



Annual Report 2015-16



Chair's Introduction



It's been another busy year for Healthwatch Tameside. In addition to our usual work we have seen huge changes emerge in our local health and social care landscape. Greater Manchester Devolution is going to see significant changes for local people and local services. We have worked closely with our Healthwatch partners across Greater Manchester and with Healthwatch England to make sure that the voices of local people are listened to by the Devolution team.

In Tameside our local plans for the integration of health and social care are gathering pace. Care Together will see a transformation of our local hospital as well as services in the local communities around Tameside. Again we are working hard to help people's voices to be heard.

Tameside Hospital itself has seen a huge step forward this year and was officially taken out of Special Measures by Monitor and the Care Quality Commission. I am incredibly proud of the work that our staff team and volunteers did in helping to gather the

experiences of patients and the views of the public in this context. Our independent perspective was praised by the regulators and the hospital's leaders as helpful in understanding the impact of changes and improvements that were made.

I am also proud that our annual data report has been formally adopted by Tameside's Health and Wellbeing Board as part of the evidence base for the Joint Strategic Needs Assessment they have a duty to produce. This means that the 770 pieces of patient and service user data we collected in 2014 are now part of the formal process that shapes the commissioning of future services.

In 2015 our staff and volunteers collected a further 890 patient and service user experiences. That's 1,660 individual experiences over 2 years - providing us with strong evidence about what's working well as well as where improvements can be made.

Our 'Help with NHS Complaints' service has grown also during the year. We have now helped with over 150 cases in two years and our active caseload is regularly more than double the level it was when we took over this service in April 2016.

All that remains is for me to thank our Board, staff and volunteers for their dedication and hard work throughout the year. They make Healthwatch Tameside the successful organisation that it is.

I hope you enjoy reading more detail about our work in this report.

Dr Kailash Chand OBE
Chair

About Healthwatch Tameside

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

We are uniquely placed as a national network, with a local Healthwatch in every local authority area in England.

Our role is to ensure that local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.

Our vision

Healthwatch Tameside's vision is that health and care services for residents of Tameside are shaped by their needs, aspirations and experiences. We want local people to be able to use good quality, accessible services which help them to be as fit and well as they are able to be. We want services and support to help people to reduce their likelihood of becoming ill as well as to support them when they are unwell.

2015/16 saw further development of the idea for devolved health and social care for Greater Manchester. Outline plans for changes are in place and thought has turned to how they will be implemented. There will be a huge change of emphasis towards reducing people's chances of becoming ill rather than waiting until people become ill before taking action. We will work hard to ensure local people's voices are heard as the changes are planned.



Delivering our statutory functions

Healthwatch has a number of statutory functions - things that the law says we must do. These fall into four main areas. We will describe our activities in the context of these below:

1. Gaining INSIGHT - understanding people's experiences of services.

We are very proud of the hard work done by our network of volunteer Healthwatch Champions. In 2015 they collected the bulk of the 890 patient and service user experiences we received. Our volunteers give a Healthwatch presence in regular sessions in community locations as well as helping with targeted outreach work.

We visited the Deaf Club and one of their members showed an interest in becoming a Healthwatch Champion. We also advertised for a volunteer who is a BSL interpreter. We trained both volunteers, and they now operate a monthly session at the Deaf Club.

As a result of the stories we heard we:

- Arranged for a small group of members to meet with the practice manager at their local GP practice to discuss issues they may have, and ways they can contact the surgery.
- Posted a story on Patient Opinion about the experience of one of the members in hospital. Following the response from the hospital, we engaged with the hospital, and the learning from this on the wards is ongoing.
- Are looking at best practice for providers when a Deaf patient has an appointment. One of the members sent us a long list of things which

would be helpful to her. We are producing a list of suggestions which will be shared with providers, and will be taking this to the members of the Deaf Club for approval shortly.

We use the Patient Opinion and Care Opinion platforms to enable people to 'tell their story' online. We also have paper versions of the online interface so we can gather people's views in the community even if there is no Internet access.

We chose this platform when we set up Healthwatch because we like the way it allows people to tell their story in their own words and also for the commissioners and providers of services to enter into dialogue with the people who share their stories.



We were pleased to be recognised by Patient Opinion this year for the positive way we work with them and

NHS partners. They have produced a short 'exemplar' video featuring our work which can be accessed by other local Healthwatch to see how they might use this approach.



