



**Engagement
Report July – Sept
2019**



Contents

Introduction	3
Updates	3
Engagement activities.....	4
General Feedback: Themes and Trends.....	6
Ealing Hospital	6
GP	7
Other	8
Mental Health follow-up session	9
Follow-up activities and next steps	11

Introduction

"[Healthwatch Ealing](#) is the independent consumer champion created to gather and represent the views of the public. We play a role at both local and national levels to make sure that experiences of health and social care are taken into account by the service providers.

Healthwatch Ealing gathers insights from local people about their experiences with local NHS services - including but not limited to hospitals, GPs, dentists, and social care providers. This gives us a chance to find out what is working well, what isn't and what needs to be improved - which can be relayed to the appropriate service, Trust and CCG.

This quarter Healthwatch Ealing focused on Southall, as it is an area within Ealing we found we had not spent enough time gathering experiences. This was achieved by attempting to build relationships with community groups in the area and focussing on Ealing hospital and GP's in Southall.

It should be noted that due to the nature of this engagement work, most people tend to express concerns more than they mention examples of good practice. Therefore, for a balanced view of patient views, this report should be read alongside Healthwatch Ealing's Patient Experience reports [\[link\]](#). This engagement report is also a way to channel concerns into helping to find solutions, finding out what service users would like and where they think improvements need to be made.

Updates

During Q1 we held a focus group with mental health service users who shared many experiences of local services. The feedback was shared with commissioners (Ealing CCG) and West London NHS Trust who provide these services. A response was received from the Trust outlining their action.

This feedback is attached as an appendix to our Mental Health report from May, [online here \[add link\]](#).

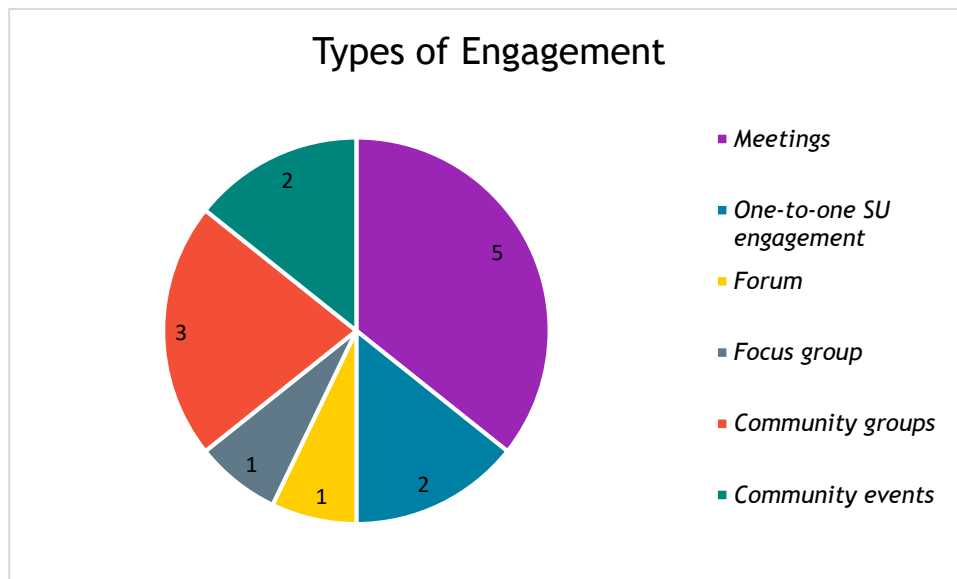
Healthwatch Ealing also had the Mental Health Follow-up session that service users requested after the last focus group in Q1. We invited representatives from the CCG and the Trust to come along and speak to service users, and we extend our thanks to them all for attending. A full write up of this event can be found on the [Healthwatch Ealing website](#) or by request.

This quarter we have also started to work out a Social Media plan to assist in engagement. By increasing our online output and engagement we plan to be able to reach people that we otherwise may not whilst out in the community during the day. This involves online outreach to different Facebook groups and Twitter, to encourage a more forum-like feedback-sharing experience.

Engagement activities

We have been to 14 engagement meetings and events in this quarter, meeting our target of 13-18 engagement events per quarter. In addition, 5 visits were made to Ealing hospital and local Southall GPs to supplement our Patient Experience Programme and increase engagement in the Southall area.

The meetings this quarter were introductory/catch-up and event planning meetings with other organisations, i.e. The Solace Centre, Young Ealing Foundation, Mael Gael, Havelock Family Centre etc. We also attended community groups at Southall Day Centre and Mael Gael.



