

360° Review

Summary of findings

A 360° Review of Healthwatch West Sussex (HWSx) was carried out during February-March 2014. Two surveys were conducted, one involving significant stakeholders, the other, people who had contacted the Healthwatch Helpdesk. This report details the findings of each survey.

Stakeholder survey

A short survey was sent to major stakeholders, including members of the:

- Quality Surveillance Group
- Health & Wellbeing Board
- Health & Adult Social Care Select Committee
- Health & Wellbeing Cooperative
- Youth Cabinet
- Clinical Commissioning Groups
- NHS Trusts

The survey contained a mixture of closed questions asking stakeholders to evaluate HWSx' effectiveness in certain areas, along with open-ended questions where they could elaborate on their views of potential improvements. The majority of the sections of the questionnaire were optional, allowing participants to give feedback on the particular areas where they felt they had something to say.

Around five minutes will have been required to complete the questionnaire. Respondents were given a timeframe of ten or eleven days to reply. Although this is a relatively short timescale, it was considered sufficient given the brevity of the survey.

In total, nine replies were received. While it's unclear precisely how many people received the survey, it is expected that it was forwarded to at least fifty people. The low response rate is interesting in and of itself, perhaps suggesting that few stakeholders felt they knew enough about HWSx to provide useful feedback. It may also indicate that it might have been rather early in the life of the organisation to be carrying out a consultation of this nature. It may be expected that a larger response would be received in subsequent years, once more has been seen of Healthwatch.

About the respondents

Collectively, the nine respondents belonged to eleven different boards or groups (and were members of fourteen in total). NHS Trusts were most strongly represented. No members of the Health & Wellbeing Cooperative or the Youth Cabinet participated in the survey. Where participants had discussed their answers with others within their organisations, this served to provide a wider basis for their responses; for example, a comment from a CCG referred to a meeting of the Health and Wellbeing Board which a colleague had attended.

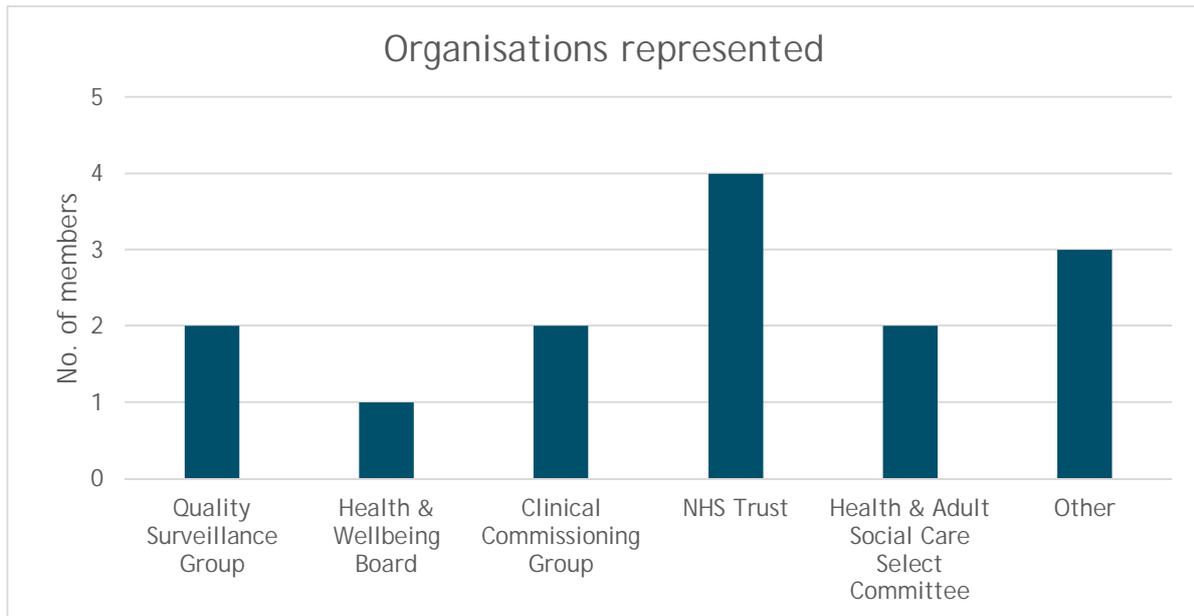


Figure 1: "Which of the following are you a member, employee or representative of?"

