

Signposting and Research Overview

Healthwatch Hertfordshire are the independent voice for Hertfordshire residents, championing experiences and opinions about health and social care. We aim to make a difference for the better by amplifying all voices, but especially those seldom heard, and improving how services are run.

We do this by holding decision makers and leaders to account and sharing with them the learnings from our expert signposting service and high-quality research and engagement; both of which provide us with evidence of people's experiences of health and social care.

This paper provides an opportunity to share our work with the public and is therefore included in our public paper pack. As a charity funded by public funds, we are passionate about meeting our objectives and being transparent about our work. We invite all residents of Hertfordshire to reflect on the breadth of our work and let us know if there are key areas of further work for consideration.

We also invite Hertfordshire residents to share their own experiences of health and social care services, via

- our online form: <https://www.healthwatchhertfordshire.co.uk/have-your-say>
- Message phone: 01707 275978 between the hours of 09:00 – 16:30 Monday to Thursday, and 09:00 – 16:00 on Fridays, or
- Post: Kings Court, London Road, Stevenage, Hertfordshire, SG1 2NG

There are two sections to this paper:

Section 1. An overview of our recent signposting and holding to account activities

Section 2. An overview of our recent research and engagement activities

Section 1. An overview of our recent signposting and holding to account activities

1st April – 30th September 2024

Background

This paper collates data from Quarters 1&2, covering the calendar months of April to September 2024, and provides an overview of the intelligence we have collected through our signposting function and how it has been used to hold services to account.

This paper forms our six monthly update to our Board on signposting and holding to account, supplementing the signposting data and Chair/Chief Executive Reports already provided to Board on a quarterly basis as part of contract monitoring.

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 as well as inform research and engagement priorities. Please see the appendices for more detail on the holding to account model and approach.

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 |
|-------|--------------------|
| April | 60 |
| May | 19 |
| June | 19 |

| | |
|--------------|------------|
| July | 28 |
| August | 19 |
| September | 31 |
| Total | 176 |

Table 2 – Services discussed

| Ranking | Service | Number of contacts |
|---------|---|--------------------|
| 1 | Primary (includes general practice, pharmacies, opticians, and dentistry) | 92 |
| 2 | Acute hospitals | 68 |
| 3 | Social care/HCC/Care homes | 26 |
| 4 | Mental health | 23 |
| 5 | Urgent & Emergency Services (includes Ili and Minor Injuries Units) | 19 |

Please note: The above figures do not add up to 176 because some callers reported on more than one service type, and some were general enquiries unrelated to particular services.

Table one shows an exceptional period for our service, including one of the busiest months we've ever had, followed by 3 of the quietest in the past 4 years. We strongly suspect this was due to the Pre-Election Restriction Period (PERP) curtailing comms activities for both us and Healthwatch England, as well as a summertime lull which is commonly experienced by many local Healthwatch. The fact that we continuously 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.

Table two shows a slightly more even spread of feedback about services than we've seen before, although the top two service types haven't changed. For the first time in four years, social care was the 3rd most discussed service; last time we received only 11 comments on the topic. This change is potentially due to our article which highlighted that our remit covers both social care and health. Urgent & Emergency Services feedback also increased during the period compared to last time, while mental health services feedback remained consistent at 10% of the total comments received.

Main Themes

The below themes have been collated from the feedback received during this period and arranged 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 continues to be one of the most common issues we heard about from the public, though some progress appears to have been made in some areas/practices. As previously reported, problems related to:

- certain practices' persistent reliance on the 8am appointment rush and/or lacking variety and flexibility in ways of accessing the GP
- being given appointments with other professionals, such as 'pharmacists' (likely clinical pharmacists) and nurses felt like being "fobbed off".
- suspicion around the triaging system by receptionists in order to allocate appointments appropriately.

Another reoccurring theme was patients feeling that their doctor isn't interested in helping them or isn't listening to what they are saying. We also heard from individuals negatively affected by the ICB's policy decision not to allow GPs to enter into Shared Care Agreements with private practitioners in the treatment of ADHD.