Here is an example of a story posted to Patient Opinion by Healthwatch Tameside on behalf of a member of the public:

This is about my first antenatal appointment at Tameside Hospital. I arrived at hospital ½ an hour early for my scan but was seen straightaway - which was great. Following the scan I was sent to weighing room. I handed over my green booklet and was asked to take a seat. Most women were seen within 10 - 15 minutes. I waited for over an hour despite mentioning that I had been there already for some time.

Following this I was asked to return to the waiting room and wait to be called to see the midwife. Again I waited over an hour to be seen. I have morning sickness and was finding it difficult sitting for so long. There were people eating hot food and the smell was very strong. I was having trouble not being sick.

I was at the hospital for over 4 hours in total. My partner doesn't get paid for these appointments so will have lost

several hours pay because of this. Car parking was also expensive at £6 for over 4 hours.

The hospital responded apologising for the wait. The response explained that they were aware of the situation and looking into how it could be improved. It also gave the name, phone number and e-mail address of the clinic lead and encouraged the person to get in touch if they wanted to discuss anything.

Some weeks later the hospital posted a further update to indicate that they had made changes to the service:

In order to address some of the concerns you have raised, as of today, 7th December, all women booking at Tameside Maternity unit, who are deemed to be low risk, will not be seen by a midwife at their 20 week scan appointment, in line with NICE Guidance.

This will hopefully mean that the waiting times in the clinic are reduced and women will receive improved continuity by their community midwife.

The original poster then contacted us to say she had attended a follow-up appointment and the changes meant that her second visit was quicker and she was really happy that she had been able to make a difference. We added this to her post on Patient Opinion.

We are also keen to work with partners to help them to better understand people's experiences of their services. At the request of a GP practice, two of our volunteers have collected feedback from patients as they leave the premises. They have visited three

times, and spoken to almost 60 patients. Regular feedback has been provided to the practice manager. One further visit is to be carried out, this time to an open surgery, to see whether the feedback is any different to that received from patients attending an appointment. A summary report will then be produced for the practice to discuss.

2. Working to INFLUENCE the people who plan and manage services - based on the things local people have told us.

Working with Tameside Hospital Foundation Trust, Tameside and Glossop CCG, NHS England, Monitor and the Care Quality Commission has been a key element of our work over the past three years. This culminated in 2015 with the hospital being removed from Special measures.

We played an active role in the quality overview group convened jointly by NHS England and Monitor. This enabled us to use patient stories and other data we had collected independently both to support and to challenge where appropriate any evidence being presented by the Trust. This was done in the spirit of collaboration, recognising that all partners wanted the same thing - a strong local hospital serving our residents well.

Eric Morton, Improvement Director appointed to the Trust Board by Monitor said:

"As I said at the Tameside Quality Summit, I do feel that the Quality Overview Group which brought all relevant parties together to support

and share the journey which Tameside were travelling in relation to their CQC re-inspection worked exceptionally well. The role you and your organisation played was very important in ensuring the success of the Group by constructively challenging and supporting the actions being taken by the trust. For my part as Improvement Director it was very useful having access to this independent patient and public perspective."



This year we also instigated our Big Health and Care Debates. The idea behind these is that with GM Devolution and local integration of health and care services in the pipeline it's important for people to understand how things are now. We picked a number of topics and invited speakers to discuss the challenges they face at the moment and how they think Healthwatch and local people can help to find solutions.

A delegate gave us the following feedback after one event:

I just wanted to say that I thought that the meeting at the Civic Hall in Stalybridge last night was wonderful.

What really struck me was the fact that all the speakers listened to people. None of them spoke down to anyone.

I know we do have our health issues in Tameside but I got the feeling from the GPs and your Chair that they are determined to reverse the problems.

The evening went very well and I can appreciate the time it must have taken to organise such an event.

Please say thanks to everyone.

We have also supported our GM Devolution partners in engaging with the public in our area. For example, by promoting and supporting the Key103 FM bus visiting as part of the #takingcharge initiative.



Information from across our services often helps us to identify an emerging trend.

For example our informal feedback and patient stories collected suggested that some people weren't receiving the 'notes to patients' information when

their practice and pharmacy used the new electronic prescriptions service. We raised this with our Clinical Commissioning Group and also with the Local Pharmaceutical Committee.

It transpired that there were two aspects of the new system that could result in this. In some instances, GP practices were entering the information into the wrong field on the electronic system. In other cases, it was that the pharmacist didn't realise they had to pass the information on because it was printed next to information they needed to keep about repeat prescriptions.