Respondents varied as to how familiar they were with HWSx; four considered themselves to be familiar and three slightly familiar. In addition, the respondent who did not answer this question appeared to have engaged frequently with HWSx in a variety of ways. As discussed later, familiarity appeared to be a key variable, exerting a strong influence on the responses which the participants gave to other questions.

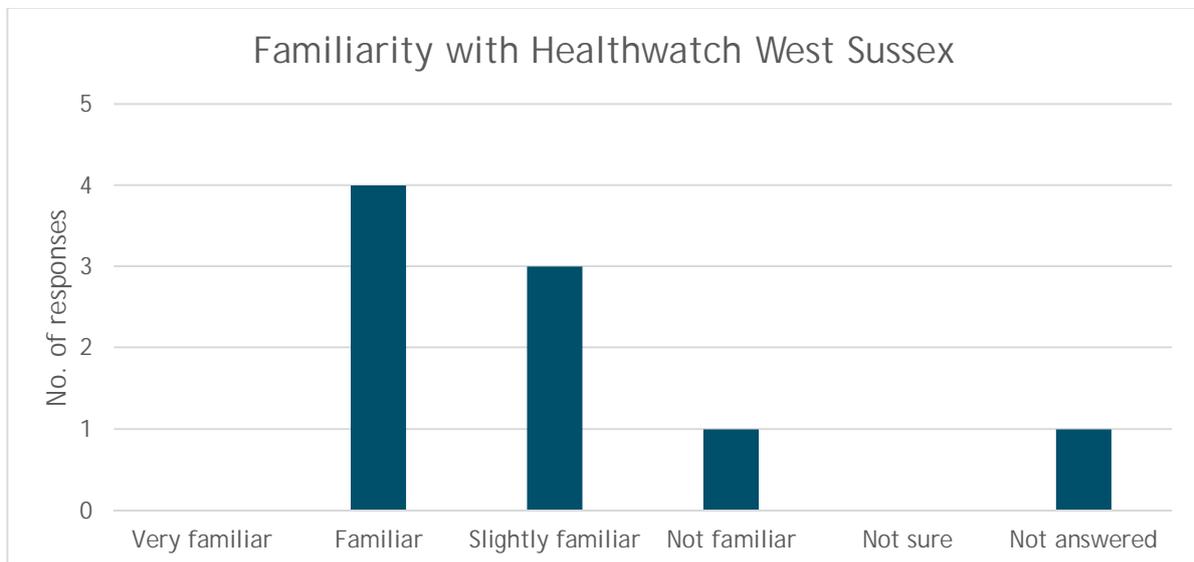


Figure 2: "In general, how familiar are you with Healthwatch West Sussex?"

Mission and purpose

Views were mixed as to how clear the purposes and aims of HWSx were. Three respondents said they were slightly clear, with two responses in each other category. As many people considering them to be very clear as not clear. However, all participants expressed a view on this question.