This quarter, through our focus on Southall, we have engaged often with the South Asian communities in Southall. Southall Day Centre, Mael Gael and local Gurdwaras predominantly host South Asian and Punjabi members respectively. This has been possible by having specific language-speaking volunteers and an engagement officer who can speak Punjabi/Hindi.

Healthwatch Ealing has also focused on further feedback from Mental Health service users, which was possible through our follow-up focus group and continuing support from the Solace Centre.

The main challenge faced this quarter has been getting replies from the various community groups we have reached out to. This could possibly be due to the various annual leaves taking place over the summer period.

Engagement Event	Description	No. of people engaged with
Mental Health Forum	<i>Community services forum - presenting our NHS MH report findings and next steps + relationship building</i>	~20
Ealing Hospital Open Day	<i>patient experiences/newsletter sign-ups</i>	~50
Ealing IAPT	<i>Meeting</i>	1
Mael Gael	<i>Intro and planning meeting</i>	2
Carer's Forum	<i>Intro and planning meeting</i>	1
Havelock Family Centre	<i>Intro and planning meeting</i>	1
Mael Gael	<i>Engagement and Patient experiences</i>	~12
Solace Centre	<i>Patient exp - service feedback + signposting</i>	1
The Limes	<i>Patient exp - service feedback + signposting</i>	1
Oswald road Gurdwara	<i>Community engagement</i>	~7
Southall Day Centre	<i>Community engagement (&P.E)</i>	~15
Young Ealing Foundation	<i>Intro and planning meeting</i>	1
Help for Health - Ealing power group	<i>Community event (&P.E)</i>	~20
HWE Follow-up FG session	<i>Our MH follow up session - community engagement</i>	~30

General Feedback: Themes and Trends

This section will cover a summary of the feedback that we have collected through engagement activities this quarter, predominantly community groups in the Southall area and through ad-hoc engagement with patients and carers at Ealing Hospital Outpatients Department.

Ealing Hospital

Self check-in:

The new self-check-in service in the hospital is harder to navigate for older people, especially for those that do not have English as a first language. It takes them time to try and use it, and some of the reception team will help people with the system if they can see patients are struggling. Older people still prefer to talk directly to someone, it helps them navigate the hospital, feel reassured that they are waiting in the right area and that the doctor knows they are present.

Referral:

Patients are not always given the option to choose where they are being referred to for hospital appointments. This can be fine for those that just want the next available appointment or get their closest hospital. However, for some people it can be inconvenient, or they would like to choose which hospital to attend, as they have a preference.

Appointment letters/communication:

There have been instances of patients coming into the hospital for an appointment and finding that it is not booked in on the system, therefore having to go back to the GP for a new referral and wasting time through miscommunication. At other times, patients have complained that though they had received a text reminder to come to an appointment, they never received the appointment letter - even though they had called the hospital three times to find out.

Waiting times:

The amount of time it takes to get an appointment in the first place can vary vastly. Some patients quoted waiting 2 years, whilst others said that because they have a heart condition, they get appointments very quickly at the hospital.

The amount of time patients spend waiting for their appointment can vary a lot, from ½ an hour to 2 ½ hours. This means that they spend a lot of money on parking - either in anticipation of a long wait, or because they need to top it up.

Older patients:

Most elderly patients from non-English speaking cultures come with a family member, usually a son or daughter, so that they have someone with them who the doctor can communicate with - this is also true of GP appointments. This is true of most older people, especially those that are increasingly less-able.

Other:

- One patient was waiting for over an hour for the ambulance transfer service and had to ask the reception for updates.
- A patient said it was a very clean hospital, cleaner than Hillingdon hospital (in Outpatient Department 1).

CASE STUDY - Disabled Access; Cancelled appointments; staff attitude:

The daughter of an elderly woman is now her carer as well as her mother has become disabled. She spoke of how difficult it is to navigate hospital spaces as a disabled person.

Within Ealing Hospital the drop-off point for disabled people is too busy because it's the same place that the ambulance's stop. It's difficult to drop off someone at the point, and then leave them there to go and park - with an elderly mother this is particularly hard and inconvenient - "need to make sure she will be okay".

The car park is also not disability friendly as the parking spots are not wide enough. Additionally, the car park is very expensive and "you're not even getting a proper disabled parking spot". With all of these issues, they have to come an hour early to make sure they get there on time for their appointment.