2. Acute Hospital Trusts

There was a variety of issues fed back to us during the period regarding the two main hospital trusts in Hertfordshire. Similarly to the above, contacts said they felt that the doctor they saw had not listened and taken their concerns seriously. In one extreme case, the caller found the doctor to be "abusive".

As we have heard before, there continue to be concerns about waiting times for first outpatient appointments, and inadequate communication from hospitals that is lacking when patients would just like to be reassured that they've not been forgotten.

3. Mental Health Services

We received several feedback forms and contacts regarding mental health services during this period, with most being negative regarding the support and/or treatment provided. We heard of how recruitment challenges affect people's experience of mental health service provision. Some contacts felt the treatment they were given was not what they "asked for," were "referred for", or was otherwise unhelpful to them. Another issue we came across related to patients feeling that the professional conducting their initial assessment lacked empathy and understanding.

4. Access to NHS Dentistry

Issues accessing an NHS dentist remains a key feature in our signposting feedback during this period, as it has done for the past several years now. Once again, 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. We continue to signpost them to keep looking at the NHS 'find a dentist' facility, which we are pleased to note is much better updated by providers than it was before.

An unfortunate side effect of the lack of dental practices offering NHS treatment is that patients who require wheelchair accessible practices have a much reduced choice and ability to see a NHS dentist. This will undoubtedly impact the general health of those individuals who can't make it to be seen by a dentist.

Responding to Signposting Concerns

Signposting issues are considered at a bi-monthly Holding to Account meeting attended by the Office & Signposting Manager, 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. This approach is shown diagrammatically in the appendix, which also highlights the routes taken with different sorts of feedback.

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

- **Integrated Care Board**
 - Six-weekly meetings with the Senior Managers from the Integrated Care Board, who have responsibilities for both the East and North Herts Health Care Partnership and the South and West Herts Health Care Partnership
- **East and North Hertfordshire Trust –**
 - Meetings with the Chair and Chief Executive
 - Meetings with the Director of Nursing
- **West Hertfordshire Teaching Hospitals Trust –**
 - Meetings with the Chair and CEO
 - Meetings with Director of Nursing
- **Hertfordshire Partnership University Foundation Trust (HPFT) –**
 - Meetings with the Chief Executive and Directors
 - Meetings with Director of Nursing

