# healthwatch Middlesbrough



### Healthwatch local Annual Report 2013/14



Annual Report

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Foreword



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> Welcome to the first Annual Report of Healthwatch Middlesbrough. We are the new consumer champion for health and social care in the borough and our aim is to put the voice of those who live and work in Middlesbrough at the heart of health and social care services.



The people we've talked during 2013-14 are aware of the pressures local services are under but they also tell us that the health and social care system is still not as good at listening as it could be and that the lessons of recent major crises in care provision still need to be embedded. As far back as 2009, Dr David Colin Thomé in his review of lessons learnt for the Healthcare Commission about Mid Staffordshire NHS Foundation Trust said:

PCTs (now CCGs) should be held to account for their responsibility for engaging patients and the public in design, delivery and quality assurance of health and care services, and for ensuring that the providers that they commission do likewise.

> Although commissioners and providers of health and social care services are getting better at listening to those who use services, there is still a long way to go before we can say that patients and the public are being involved at the design and commissioning stage. This is why our role in holding those who commission services to account through the Health and Well Being Board and Health Scrutiny is so important. We must contribute objectively to early discussions about commissioning intentions and assessing progress on the Health and Wellbeing Strategy.

Next year I envisage that we will make full use of both statutory powers as well as powers of persuasion to fulfil this part of our role.

2013-14 has been a busy and demanding first year for us all but I am proud of our achievements and the solid foundation we have built for Healthwatch Middlesbrough. I firmly believe we will serve the Borough well in the years ahead. I'd like to thank the staff of Healthwatch Middlesbrough, Pioneering Care Partnership and my fellow Executive Board members for their time, energy and commitment. Most of all I'd like to thank the individuals, groups and organisations that have helped us make such a good start. You are the real 'Healthwatch'.

If you'd like to join in a conversation with me about Healthwatch Middlesbrough going forward please feel free to get in touch via Toni McHale Participation Co-ordinator at toni.mchale@pcp.uk.net

#### Healthwatch Middlesbrough

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#### Who we are and what we do

#### Our vision

Our vision for Healthwatch in Middlesbrough is to be a strong, independent, trusted and effective voice and a champion for local people, influencing health and social care delivery and supporting people to access health and social care services. Healthwatch will strive to ensure the best possible quality and choice in health, social care and wellbeing services for the benefit of all living and working in the Borough

#### Our objectives



Healthwatch in Middlesbrough will:

1	Fulfil its statutory duties and functions, holding providers and commissioners of health and social care services to account where needed
2	Operate as a corporate body, embedded in local communities
3	Act as the local consumer champion, representing the collective voice of patients, service users, carers and the public, on statutory Health and Wellbeing Boards and robust challenge and scrutiny in the interests of its members and the citizens of Middlesbrough
4	Play an integral role in the preparation, reviewing and refreshing of the statutory Joint Strategic Needs Assessment and joint health and wellbeing commissioning intentions and strategies on which local commissioning decisions will be based
5	Have real influence with commissioners, providers, regulators and Healthwatch England, using its knowledge of what matters to local people
6	Report concerns about the quality of local health and social care services to Healthwatch England which can then recommend that the Care Quality Commission (CQC) take action
7	Provide information to patients and public who need to find out about health and care services and promote informed choice in local health and social care services
8	Support individuals to find the right information and independent advocacy, where needed, if they need help to complain about NHS or social care services
9	Build on and utilise existing local engagement and signposting pathways and mechanisms rather than duplicating what is already in place

#### The policy and legislative context for Healthwatch

The Health and Social Care Act 2012 established Healthwatch as the new consumer champion for health and social care services for adults and children with the stated ambition 'to achieve the best health and care services that are shaped by local needs and experiences'.

The Act aimed to strengthen the collective voice of patients, users of care services and the public through the establishment of a new structure known as Healthwatch. The Act established two Healthwatch new bodies:

Healthwatch England - a statutory committee of the Care Quality Commission

**Local Healthwatch** organisations to be commissioned by each Local Authority in England

Healthwatch replaced Local Involvement Networks (LINks) but retained all of its statutory functions, with some additional ones.