We have raised these two scenarios through the relevant organisations and also fed back to patients what to do if they think they are missing this information. We will be monitoring to see if we hear any further concerns.

3. Providing INFORMATION signposting and support to help local people to make an informed choice about services they access.

Community outreach is an essential part of our information giving. Our network of volunteers, supported by paid staff, hold a number of regular stalls at venues including GP surgeries, libraries and the hospital. In addition, they make one off visits to local community groups.

On the 28th October 2015 Dukinfield Women's Club was very pleased to welcome Susan Pomfret and Volunteer Miranda from Healthwatch Tameside.

Susan gave an excellent and informative talk about the work of

Healthwatch throughout Tameside. The 30 members present thoroughly enjoyed her talk as most were unaware of the varied NHS agencies covered. Miranda explained the valuable work of the Volunteers. Several members spoke to Susan afterwards and were all very happy for her help. It was a very enjoyable evening and the ladies all agreed they had learnt some essential information.

Joyce Hill Secretary Dukinfield Women's Club.

Our information signposting service also helps people to resolve individual difficulties. This may be done through a referral from one of our community outreach sessions, by e-mail or as the result of telephone contact with the team. We also monitor posts on the Patient Opinion online platform and respond if we think we can help.

Thanks to the help of Patient Opinion and Healthwatch Tameside, I was able to navigate through a difficult situation. I am housebound; and being of an age where there is very little help, and few support services available for those of us under pensionable age, I was struggling to register with a new GP. Rather embarrassingly; I vented my spleen on the Patient Opinion website. Not for a moment thinking I would be taken seriously or listened to. The Patient Opinion site allowed me to verbalise my frustrations, knowing that someone, somewhere, would possibly read my story at some point. Perhaps they would be able to help someone else in a similar position as myself by me raising a couple of issues that

disabled people have to face every day.

Within a few days, I had received a response to my post from Healthwatch Tameside. Not only were my concerns and worries taken seriously; I have been very fortunate to have had their ongoing support since then. Their help and support has been invaluable to me, including helping me to register with a GP. I feel very confident in contacting them, should I ever have any need for concern regarding accessing local services, and overcoming some of the red-tape that can make access difficult at times.

Thank you Healthwatch Tameside for being there for me, and many others.

Kim, Tameside resident

We often find that people who access our information signposting service have a number of things they want help with. What starts out as a simple enquiry can soon turn into an ongoing relationship to help someone make an informed choice.

An older man called in to our office. He is still in reasonable health but wanted to look at Care Homes for the future. He wasn't sure where to start so had called in at the New Charter Hub across the road. They had signposted him to us. We gave him a copy of the care homes directory and told him to give us a ring if he needed more information about individual homes. He went away a very happy customer with the comment 'I couldn't have asked for more'. A few days later he contacted us again to check on some points in the directory. We answered his queries and sent him some further information.

The following week he contacted us again, to ask for information about a couple of care homes he was interested in. We posted to him a Care UK print-out, a downloaded brochure and the latest CQC report for each home.

The following week he asked for an application form for the Blue Badge scheme, information about the Care Act and about payment for care. We printed documents from the internet and posted them.

He is now sorted. He knows what he will do when he needs to move to a care home. He does not have access to a computer, and almost everything we provided was downloaded from the Internet. He has been able to make plans for the future.

It's worth noting that at a time when more services are moving to online access there is still a proportion of our older population who have no Internet access (and no desire to get it). We feel that our information signposting role is key in helping this group of people to make an informed choice about their future.

Our 'Help with NHS Complaints' service has seen an increase in work this year. Our active caseload is between 50 and 60 cases at any one time. We handle approximately 80 cases per year - the equivalent of six new cases every month! We think this is a reflection of increased awareness of our service as much as it's a reflection of the quality of care people receive.

The service works with all aspects of NHS care - not just our local hospital. Although we can't share individual complaints whilst they are progressing

through the system we do compare the issues raised in complaints with other feedback we receive. This helps us to spot patterns and trends in service delivery.

We see the complaints process as part of the improvement cycle for NHS organisations. So many of our complaints clients say things like '*I don't want it to happen to someone else*' as well as wanting an apology and to understand what happened.

A family complained about the care received by their father at the hospital. They eventually received an apology, but it was a long, slow process, and whilst they were pleased to receive the apology, they were not happy overall but did not want anything more to do with the hospital.

Shortly afterwards, a family member required treatment, and was referred to the same hospital. They came back to Healthwatch after the treatment, and said that despite all the reassurances they had previously been given about changes, they did not feel this was the case.