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

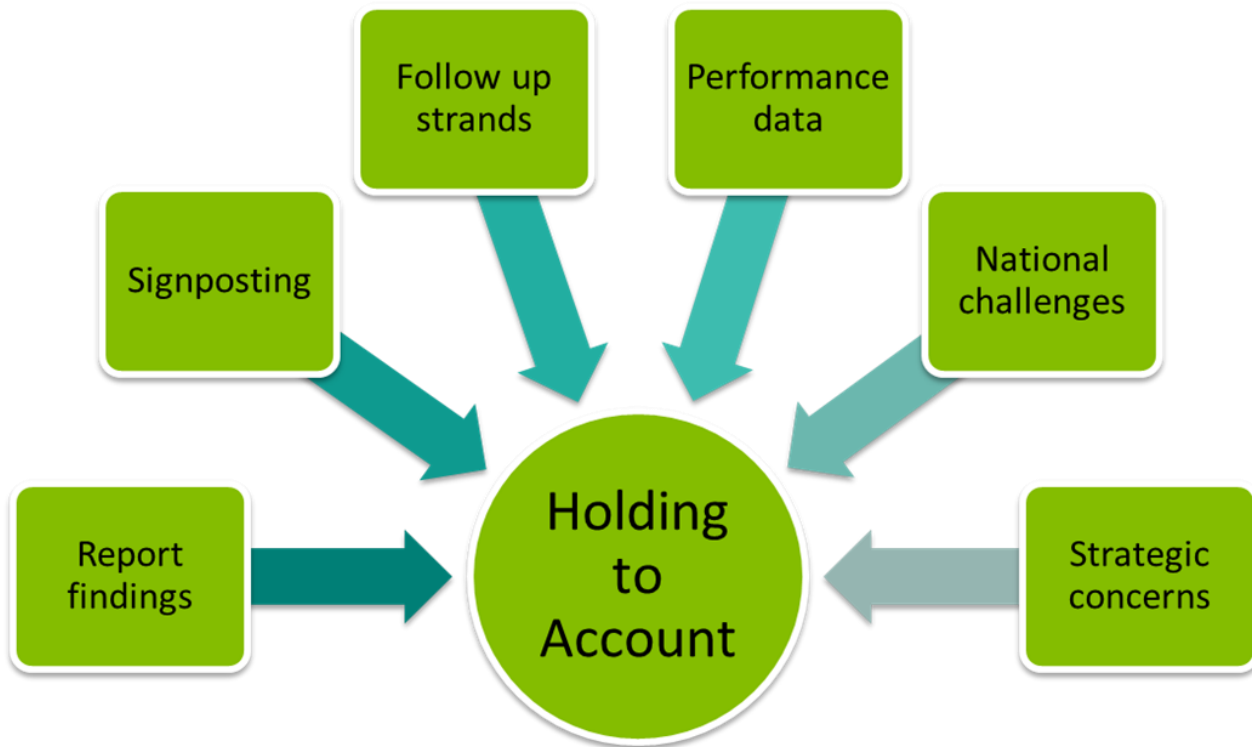
- **Hertfordshire County Council (HCC) – Adult Social Care**
 - Meetings with Executive member, Executive Director and Senior Team
 - Meetings with the Director Health Integration
- **Herts Community Trust –**
 - Meetings with the Chair and CEO
- **Central London Community Healthcare –**
 - Meetings with the Director of Nursing and Therapy- Hertfordshire Division
- **Circle Health Group –**
 - Meetings with the GP Engagement and Community Integration Lead
- **HUC –**
 - Meetings with Chair and Chief Executive
- **EEAST**

- o Meeting with the CEO

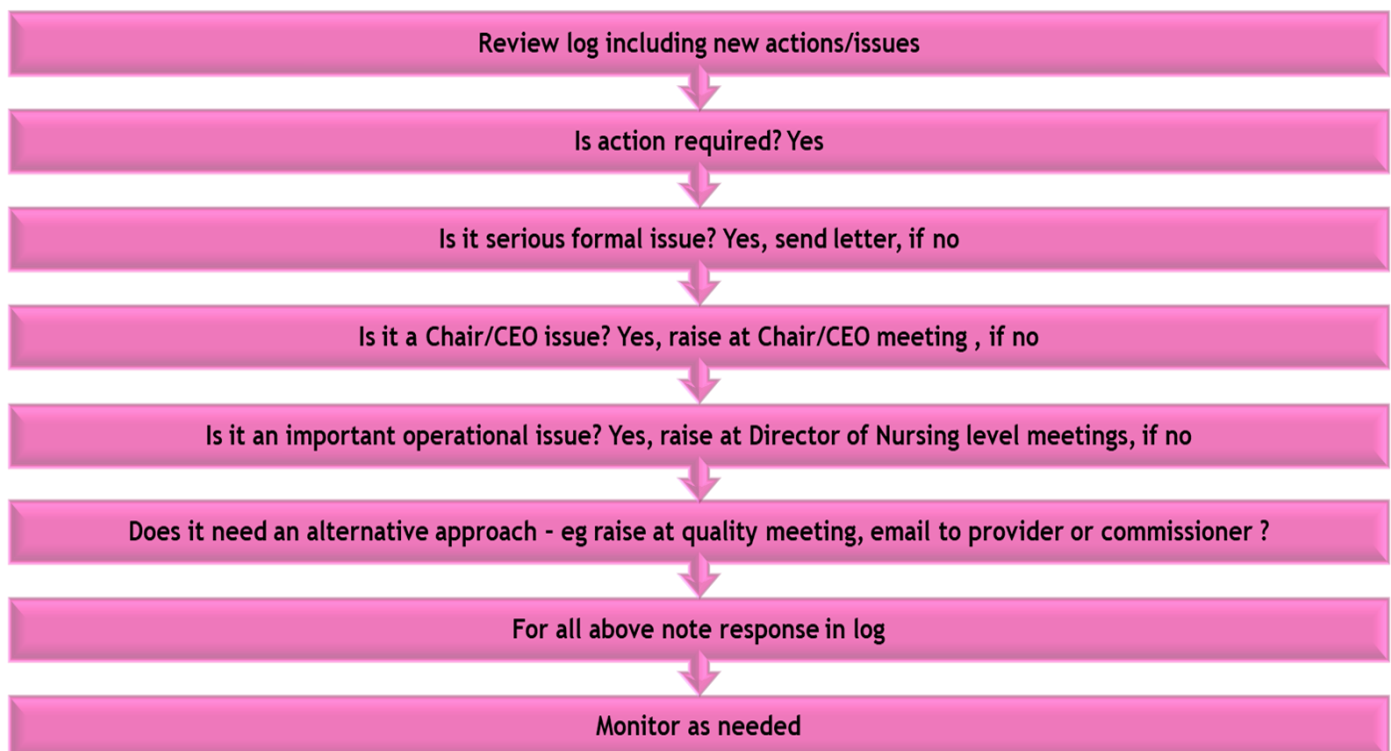
*Please note this document was produced following the previous Chief Executive’s retirement.