They also mentioned that they were unsatisfied with the toilet facilities and that there should be more seating dotted around the hospital - especially for people who find it difficult to walk/disabled. The lack of wheelchair service within the hospital makes things more difficult for disabled people.

The appointment letter said they would be in a different Outpatient Department compared to what the self-check-in service said. The self-check-in would also be difficult to navigate for the elderly and disabled - which is why they absolutely have to come with their mother.

The daughter mentioned that some consultants were "awful" and have said some horrible things - they've become desensitised and don't care. However, some are fantastic. They even requested someone else for their appointment, but saw the doctor they specifically did not want due to prior bad experiences. The appointment had been cancelled twice (Urology), and no reason was given to explain why - this was a problem as it was a critical appointment.

GP

Appointments:

People complained that the receptionist did not let them make appointments with the doctor of their choosing, saying they're all the same. People said they cannot build relationships with doctors anymore and don't trust seeing so many different people who often offer differing opinions - making patients feel as if the service is inconsistent.

Older patients found that waiting 2-3 weeks for an appointment, and in some cases a month, was too long to wait because in that time, they had either gotten better and no longer need the GP, or become worse - with older people this is often the case - therefore they struggled to wait this long to be seen.

The 10-minute appointment is not enough for older people as they have multiple conditions and spend most of the time explaining their history to a doctor who is often temporary or locum. Many older people said that they often cannot remember all their conditions and treatments. As a result of the time spent on explanations, people felt that doctors barely checked them and just told them to leave. The idea of a 'Health Passport' was something that many thought could be useful for saving time. Those that had been given a report of medications to take to hospital appointments by their GP found them useful.

Other:

- Treatment explanation varied across doctors, some patients said that doctors did not always explain medications or why they were being prescribed. Others said that their doctors are very good and do explain everything, but this seems to be dependent on who the GP is and whether or not there is a language barrier.
- Patients wanted test results to be given to them over the phone instead of coming in - this was especially true of those with mobility issues, unless it was necessary to collect the results in person.
- Patients are struggling to call GP's to book appointments.

CASE STUDY:

A patient who had recovered from cancer spoke about how fantastic their treatment at Ealing hospital was and how grateful they were. They said they were very glad that they had a good relationship with their current GP and the nurses that worked there. This relationship with the service, given their medical history, was important to the patient, saying that they felt reassured that the GP would "have my back" if anything was amiss.

Other

- Older people tend to find out health information from each other and through word of mouth. They discuss what treatments are likely to happen, and what the doctor will recommend for the problem that their friend complains about. They also get reassurance about treatments from each other i.e. "don't worry, everyone gets it". In old age a lot of their problems are similar, so they share experiences.
- The day centre is an example of keeping social isolation at bay - people are happy there, they get to socialise and they also get some health information from there too. They generally think the staff are supportive and helpful.
- Transport services that people use are necessary for them to get around i.e. Dial-a-ride and Ealing Community Transport - helps them attend these social settings and avoid isolation.
- Older people get given a lot of medicines in a box for morning and evening which have been explained to them, but they often forget what they all are. As soon as one problem stops another starts, so they're on a carousel of medicines.

An Ealing hospital worker: "A lot of the staff from the hospital are being moved around due to the CCG merger. This means that people local to Ealing hospital, who would have worked there, are now being moved to other sites i.e. Northwick Park Hospital/ West Middlesex Hospital, which is inconvenient for them. People don't get much of a say in what's happening and there's a lot of movement, so jobs are insecure."

Mental Health follow-up session

This section covers the additional feedback gained from Healthwatch Ealing's follow-up session with mental health service users at the Solace Centre. As it took place during Solace's opening hours, around 30 service users were in attendance. Representatives from the CCG and the Trust were also in attendance, allowing service users to gain information and advice - we extend our thanks to them and to the Solace Centre for co-hosting the session.

Feedback:

General:

Generally, service users wanted to collaborate with professionals to improve services, there's a strong feeling that the relationship should be symbiotic. They noted that the main issue is that in mental health prevention, treatment and diagnosis, speed is of the essence - something they currently feel is lacking. They want to feel as if they can rely on services and are being engaged with properly.

"I want us to make the West of London better for mental health."

"Speed is of the essence for us, but we don't get it."

SPA:

Continuing feedback about the SPA service reiterates that the advice people have received from the service has not been useful to them in crisis, and that the call-backs took a long time.

"I rang the SPA about a lady who had been discharged from hospital [a friend] who I knew was acting very out of sorts & the crisis team told me they couldn't help and told me to wait 45 minutes & told me to just call the police."

