all feedback received.

Main Themes

The below themes have been collated from the feedback are placed in order of frequency while also giving weight to the seriousness of the feedback given. This is provided in bullet point or shortened format to ensure the anonymity of the people who spoke to us.

1. **GP Services**

Difficulty accessing GP Services remained a prominent feature in the feedback/experiences we heard from members of the public, despite new contractual arrangements being implemented which were designed to improve this. As we've heard before, problems included:

- practices' lacking flexibility and variety in their appointment-making;
- unavailability of face to face appointments;

- long waits for appointments, and;
- being offered or given appointments with a professional that they had not asked to see.

We also heard about problems/delays to referrals that were made by GP Surgeries, as well as negative comments about the manner and demeanour of some GP staff.

2. Acute Hospital Trusts

Individuals continued to feedback that they had not received clear and/or consistent information about their referrals, and this was spread across all the hospital trusts in our area.

Sadly, we also received feedback around cancer pathway referrals, and delays experienced while waiting for information/updates on that.

Not related to cancer, but still on the issue of referrals, was a lack of information about hearing results for scans, and the department itself being uncontactable by phone or email except when prompted by Patient Advice & Liaison Services.

All patients wanted in all of the cases was to be properly communicated with so they would know what to expect and could feel reassured that their care/treatment is in hand, but this was nearly always missing when they fed back to us.

3. Mental Health Services

We received a number of feedback forms regarding mental health services during this period, and the comments made often showed patients feeling unsupported by the service – either as a result of long waiting times for treatment, or due to a perceived lack of empathy.

Frustration with eligibility criteria for Child & Adolescent Mental Health Services also featured again in this period.

4. Access to NHS Dentistry

Unsurprisingly, issues with access to NHS dentistry featured again during this period, as it has done for the past 3+ years now. The common issue for the individuals contacting us is that they cannot find a dental surgery to 'register' them as a patient, regardless of whether they require urgent treatment or a routine appointment.

As has been previously heard, some patients stated that they're in this position because their previous dentist removed them after not having made regular appointments. Understandably, those patients felt very 'hard done by' as they had not been warned this was a potential consequence for not arranging and attending regular check-ups.

We continue to signpost individuals to the NHS 111 service for urgent dental care/treatment, as appropriate.

Responding to Signposting Concerns

Signposting issues are considered at a bi-monthly Holding to Account meeting attended by the Officer Manager (and Signposting Trainer), the Quality Manager, the Senior Research Manager, the Deputy Chief Executive and the Chief Executive. Signposting feedback is considered alongside a range of other information such as research findings, national concerns or service changes, as issues to raise with providers and commissioners.

Issues are then raised at regular meetings with Commissioners and Providers, in the case of the concerns in this paper at the following meetings:

- **Herts & West Essex Integrated Care Board**
- **East and North Hertfordshire Trust**
- **West Hertfordshire Teaching Hospitals Trust**
- **Hertfordshire Partnership University Foundation Trust (HPFT)**

Similarly signposting concerns not covered by this paper are raised at the following meetings:

- **Hertfordshire County Council (HCC) – Adult Social Care**
- **Hertfordshire County Council (HCC) – Children's services**
- **Herts Community Trust**
- **Central London Community Healthcare (CLCH)**
- **Circle Health Group**
- **HUC**
- **East of England Ambulance Service Trust (EEAST)**