Healthwatch is unique in being the only non-statutory body with statutory powers and duties:

- The power to enter and view premises where health or social care services are provided (this power does not extend to premises that provide social care to children but Healthwatch is expected to gather views & experiences from children and young people in collaboration with local partners)
- Service providers and commissioners have a duty to respond to Local Healthwatch reports and recommendations within 20 working days -this also applies to providers of children's social care services

"Commissioners and providers will have regard to the reports and recommendations and will have to be able to justify their decision if they do not intend to follow through on them." Healthwatch regulations

- Local Healthwatch has a statutory entitlement to a seat on the local Health and Wellbeing Board
- Local Healthwatch has a duty to provide information about health and social care services
- Local Healthwatch can escalate issues direct to Healthwatch England (HWE) and through them, the Care Quality Commission (CQC)
- Local Healthwatch can also refer issues of concern direct to the Health Scrutiny Committee





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#### The four domains of local Healthwatch activity

The Local Government and Public Involvement in Health Act 2007 spells out the key activities each local Healthwatch is expected to undertake:

- Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services
- Enabling people to monitor and review care services
- Obtaining the views of people about their needs for, and their experiences of, local care services
- Making these views known through reports and recommendations about how local care services could be improved to those responsible for commissioning, providing, managing or scrutinising local care services



The fours domains of local Healthwatch activity

The Health and Social Care Act is very clear that an effective local Healthwatch will result in 'the best health and care services that are shaped by local needs and experiences'. This outcome-based approach means that to be truly effective, local Healthwatch will need to operate effectively across four key 'domains' of activity (below)

<b>'Voice</b>	<u>،</u>
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Scrutiny and Accountability

nsuring people's voices are heard and Ifluence the design, commissioning and delivery of health and social care ervices	Holding commissioners and providers of local health and social care services to account through representation on key strategic partnerships including Health and Wellbeing Board; power to Enter and View services; 20 day duty to respond to local Healthwatch reports and recommendations; power to escalate matters of concern to Healthwatch England, the CQC and Health Scrutiny Committee
formation and Signposting	Complaints

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#### The model for local Healthwatch in Middlesbrough

Following a competitive tendering process, Pioneering Care Partnership (PCP) was awarded the contract for Middlesbrough Healthwatch. PCP is a



leading third sector health improvement organisation whose mission is to improve Health, Wellbeing and Learning for all.

PCP was Host organisation for County Durham LINk and also secured Healthwatch contracts in Sunderland, Redcar and Cleveland and Stockton-on-Tees.

### Healthwatch Middlesbrough - 'a network of networks'

The PCP model for delivery of Healthwatch in Middlesbrough is based on the notion that it can only truly be effective in reaching as many citizens as possible if it works with and through established networks. This means that Healthwatch Middlesbrough:

- builds strong links with local voluntary and community groups
- uses established community networks to share information, and to find out what matters to people
- sub-contracts specific projects to local partners with the right skills and local knowledge
- builds a bank of trained Healthwatch Information Volunteers who can be the eyes and ears of Healthwatch at grass-roots level

champions the voices of those who are seldom-heard

#### Healthwatch Middlesbrough - an inclusive organisation open to:

- individuals who live and/or work in Middlesbrough
- local organisations and groups representing a diverse range of communities in the Borough and supported by
  - paid staff and volunteers with specific roles and responsibilities
  - a volunteer Executive Board providing expert leadership, strategic direction and feedback to the wider membership

Healthwatch Middlesbrough - an independent organisation

Local Healthwatch is independent of central and local government with its own legal powers and sets its own work programme to reflect the concerns of the local community.



#### Funding and resources



The available funding for Healthwatch Middlesbrough delivery in year one was £111,208



On 1 April 2013, Healthwatch Middlesbrough entered into a licensing agreement with Healthwatch England to use its trademark and branding toolkit on all Healthwatch Middlesbrough materials, including those related to its statutory duties, activities and powers.



#### Achievements

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> Key achievements for Healthwatch Middlesbrough in year one 2013-14 include:

- Efficient LINks legacy handover and transfer of staff
- Full audit of LINk legacy issues as part of managing the transition from LINk to Healthwatch
- Effective mobilisation phase meaning that on 1st April 2013 Healthwatch Middlesbrough was open for business
- National branding guidelines licensed from Healthwatch England
- Middlesbrough Healthwatch-specific promotional materials designed, printed and distributed
- 'Back office' set up to maximise efficient support to operation of Healthwatch Middlesbrough
- An ambitious Project Delivery Plan year one with key tasks, targets and milestones agreed, signed off by PCP and Local Authority commissioners and delivered on time and on target
- A brand-new Healthwatch Middlesbrough Information and Signposting service operational from 1 April 2013 offering a Freephone number to anyone who needs information about local health and care services
- Development of a comprehensive pathway for signposting people who wish to complain about their services. This pathway had not existed previously and has been welcomed by many commissioners and providers of services
- Major programme of awareness raising activities targeted at potential Network membership and stakeholders with more than 34 events and activities undertaken across the Borough