"I was told a clinical nurse would ring me back at 10 am and I had to wait till 9pm while I was suicidal."

Care coordination:

Service users have had some general problems with their specific care coordinators regarding unprofessional attitudes, arriving late to appointments and not getting along. However, these issues seems to vary depending on the relationship between service user and care coordinator.

"I've been lucky to have my care coordinator for 8 years. He has now been promoted, so he is no longer my care coordinator" I now have a student social worker and for now I am happy with her."

"My care coordinator keeps telling me that I'm fat and need to lose weight - which I am doing - but it's very rude and unprofessional and that's not something that you want to hear constantly."

"My care coordinator came to the appointment an hour late and then proceeds to call me by the wrong name."

Avenue House:

The main concern about Avenue House was the environment. Service users said that it was not particularly welcoming to come and wait for an appointment, that it could do with some refurbishment and brightening up. Service users said that there should be volunteers or professionals in the waiting room to help make people feel more comfortable before appointments or to diffuse situations.

Issues about nurse shortages were addressed by Jon Luff, the services manager: “About 6-8 months ago at AH, we had a shortage of nurses. We now have just come out of the shortage with decent nurses.”

“I have just been discharged from hospital and my first appointment won’t be until Jan - no one has got in contact with me to help support post-discharge.”

“AH has tiny, cramped waiting rooms. Other patients will be pacing and yelling all the time. They don’t have enough rooms for all their daily appointments. They are always looking for rooms to have meetings in. They are also short-staffed.”

Psychiatrists (at Avenue House):

A couple of service users brought up that their psychiatrist do not taken into account their opinions or preferences regarding their own medications.

“I just got my medications after a month of waiting and being unmedicated. My psychiatrist didn’t want to take my opinion into consideration until I got worse.”

“I don’t want to take my medication as injections anymore, but my psychiatrist won’t let me change them.”

The Limes:

Service users from the Limes said that they felt as if Avenue House was better resourced than the Limes.

“The waiting room is very volatile - as there are no trained staff about there - only a receptionist behind a glass window who can’t do anything about it. This is not helpful if you’re on a downer as you get brought down further by other people - it makes you worse.”

“The benches that used to be outside - need to come back - especially for those of us that are disabled.”

The Solace Centre:

Service users said that they came to Solace staff if other services, such as Avenue House didn’t pick up calls, and because Solace staff see them often they help with prevention.

GP:

Service users pointed out that their GPs do not seem to be well versed on Mental Health services and generally don't know what care coordinators are or about the mental health medications - though this varies across GP services.

"My GP knows my medications but doesn't know what a care coordinator is."

CAPE:

Case Study: "I set up a music class and did a lot of fundraising in order to buy instruments for a music class. But it got shut down when I went into hospital and they got rid of all the stuff - I put in so much work in terms of getting money for it and it was a useful class for those that were there [corroborated by others]. It makes us feel like we don't matter."

What would service users like?

Service users were appreciative of CCG and Trust representatives coming to meet with them. They felt that it was useful to have one-to-one conversations and to gain more information about how the system works. They also felt that it was good for reps to see service users when they were well, as they usually interacted when they are unwell. They thought this would give reps an insight into who they are trying to help and to have conversations about what that help should look like.

Moving forward, service users wanted to see members of different services coming to talk to them - before the opening hours of Solace, and maybe in smaller groups of around 4-7 service users. The Solace Centre expressed that they would be willing to help facilitate this. It was generally agreed that this could easily be one afternoon per quarter so as not to be a large time commitment for reps.

Follow-up activities and next steps

The next steps from this quarter will be to continue to make sure that Southall is an area that we continue to engage with and in as we move forward into other areas of focus, building further on the relationships we already have. We also plan to follow-up with community groups that we have been attempting to reach out to all quarter to make sure we can establish a relationship in the long run. We are currently in the process of putting together a Patient Forum, and are planning to host the first one in Southall.

The next quarter will focus predominantly on Social Care. We will be reaching out to Older People's and Long-Term Conditions groups. We will also be following up with the Young Ealing Foundation to connect with their members who may cover social care for children and young people. We have already made some steps in this area by attending the Help my Health event, run by Ealing Power Group at Mencap.

Healthwatch Ealing will also be looking into connecting with other groups over the coming quarter, particularly the Polish and Somali communities in Ealing.

The next steps from the Mental Health follow-up session will be to have meetings with the Trust and CCG to pass on service user feedback.