Having already gone through the complaints process in the past, they did not want to do it again.

So that their experience would not be 'lost', Healthwatch arranged an informal meeting with representatives from the hospital. One aspect of this complaint was about one of the rooms used during the course of the treatment. Hospital staff visited this room, and agreed with the view of the family. The room was decluttered immediately, with future improvements to be made.

Healthwatch Tameside are continuing to review the progress and will keep the family informed of developments.

The family felt they had been listened to, and they had been able to make a difference.

4. Sharing what we know with Healthwatch England, the Care Quality Commission and other similar external organisations.

We have continued to invest in positive working relationships with external partners, having a varied level of contact with the different organisations.

Our strongest links have been with Healthwatch England with whom we have shared local data that we have collected, as well as working as part of their steering group around the development of Quality Statements for local Healthwatch organisations.

We have played an active role in the Greater Manchester network of local Healthwatch organisations. This network has shared information and representation on a wide range of topics and has negotiated a Healthwatch presence within the governance structure for GM Devolution.

Priorities 2016/17

We anticipate a number of key changes around local services. Our Board has agreed that we have a significant role in helping to ensure that local people's voices are heard as these changes are planned and implemented. We therefore feel that our priorities for 2016/17 include:

- Outreach into 'seldom heard' local communities and communities of interest.
- Follow up on our work around GP and outpatient appointments.
- A targeted survey of people's experiences of adult social care assessments, home care and care homes.
- Support for local engagement around Care Together (our locality plan for integration of services), Healthier Together (changes to some acute hospital services across Greater Manchester) and Greater Manchester Devolution.
- Building our capacity to meet the increasing demand for our 'Help with NHS Complaints' service.

Financial and governance information

Healthwatch Tameside operates as part of the Community and Voluntary Action Tameside family of organisations. We have our own independent Board. Five Board members are elected by our members, the remainder are appointed to ensure we have a good mix of knowledge, skills and experience.

We currently have over 950 individuals and organisations who are members of Healthwatch Tameside. Membership is open to individuals who live or access health and care services in Tameside. It's also open to voluntary and community groups with an interest in health and social care in the borough.

Board membership for 2015/16 was:

Dr Kailash Chand OBE (Chair)

Dorothy Cartwright (elected)

Frank Downs (elected)

Dr Murtaza Hussaini (elected)

Dr Pauline Mottram (elected)

Bernard Nagle (elected)

David Hoyle (appointed)

Hanif Mailk (appointed)

Cllr Gillian Peet (appointed)

Lyndsey Simms (appointed)

Philip Spence (appointed)

Pamela Watt (appointed)

Ian Young (appointed)

In addition to our Board we have a network of local Healthwatch volunteers who are active in local communities. The information they collect about people's views is reported regularly to the Board and used to shape our work and priorities.

We thank all our volunteers for the numerous hours they put in on our behalf.

Our staff team in 2015/16 comprised:

Ben Gilchrist

Peter Denton

Susan Pomfret

Karen Whitworth

Julie Beech

Healthwatch Tameside's collaborative approach to our activities means that we have not felt the need to use our statutory powers during this year.

Community and Voluntary Action Tameside has recently merged with Voluntary Action Oldham to form a new organisation called Action Together. We are using this merger as an opportunity to review our governance structures.



Financial information 1 April 2015 to 31 March 2016

Income	Tameside MBC	£136,100
	TOTAL INCOME	£136,100
Expenditure	Office & Support Costs	£26,395
	Salaries, on costs etc.	£79,536
	Direct delivery costs	£18,469
	TOTAL EXPENDITURE	£124,400
Excess of income over expenditure		£11,700
Brought forward from 2014/15		£26,699
Carry forward to 2016/17		£38,399

Notes:

1. Income is at a fixed level year on year. Staffing and other costs rise in line with inflation. As a result, a planned under spend has been brought forward into the year to help us to absorb these increased costs.
2. In order to be accessible to seldom heard groups we have a significant budget line for access and support costs. If this is not spent one year, it is carried forward to spend on outreach activity the following year.
3. Our 'Help with NHS Complaints' service is seeing steady increases in demand and we are exploring how these can be met through additional use of brought forward balances in 2016/17.
4. Good practice guidance suggests that it is prudent to carry 3 months operating costs as reserves.



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Healthwatch Tameside, 95-97 Penny Meadow, Ashton-under-Lyne, OL6 6EP

www.healthwatchtameside.co.uk info@healthwatchtameside.co.uk 0161 667 2526