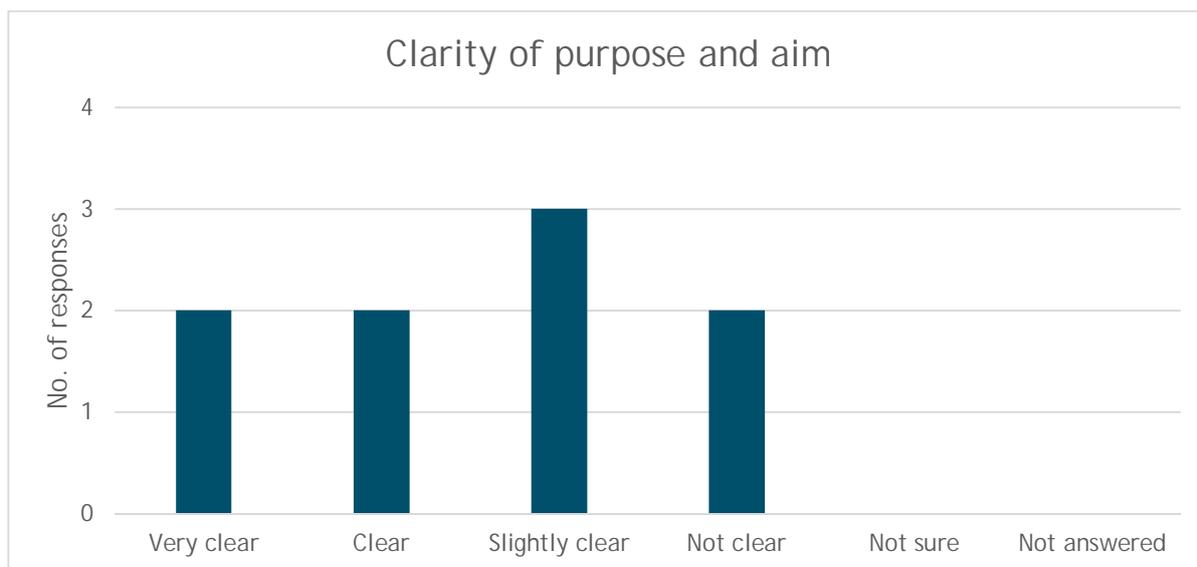


Figure 3: “How clear do you feel the purposes and aims of Healthwatch West Sussex are?”

Stakeholders were asked what they understood the purposes and aims of HWSx to be. Most of the definitions given were accurate. These included:

- gathering evidence of people’s experiences;
- representing or ‘championing’ the interests of local people;
- acting independently;
- influencing the commissioning and provision of health and social care services;
- raising awareness of the importance of engaging with communities.

Expectations of what HWSx would do included:

- developing positive working relationships with health and social care providers;
- influencing and driving improvements;
- challenging and scrutinising;
- sharing findings to enable providers to understand local issues.

However, not all definitions were entirely accurate, especially from those who said they were less familiar with HWSx.

Contact with Healthwatch West Sussex

Respondents were asked what forms of contact they had (personally) had with HWSx. This ranged from 0-6 forms of contact (with two responses on each of those extremes). The average of 3.2 forms of contact shows those at least some stakeholders are involved with or taking a close interest in Healthwatch. The most common form of contact was attending a meeting where someone from HWSx was present (7), with reports (5) and personal communications (5) also being significant.

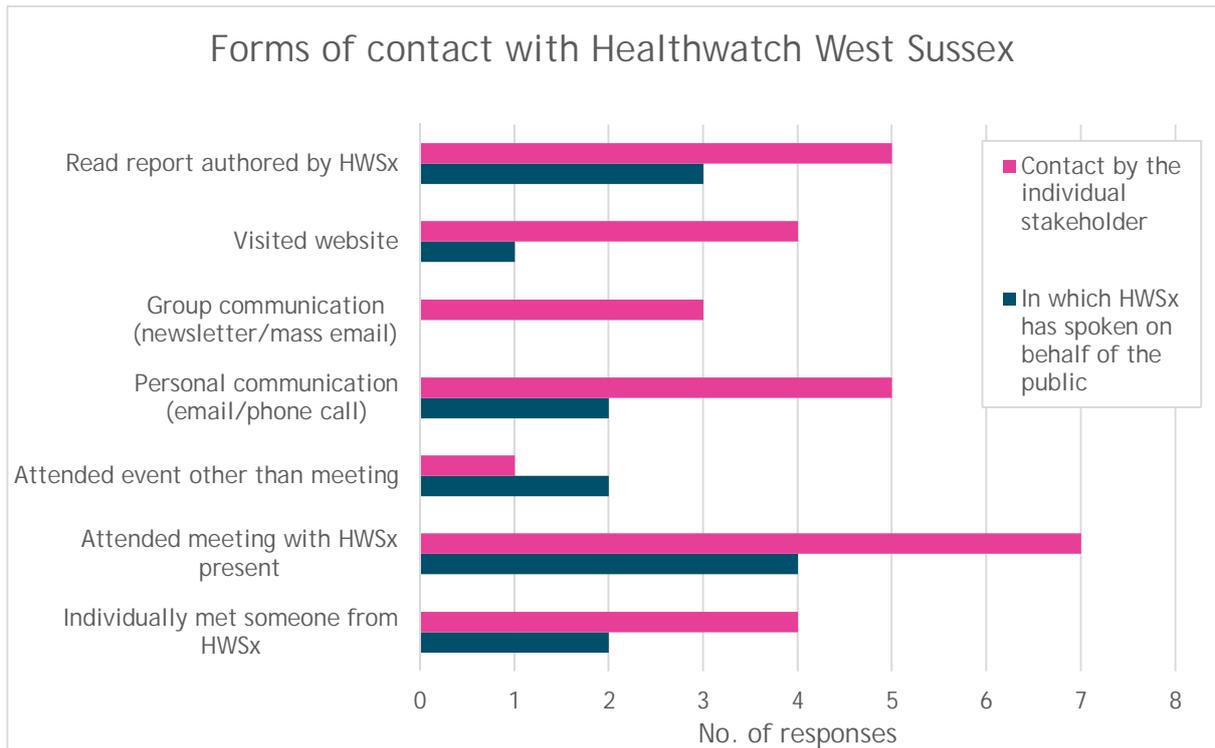


Figure 4: “What forms of contact have you had with HWSx?” (Pink bars)
 “In what ways have you observed HWSx speaking on behalf of consumers and the public?” (Blue bars)