Appendices: Holding to Account Models

Appendix 1: Holding to account - sources



Appendix 2: Holding to Account – flow chart and logging of issues



Section 2. An overview of our recent research and engagement activities

Update for Public Board Meeting (28th November 2024)

Background

The Research and Engagement Programme aligns with the strategic direction of the organisation and the Board. The Programme has the following aims:

- To gather public views, particularly ensuring that we are hearing from groups considered seldom heard
- To understand and address health inequalities
- To ensure our research and engagement activity has influence, impact and positive outcomes
- To generate revenue for the organisation
- To build and sustain our reputation for high quality social research

This paper provides an overview of the Research and Engagement activity undertaken in the last 6 months, projects which are currently underway, and upcoming projects.

| Project name | Project summary | Progress |
|--|---|--|
| Completed projects in the last 6 months | | |
| Connected Communities | Supporting Hertfordshire and West Essex Integrated Care Board (ICB) in engaging with ethnically diverse communities at Place level. | Public feedback shared with the ICB to inform their communications and engagement with ethnically diverse communities. |
| Gambling Harms Strategy | Engaging with people with a lived experience of gambling harms as well as their loved ones to support with informing Public Health's Gambling Harms Strategy. | Report published on our website . |

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| Marie Curie Engagement | Supporting Marie Curie in hearing from Hertfordshire residents about end of life care. | Engagement completed. |
| International Recruits Independent Review | Engaging with internationally recruited staff from across the acute Trusts in Hertfordshire and West Essex to understand their experiences of living in the UK and working for the NHS. | Report published on our website . |
| Live Projects | | |
| Drugs and Alcohol Workstream | <p>Supporting Public Health with the improvement of drug and alcohol services by undertaken a series of projects. These include:</p> <p>Recovery and Reintegration: Engaging with service users and carers about how drug and alcohol services have supported their recovery and reintegration.</p> <p>Children and Young People: Engaging with children and young people about their experiences of using drug and alcohol services.</p> <p>Prison Leavers: Engaging with prison leavers about their experiences of receiving support from drug and alcohol services.</p> <p>Stigma Campaign: Using insights from local residents informing a new campaign to challenge stigma around drugs and alcohol.</p> <p>Service Review: Engaging with staff, service users and carers within Change Grow Live (CGL) and The Living Room to inform service improvement.</p> <p>Co-occurring Needs: To be determined.</p> | <p>Recovery and Reintegration: Report has been published on our website.</p> <p>Children and Young People: Awaiting final approval from Public Health.</p> <p>Prison Leavers: Awaiting final approval from Public Health:</p> <p>Stigma Campaign: Report is in progress and due to be shared with Public Health by the end of November.</p> <p>Co-occurring Needs: In scoping process.</p> |
| Primary Care Workstream | Supporting Hertfordshire and West Essex Integrated Care Board (ICB) to engage with Hertfordshire residents about key issues within primary care. Topics include: | NHS Orthodontic Care: Awaiting final approval from ICB. |