- Targeted recruitment drive to build the Healthwatch network of both organisational and individual members with year one targets exceeded by at least 50%
- Interim arrangements to fill places on key strategic partnerships including Health and Well Being Board in place from 1 April 2013 with smooth transition once Board members in place
- Successful launch of the Healthwatch Network including online and offline events and opportunity to influence our year one Work programme
- Successful campaign to recruit, fill and train for key volunteer roles on the Executive Board and Information Volunteers
- A skilled and effective Executive Board in place, recruited through a robust, open and transparent process which included a role descriptor and core competences followed by comprehensive Board induction, skills audit and development opportunities
- Executive Board meeting regularly and Board members hold places on key strategic partnerships including Health and Well Being Board
- Programme of meetings for Chair of Healthwatch as part of induction and seat on Health and Well Being Board
- Detailed and comprehensive Work Plan signed off by the Executive Board based on robust analysis of feedback from the membership and the citizens of Middlesbrough and a process for prioritising of issues by the Healthwatch Middlesbrough Board which takes account of priorities identified in the local Health and Wellbeing Strategy, Local Authority and Clinical Commissioning Group commissioning plans and other key strategic documents which impact on the health and well being of the people of Middlesbrough

- More than 200 partners, stakeholders and member organisations are actively promoting Healthwatch Middlesbrough through their networks-extending our reach significantly. This includes organisations and groups working with older people and those whose voices are seldom heard
- We have enabled 251 individuals whose voices are seldom heard to share their experiences with us and help us highlight inequalities in their health and/or care services
- Healthwatch Middlesbrough has a distinctive website and social media presence including a dedicated Facebook page and a Twitter feed with 400 followers
- Robust governance arrangements, including comprehensive policies and procedures, in place which ensure accountability to both the Healthwatch Middlesbrough membership and the citizens of Middlesbrough
- A comprehensive public awareness campaign to let the citizens of Middlesbrough know about our Information and Signposting service which included a major media campaign, press releases, leaflets, posters, promotional items, handy reference cards and information kits. Coverage included local and regional print and digital media. To date over 2000 leaflets have been distributed
- Development of strong relationships with commissioning colleagues on the Health and Well Being Board based on mutual respect and genuine commitment to partnership working
- Collaborative work with Healthwatch Redcar and Cleveland on local CCG commissioning intentions which was well attended with positive feedback from the CCG







#### Volunteers

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> Volunteers are central to the work of Healthwatch Middlesbrough. During 2013-14 they have been actively involved in two key roles as:

#### Healthwatch Middlesbrough Executive Board members

#### Healthwatch Middlesbrough Information Champions

Volunteers fulfilling these roles are active members of Healthwatch Middlesbrough and must live and/or work in the Borough. As members, they play an important role in:

- telling Healthwatch Middlesbrough and other stakeholders about their own experience of services
- collecting and sharing feedback about services from their own communities and networks with Healthwatch Middlesbrough and other stakeholders
- setting the work programme and priorities for Healthwatch Middlesbrough
- representing Healthwatch Middlesbrough in a range of settings where care services are being discussed
- ensuring the good governance of Healthwatch Middlesbrough

Volunteers are involved in the work of Healthwatch Middlesbrough through :

Membership of the Executive Board and representing Healthwatch on key Strategic partnerships & boards

The Healthwatch Network - which debates and identifies issues for Healthwatch Annual Work Plan and nominates Executive Board members

Task and Finish Groups - carrying specific project work linked to the Annual Work Plan and the local Health & Wellbeing Strategy Individual volunteer roles as:

Information Champion

• Enter & View Representatives There are clear descriptors for each volunteer role with Healthwatch Middlesbrough who undertook a proactive campaign to recruit a broad-based group of volunteers to join its Executive Board and act as Information Champions during 2013-14.

Healthwatch Middlesbrough has a volunteer Executive Board of eight members and a trained cohort of 10 Information Volunteers with a further cohort ready for training in June 2014.



These volunteers come from a range of backgrounds including those whose voices are seldom heard.

Healthwatch Middlesbrough is now recruiting and training Enter and View Representatives to carry out visits in line with its work programme for 2014-15. All Healthwatch Middlesbrough volunteers are provided with training, supervision, support and out of pocket expenses and Healthwatch Middlesbrough recognises volunteer contributions formally through certification and an awards ceremony.