Stakeholders were asked how this contact had been beneficial for their organisation. Responses tended to mention raising awareness of Healthwatch, establishing relationships and understanding how the organisations could work together. One CCG commented that the benefit for them had been limited. However, another commented that:

“Initial meetings with WS Healthwatch were useful in hearing how they were proposing to work with us. This took a long time to materialise but we now have a HW representative who attends both our Commissioning Patient Reference Groups. She has been very helpful in advising how HW are progressing.”

Respondents were also asked which ways they had observed HWSx speaking on behalf of the public. This tended to be through meetings which Healthwatch had attended (4) or by reading reports (3).

Publicity and awareness

Stakeholders were asked how effective various activities have been at making HWSx known and understood. Overall, the most common responses were slightly effective (12) and effective (11). For each category except leaflets, it was possible to split the sample according to whether or not the individual had observed that activity (i.e. had actually attending a meeting, read a report). It was those without direct experience of activities who gave seven of the nine ratings of not effective. Of respondents drawing on direct experience, ‘attendance at events and meetings’ was most likely to be rated at very effective or effective, followed by ‘reports and publications’ and ‘leaflets’.

Making Healthwatch West Sussex known and understood

	Leaflets	Website	Attendance at events/ meetings	October launch	Reports/ publications	Total
Very effective			✓✓	✓		3
Effective	✓✓✓	✓✓	✓✓	✓	✓✓✓	11
Slightly effective	✓✓✓	✓✓	✓✓	✓✓✓	✓✓	12
Not effective	✓	✓✓	✓✓	✓✓	✓✓	9
Not sure/no response	✓✓	✓✓✓	✓	✓✓	✓✓	10

Figure 5: “How effective have the following been at making HWSx known and understood?” Each tick (✓) represents one response.

Ratings for the website were slightly more ambiguous. While stakeholders may have a perception about how effectively ‘the public’ is being reached by different forms of publicity, this may perhaps be based on views of the data used to represent the views of the public, rather than appraising publicity itself.

Four out of the nine organisations had attended the final launch event at the Drill Hall in Horsham, three of the respondents having done so personally. No one had attended on behalf of the other organisations represented in the sample. Those who came to the event were asked how useful it had been. Most respondents answered this in terms of their own awareness and relationship with HWSx, while one saw it as a missed opportunity to engage with the public.

“Somewhat [useful] in getting to know the people involved though the practical difficulties of the venue i.e. parking were a disadvantage.”

“No members of the public attended. The people we met were those we meet at other stakeholder events and stands outweighed the footfall.”

Engaging with the community

Stakeholders were generally unsure how effective HWSx had been at engaging with people from all parts of the community, despite the fact that six out of the nine had observed the organisation speaking on behalf of the public. However, this may reflect a sense that it is early days. One organisation commented that a presentation on Primary Care given at the

Health and Wellbeing Board was helpful but “heavily anecdotal”. This may be a fair reflection, given the quantity of data which was available at that time. ¹