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|---|---|---|
| | <p>NHS Orthodontic Care: Engaging with parents, children and young people about their experiences of NHS orthodontic care.</p> <p>Online GP Services: Engaging with residents about their experiences of using online GP services and how they could be improved.</p> <p>Armed Forces Community: Engaging with the Armed Forces Community about their experiences of primary care.</p> <p>Oral Health: Scope to be determined</p> | <p>Online GP Services: Report writing in progress. Key findings will be shared with Health Scrutiny Committee on 13th December.</p> <p>Armed Forces Community: Planning the engagement phase. Engagement will take place from mid-November to mid-February. If you would be interested in participating, please contact: research@healthwatchhertfordshire.co.uk</p> <p>Oral Health: In the process of determining the scope.</p> |
| <p>Research & Engagement Network Programme</p> | <p>Supporting the Hertfordshire and West Essex Integrated Care Board (ICB) to ensure research participation is more accessible, diverse and inclusive.</p> | <p>Our recent activity supporting this programme has been shared on our website.</p> <p>Senior Research Manager will continue with supporting the project management of this programme until April 2025.</p> |
| <p>Integrated Care Partnership (ICP) Monitoring Framework</p> | <p>Engaging with Hertfordshire residents to assess progress in delivering the priorities of the integrated care strategy and to inform further development or improvement.</p> | <p>This engagement is live and due to close in December. The report will be shared with the Integrated Care Partnership Board in March 2025.</p> <p>To share your views, please visit: https://www.surveymonkey.com/r/ICPYourViews</p> |

| | | |
|--|---|---|
| Home Care and Cultural Competency: Watford Pilot | Engaging with ethnically diverse communities living in Watford about their perceptions of home care, and their experiences of these services. | Engagement is currently taking place. If you would like to share your views, please contact: research@healthwatchhertfordshire.co.uk Report due Jan/Feb 2025. |
| Blood Pressure Checks in Dental Practices and Opticians | Supporting Hertfordshire and West Essex Integrated Care Board (ICB) with their pilot by engaging with residents about their views of measuring blood pressure within dental practices and opticians. | Awaiting final approval by the ICB. |
| Engagement with Adults with Learning Disabilities about the use of their Health Data | Supporting Health Innovation East with the introduction of its Secure Data Environment (SDE) by engaging with adults with learning disabilities to capture their views on the use of their health data. | Awaiting final approval by Health Innovation East. |
| South and West Hertfordshire Health and Care Partnership Coproduction Board | Supporting with the management, chairing and delivery of the Coproduction Board. | Coproduction Board meets on a bi-monthly basis, reporting into the South and West Hertfordshire Health and Care Partnership Board. |
| East and North Hertfordshire Health and Care Partnership Community Assembly | Supporting with the management, chairing and delivery of the Community Assembly. | Community Assembly meets on a quarterly basis. If you are interested in attending the Community Assembly, please contact: research@healthwatchhertfordshire.co.uk |
| Upcoming Projects | | |
| Support for Autistic Adults | Engaging with autistic adults about their experiences of post-diagnostic support and the care they would like to receive. | Currently in scoping stages. |
| Refugees and Asylum Seekers | Engaging with refugees and asylum seekers about their experiences of accessing healthcare and how this could be improved. | Engagement is due to take place by the end of November, running until January/February 2025. |
| Hospices | To be determined | To be determined |