Our Information Volunteers also gain skills, confidence, knowledge which will increase their potential employability.



#### **Partners**





Information Volunteers are supported by a Community Development Assistant who offers support and supervision on a fortnightly basis. Volunteers also meet quarterly discuss their work and they raise Healthwatch's profile by wearing Healthwatch branded t-shirts and carrying Healthwatch bags.



Towards the end of 2013, the Healthwatch Middlesbrough Executive Board undertook a tailor-made Skills Audit to assess their additional training or development needs and a development plan is being implemented. In line with our 'network of networks' model, we have commissioned some local partners to undertake specific activity on our behalf aligned to our work programme. During 2013-4 these partners were:

#### Middlesbrough Voluntary

Development Agency (MVDA) supporting our work in involving children and young people in the work of Healthwatch Middlesbrough St Mary's Centre 82-90 Corporation Road Middlesbrough TS1 2RW 01642 249300 general@mvdauk.org.uk

#### Middlesbrough Citizens Advice

**Bureau-**supporting our work in providing information and signposting services, particularly to those wishing to complain about health and care services and support 9 Linthorpe Road Middlesbrough TS1 1TH 0844 499 4110

#### Middlesbrough and Stockton Min

supporting our work in involving people with mental health problems in the work of Healthwatch Middlesbrough The Mind Centre 90-92 Lothian Road Middlesbrough TS4 2QX 01642 257020

#### Governance

One of Healthwatch Middlesbrough's first priorities was to recruit lay people and volunteers to its Executive Board. The role of the Board is to provide strategic oversight and good governance to Healthwatch Middlesbrough and ensure it delivers its strategic objectives. Specifically its role is to:

- To agree priorities and sign off the annual work programme based on feedback from Healthwatch Middlesbrough members
- Receive reports and recommendations
  from Task and Finish Groups
- Oversee Enter and View activity in line with the work programme, receive reports and recommendations and escalate where necessary to Healthwatch England
- Oversee the proportionate and judicious exercise of other statutory duties and powers held by Healthwatch Middlesbrough

- Ensure that the annual work programme takes account of Health and Well Being Board, Joint Strategic Needs Assessment and Clinical commissioning Group priorities and is used to inform the annual commissioning intentions of these partners
- Authorise requests for Healthwatch Middlesbrough representation on other strategic boards relevant Healthwatch Middlesbrough business
- Ensure that the voices of young people are valued and listened to within Healthwatch in a meaningful way
- Ensure the views of the wider Healthwatch Middlesbrough membership are fully considered by the Board and that feedback is regularly provided to the Healthwatch network about how the Board makes decisions and sets priorities

Statutory activities as defined by s221 of the Local Government and Public Involvement in Health Act 2007	What we've done so far		
Promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services	Open Network Forum meetings held in July 2013 and January 2014, offering members an opportunity to share experience and influence Healthwatch work programme priorities. To date, 260 individuals or organisations have contributed specific feedback on issues of concern.		
Enabling people to monitor and review care services	Detailed analysis and feedback report summarising feedback from Network Forum events disseminated and on website and used to inform board decisions about Work Programme priorities. An update on emerging themes is planned for a Health and Wellbeing Board meeting during 2014-15.		



Activities



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Obtaining the views of people about their needs for, and their experiences of, local care services including:

- People under 21 or over 65
- People who work or volunteer in the Healthwatch Middlesbrough area
- People from diverse backgrounds and sectors of society
- People from groups whose voices are seldom heard by those responsible for commissioning, providing, managing or scrutinising local care services

Making these views known through reports and recommendations about how local care services could or ought to be improved to those responsible for commissioning, providing, managing or scrutinising local care services Open/ongoing opportunities for members and the public to provide feedback through website, feedback forms and via Freephone number to Information and Signposting Service.

Our activities specifically targeted at those voices which are seldom heard have enabled 251 people through 19 events or activities to share their experiences with us and help us highlight inequalities in their health and/or care services.

We talked to over 40 young people in Middlesbrough about their experiences of using Health and Social Care services. Key themes emerging included access to primary health care services and mental health. This directly influenced the priorities of the Middlesbrough Healthwatch Work Programme.