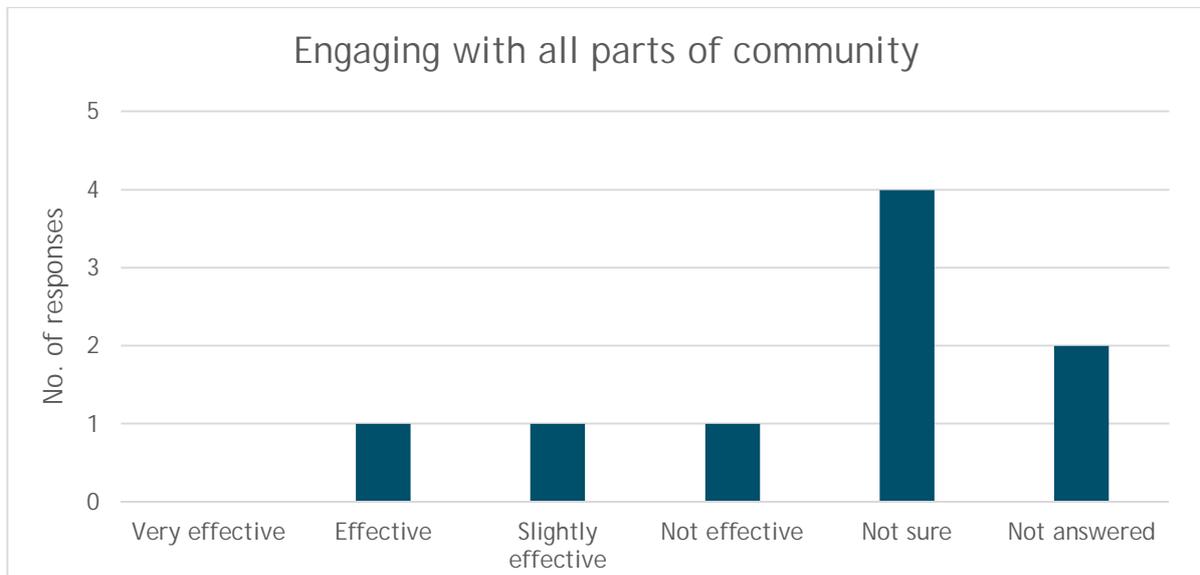


Figure 6: “How effective has Healthwatch West Sussex been at engaging with people from all parts of the community?”

Participants were asked how HWSx could engage more effectively with all parts of the community, including those their organisation worked with. Responses either mentioned attendance at meetings (or continuing current activities in this area) or raising awareness of the organisation more generally.

“Raise their profile within the communities, attend meetings and events that establish good networking opportunities.”

“Healthwatch Brighton & Hove produce a monthly newsletter which we disseminate to our... staff which might help increase awareness and the importance of Healthwatch as a key stakeholder. We want to run presentations with our senior leaders/managers to educate and inform them about the importance of stakeholders including Healthwatch. Would Healthwatch be willing to participate in a presentation to our staff?”

“Always difficult to engage with ‘All’”

Representing people’s views

The activities in which stakeholders had observed HWSx speaking on behalf of the public and consumers have already been noted. Figure 7 below shows the results of two questions rating effectiveness in this area.

¹ The briefing in question, which was prepared at the beginning of December, drew on 15 relevant cases received through the HWSx Helpdesk, comments received during the October Launch Survey, and some initial findings from the Can’t Complain? report.

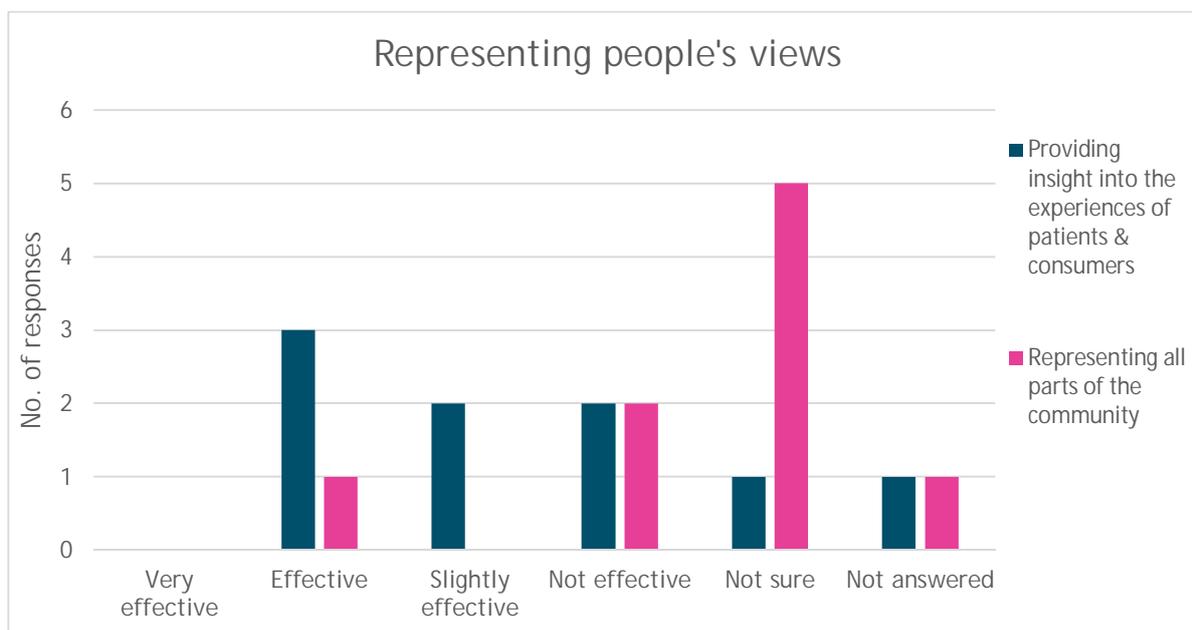


Figure 7: "How effective has HWSx been at providing greater insight into the experiences of patients and consumers?" (Blue bars)

"How effective has HWSx been at representing people from all parts of the community?" (Pink bars)

Participants were asked how effective HWSx had been at providing insight into the experiences of the public. Three stakeholders viewed Healthwatch as being effective, while there were two selections for each of slightly effective and not effective.

When asked how effectively HWSx had represented people from all parts of the community, respondents tended to be unsure. As discussed elsewhere, this is perhaps a question which stakeholders will only be able to judge based on whether evidence provided by Healthwatch makes sufficient reference to minorities, groups with protected characteristics and people with specific issues.

When asked how this could be done more effectively, one respondent mentioned including these groups in decision making and setting of priorities. A second comment highlighted a concern that HWSx needed to engage with commissioners (and presumably service providers) in order to understand what can realistically be provided.

Other comments

Finally, stakeholders were given the opportunity to provide any further comments about HWSx. Those who did are listed below:

"Very positive experience and perception is that it is very well structured and development during this first year has been very impressive."

"Health Watch feels invisible, I don't really understand their role/purpose."

“Their earlier vision took a long time to materialise but the Public are still mostly unaware of their existence and how they can assist them as Champions of the Public view.”

Overall trends in Stakeholder survey

Perhaps unsurprisingly, familiarity with HWSx strongly influenced the perceptions that stakeholders had of the organisation. Respondents who said they were familiar with Healthwatch were more likely to agree that it had clear purposes and aims. They tended to rate the organisation more highly for its effectiveness, not only in the area of publicity and awareness, but also in other aspects such as engaging with the community.

The ways in which stakeholders had interacted with HWSx also defined their perceptions of it. Those people who were present at the launch event, had attended meetings with Healthwatch, or read a report, tended to rate these activities as being more effective than those who had not.

Those who were less familiar with the group, or who had only limited interaction with it, expressed this in two different ways: either opting for ‘Not sure’ (or perhaps leaving questions unanswered), or viewing the organisation as relatively ineffectively. By contrast, responses of some other participants suggest that they were conscious that they were likely to be more aware of some aspects of Healthwatch’s work than others. For example, respondents were more likely to view themselves as unsure as to whether HWSx is effective in reaching all parts of the community, or how wide the reach of the October launch was.

The responses of some participants implied a view that a successful local Healthwatch would be engaging directly with their organisation (and would therefore be ineffective if it wasn’t). Others appeared more aware that it may not be possible for HWSx to reach everywhere, and were more sympathetic of the need to work selectively. This group appeared more likely to draw its conclusions of Healthwatch from the evidence which it presents, perhaps believing that the depth and breadth of its data will indicate how effectively it is engaging with various groups.

Healthwatch Helpdesk user survey

A second survey was undertaken with people who had contacted HWSx through the Help & Care Helpdesk². This can be contacted in a manner of ways, including by telephone, email, using a web form on the HWSx website, or via its postal address.

Of those people who make contact, the majority of cases are logged on the Customer Relationship Management database (CRM). There are some exceptions, for example, sales calls from organisations offering products or services are not recorded. However, calls from members of the public who are making contact in order to obtain advice, support or to provide information or feedback are logged.

In total, 226 cases were recorded on the CRM for the period October 2013 to February 2014. Cases were omitted where the caller had not provided contact details, where data had been passed anonymously from the CAB, or where the record related to notes from a meeting.

All those who had provided an email address were sent an email inviting them to take an online survey; one third of these (10) took the survey. Just over half of those who had provided a contact telephone number were called an invited to take part in a phone survey. Those who had made most recent contact with HWSx were selected first³. A second call was made if contact was not made the first time. Seventeen telephone interviews were completed. The sample size was therefore 27.