Healthwatch Middlesbrough represented on the following Boards:Health and Well Being Board

- Health and Social Care Partnership
- South Tees Independent Complaints Review Panel
- South Tees CCG Improve Reference Group and Advisory Group
- Quality Surveillance Group
- Tees-wide Safeguarding Adults

Participation in sub regional Healthwatch activity:

- Healthwatch staff attendance at Regional Healthwatch Leads
  meetings
- Jointly convened with other Tees and Sunderland Healthwatchs' a regional round table meeting with Healthwatch England
- Joint meeting with Healthwatch Redcar & Cleveland to discuss CCG commissioning intentions

25 relationship meetings with statutory/other stakeholders to raise awareness and understanding of Healthwatch.

15 training sessions delivered to professionals and front line workers to raise awareness of Healthwatch.

10 local Information Volunteers trained to extend reach into local communities and get feedback about issues of concern.

Comprehensive communications strategy and materials for wide dissemination to the citizens of Middlesbrough about the Information and Signposting service.

Intelligence and data collection from all contacts with Information and Signposting service to identify trends and patterns in local service provision.





It is too early to assess whether Healthwatch Middlesbrough has had any impact on the commissioning, provision and management of the health and care services including improvements to those services. This will be a priority going forward into 2014-15.

We contributed feedback on public consultation to the IMProVE project and fed back to our local Mental Health Trust and South Tees Hospitals NHS Foundation Trust about their Quality Accounts for the year 2013/14.

During 2013-14, Healthwatch Middlesbrough did not make any recommendations to the Care Quality Commission (CQC) or the Healthwatch England committee of the CQC about reviews or investigations that required attention.

While the first Work Programme for Middlesbrough was being agreed, no Enter and View visits by authorised representatives were planned and no requests for visits from third parties such as the Care Quality Commission, the Health and Wellbeing Board or Health Scrutiny were made to us.

We anticipate there will be visits during 2014-15 aligned to the Annual Work Programme and Enter and View representatives are currently being trained to carry out these visits.

#### Middlesbrough Health and Wellbeing Board

Healthwatch Middlesbrough has been welcomed as an active and equal partner in the Health and Wellbeing Board.

Recruitment to the role of Healthwatch Chair involved a detailed role description and core competences that ensure the Chair understands their duties and responsibilities and can exercise these effectively and appropriately on behalf of members and the citizens of Middlesbrough. A comprehensive induction programme for the Chair was arranged which included meetings with key partners on the Board.



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#### Challenges

There have been some challenges during our first year of operation including:

- Healthwatch start-up coincided with major changes particularly in the configuration of health service commissioning, particularly the establishment of Clinical Commissioning Groups and Public Health moving into local authorities. The role of NHS England in commissioning primary care services proved to be a particularly complex and challenging issue for many
- Many commissioners and providers of health care services were unclear about the role of Healthwatch, particularly in relation to complaints, and disseminated incorrect information suggesting that Healthwatch would investigate or handle individual complaints about services
- Healthwatch England were slower than anticipated in developing their 'offer' to local Healthwatch which meant that each local organisation had to invest scarce time and resources in developing local tools, processes and protocols including those for performance management, board recruitment and volunteer training

- Development of a new Information and Signposting service was particularly challenging as it was dependent on the accuracy of third party data and there was no clear pathway for co-ordinating information relating to complaints in the new environment. This had to be developed by our Information and Signposting Officer before we could confidently direct people contacting us for information
- A key challenge was communicating the Healthwatch Middlesbrough 'network of networks' model to members and stakeholders as it was significantly different to that of the Local Involvement Network (LINk).
   Governance arrangements were also different to those of the LINk and new and different relationships had to be built with statutory partners who had been accustomed to direct involvement in LINk governance
- Understanding of the scope and statutory basis of local Healthwatch's scrutiny and accountability function has proved in some cases to be quite limited and it has been important to show how we can complement, rather than duplicate, other scrutiny and challenge activity undertaken by stakeholders

#### Dissemination

This Annual Report will be signed off by the Executive Board and shared with the membership at an open meeting before being sent to Healthwatch England as laid out in Healthwatch regulations by end June 2014.

The Annual Report will be widely disseminated via our website, e-bulletins, our membership and key stakeholders and will be available in special formats on request. Copies will be made available specifically to:

- Healthwatch England
- The Care Quality Commission
- NHS England
- All Clinical Commissioning Groups which fall within our local authority area
- The Overview and Scrutiny committee of the Council
- Middlesbrough Borough Council



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#### Priorities 2014-15



Children and Young People's involvement in Healthwatch

The provision of weight management services to Black, Asian and minority ethnic communities (BAME) communities

Issues relating to registration with GPs by the population of Middlesbrough with particular focus whether BAME communities are experiencing inequalities in accessing GP services where they live