The content of both email and telephone survey was identical, although the telephone calls also allowed for a wider discussion with some respondents; these informal comments have been included in the analysis where relevant.⁴

Contact details provided	Total no. of cases	No. contacted	Surveys completed
Telephone	73	38	17
Email address	30	30	10
No contact details	55	-	-
Other excluded	68	-	-
Total	226	68	27

Figure 8: Cases listed on the CRM (October 2013-February 2014)

² I.e. the 0300 012 0122 phone line manned by Help & Care staff.

³ The telephone survey, therefore, sampled people who contacted HWSx between mid-November and late February.

⁴ In the analysis below, comments given by participants of the email survey are quoted directly. Notes taken during the phone survey by the researcher have been translated into the first person, but are an accurate reflection of what was said by the respondent.

Finding out about Healthwatch West Sussex

Participants were asked how they first heard about HWSx. The most common ways were through a service provider (26%), Citizens Advice Bureau (15%) or via a search engine (15%).⁵ Overall, online methods made up over a quarter of all contacts, while no clients had found out about Healthwatch via media such as TV, radio or newspapers.

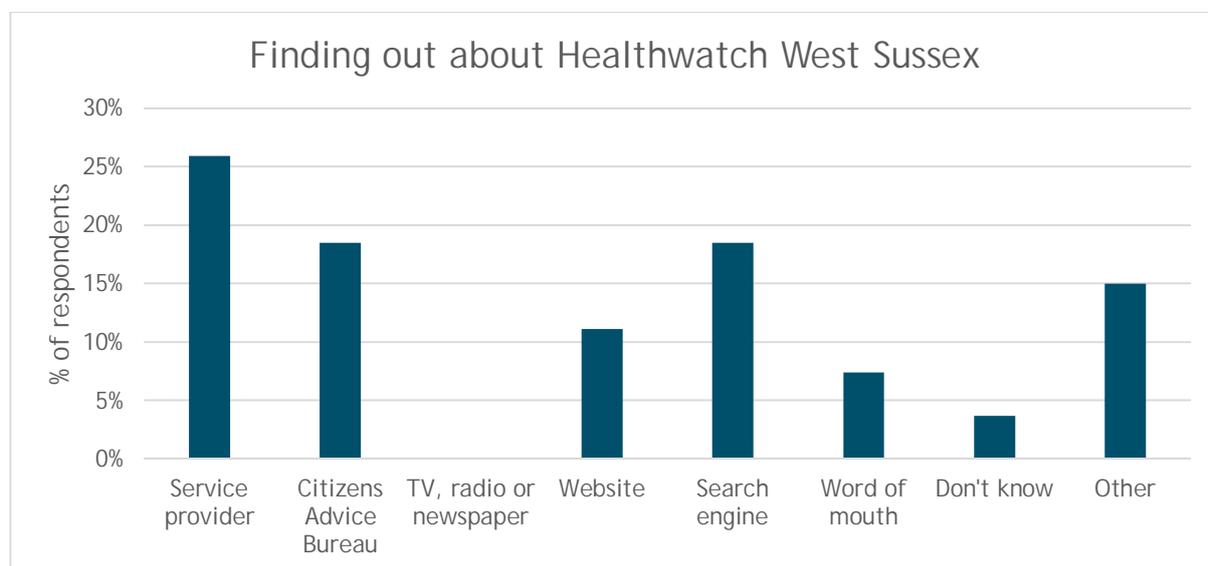


Figure 9: "How did you first hear about Healthwatch West Sussex?"

A number of people who found out about HWSx through a service provider had been given the number by the Patient Advice and Liaison Service (PALS). In some cases, the Healthwatch phone number had been given out on the PALS answerphone message. Other clients had been told to contact Healthwatch when they had informed their service provider that they wished to make a complaint. It was evident from these types of comments that service providers were not always clear of the role that HWSx was able to play, particularly in regards to complaints handling. It may also be the case that some service providers have given out incorrect advice to potential complaints. Several respondents who had contacted Healthwatch under these circumstances expressed disenchantment with the service received from the organisation once it became apparent that they weren't able to handle their complaint.

"I just wanted to get in touch with my consultant. PALS gave me the Healthwatch number."

"I was given the number for Healthwatch by a receptionist at the Service Provider. But they told me they couldn't really help as I needed to submit the complaint to the provider themselves."

⁵ While the survey included a category 'leaflet or poster' this was excluded from the analysis, because it was clear from a number of answers that it had been undercounted. It is likely that many CABs, as well as some service providers, will have used a leaflet or poster when providing information.