Awareness and availability of C-card in Middlesbrough

Waiting list issues in relation to Talking Therapies/ IAPT Services (Improved Access to Psychological Therapies)

Awareness and understanding of availability of social prescribing services

We also need to:

Review our current work plan to monitor progress and impact and take account of new trends and issues raised

Undertake a gap analysis of our current membership and run a targeted recruitment campaign to address these gaps

Continue our work to involve children and young people in the work of Healthwatch

Recruit and train further cohorts of Information Volunteers

Recruit and train Enter and View representatives for visits aligned to our work programme

Provide feedback to the Health and Well Being Board on current trends and issues and raise our profile with the Board in terms of our scrutiny and accountability function

Continue to develop our positive and complementary working relationship with Health Scrutiny

Continue our targeted programme to raise awareness of Information and Signposting service in Middlesbrough

Build upon our relationship with Care Quality Commission Inspectors and managers and improve our capacity for supporting them in their role





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#### **BAME Weight Management**

As part of our initial engagement work with seldom heard communities, Healthwatch Middlesbrough consulted with North of England Refugee Service and the Regional Refugee Service to identify issues of concern. A significant problem identified through this work was access to weight management services specifically for the BAME community.

A number of people commented that they were either unaware of services or reluctant to use them due to cultural issues. As a result of not accessing these services, people said that their weight had increased. Following this work, Healthwatch Middlesbrough is investigating this issue further as part of its Work programme for 2014-15. We plan to talk to additional groups in the BAME community as well as working with our local Public Health team as they re-commission weight management services.

#### Young People Involvement

Healthwatch Middlesbrough is committed to involving young people in our work in a meaningful way. During 2013-14 we worked closely with our delivery partners, MVDA, who have specialist networks and expertise in this area.

Together we have completed engagement work through focus groups with some of the most vulnerable young people in Middlesbrough. They have told us that Young People's Mental Health Services and Accessing GPs are issues we could investigate further. Both issues now appear on our planned Work Programme and our next step is to further develop the way Healthwatch involves young people meaningfully in its decision making processes. We are putting together a focus group of young people who will advise us with some creative ideas on how to do this during 2014-15.







#### Nature of enquiry

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Telephone enquiry on how to make a complaint to the X Medical Practice and also how to change GP. Caller had an email address and asked that information be sent in that format.

#### Action taken

Email sent explaining NHS complaints procedure and also name of X Practice Manager. Details for NHS England and ICA complaints advocacy also given.

NHS Choices link given for finding a new GP practice in their area. Informed caller to get back in touch if not receiving a response. Received email to thank for the information and advise they had complained to the practice manager by email.

#### Nature of enquiry

Caller a patient at X GP surgery. Has a 13 week old son who has been diagnosed with a milk allergy. Doctor has prescribed a protein free milk but there is a restriction on the repeat prescription. She is only allowed 2 tins per month and has to buy the additional tins herself. The milk costs £35.00 per tin and the baby is currently using 1.5 tins per week. Caller confused as to why she has to pay for it when it is for a child who is eligible for free prescriptions.

#### Action taken

Rang NHS England for clarification on the charging of this prescription. As they could not give an answer straight away referred to case management team. Gave them caller's details to contact directly. Caller said she would advise us of the outcome.

#### Nature of enquiry

Social worker from Darlington rang regarding one of his clients who are now living in Middlesbrough. Client 33 year old man, paralysed and has a personality disorder. He is not registered with a GP, has a wound on his hip that is infected and is not receiving medical care. Will not go to the walk in centre and nurses will not come out to him as he is not registered. Ambulances have been sent but he has refused to go to hospital.

#### Action taken

Contacted NHS England for advice on registering with a GP if someone is housebound. NHS England advised contacting the Area Team on 0191 2106400 and ask for Patient Registrations who will be able to register the person with a GP surgery within his area who will provide him with home visits. Sent email to social worker to advise of this.

#### Nature of enquiry

Caller lives in Middlesbrough. Had MRI Scan in January 2013 (chose North Tees Hospital via choose and book as this was going to be quickest). Met with surgeon Feb diagnosed gallstones. Caller experiencing a lot of painful episodes and had used all of his sick leave and holiday when he was unwell. Still not received date for operation by July. Caller looked into going private in UK but could not afford it. Decided to have operation in India as he couldn't wait any longer. Submitted a complaint to PALS at North Tees and received a response from the Chief Executive which he felt was unsatisfactory.

#### Action taken

Took callers email address and sent details of NHS complaints procedure and advocacy services.



## healthwatch Middlesbrough

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