It was not just service providers who were unclear about the role of HWSx. Several respondents appeared to be confused about where the organisation fitted into the health and social care system.

Help received

Participants were asked what help they had received when they contacted HWSx. More than half (52%) had received advice about making a complaint, while 33% had made a comment or provided feedback. At least a quarter of calls involved receiving more than one type of help.



Figure 10: "When you contacted Healthwatch West Sussex, did you..."
It was possible to select more than one option, so totals do not sum to 100%.

Views on the help received were expressed in a number of questions:

- Additional details provided under the 'Discuss something else' category for the above question.
- "What did you expect HWSx would do with your feedback?"
- "What, if anything, would improve the service you received from HWSx?"

A number of themes emerged from the comments provided, which are discussed below.

Giving advice

While the survey only listed advice as an option in regards to making a complaint, several respondents indicated that they had found the service helpful for being able to talk through their issue and to decide what to do. This form of advice goes slightly further than a straightforward 'signpost' to another organisation, and was able to make a real difference to some clients.

"I discussed my case with the lady on the Helpdesk. She identified Shelter as the appropriate organisation to help me."

However, there is a difference between knowing which organisation is most appropriate to direct a caller to and giving advice about managing a particular issue; this distinction is not always clear. At least one respondent felt that the person whom they spoke to lacked the background understanding of their particularly condition to be able to advise them effectively. There may be training needs for some staff in this regard. Moreover, careful thought may be required as to what forms of more specialist guidance it is appropriate for staff to give.

"The person at the end of the phone didn't really know what she was doing, or where to direct me. It left me frustrated."

Other comments indicated frustration that all HWSx was able to do was to direct them elsewhere, rather than being able to act to resolve their issue. This was reflected in some of the lower satisfaction ratings which were given (see below). It may be helpful to publish examples of the sorts of help that Healthwatch can and cannot provide, perhaps drawing on past cases.

"I couldn't get the help I needed. I contacted several organisations, and they kept sending me round the houses. I needed advice about what to do, rather than information."

"What did I expect HWSx to do? More than they did. I was making a complaint about my GP practice and all they said they could do was record my comments. No other help was offered."

"I wanted someone to help me with the whole package - legal support, help with the actual complaint, to report the issue to any party they knew."

"You should be clearer about what you can offer."

Independent Complaints Advocacy Service (ICAS)

The survey did not specifically ask whether clients had been told about ICAS, or whether then had received any help from the service. It was clear from some comments that participants had done some, and had found this helpful.

"It's been fantastic. My advocate is fantastic!"

"My advocate knows what they are doing, whereas I'm new to all this."

However, participants were not always aware of the service, even where this may have proved helpful. In several cases, the client had no recollection of being told about ICAS, even though the record of the conversation on the CRM stated that it had been mentioned and the number given. It seems likely that ICAS is being perceived by callers as just another separate organisation, distinct from HWSx. This suggests it may be helpful to produce a clearer explanation of what ICAS is and the sorts of assistance it can provide. This should be provided to Helpdesk staff, strategic partners such as CABs, and perhaps used in other forms of publicity.

"I had to go and talk to the hospital. I wanted someone to go with me. It's helpful to get things put in writing, rather than relying on the word of someone at the hospital."

"I didn't know about the ICAS service but would have used it if I had known about it."

Acting on feedback

Some clients had contacted HWSx primarily in order to provide feedback about health or social care (this was stated as the sole reason for contact in 19% of cases), while various others understood that this would be one function of calling, along with receiving advice or information. There was a strong expectation that the feedback provided would be acted upon quickly and constructively. Some comments conveyed an expectation that action would be taken on individual pieces of feedback, whereas others saw Healthwatch as more likely to act on aggregate.

"Will Healthwatch let the surgery know about my comments (obviously anonymously) and is the surgery likely to take any action to improve their service?"

"...collate this information for the possible future discussions on health care experiences that are supplied by the general public."

"Our GP surgery is brilliant. Somebody ought to hold a flag up for them, and to feedback more widely that it's a good practice. People ought to know where they can find good practices!"

Numerous comments expressed a desire to hear how the information had been used. Again, some people expected this to be provided individually, whereas others simply wanted a reassurance that action had been taken.

"The response and advice I got was ok, but I would like more reassurance that feedback would be looked at by providers of services and perhaps lead to where you would campaign for changes."

"It would be nice to know what we did with the feedback."

Satisfaction with the service

Respondents were asked how satisfied they were with the service they had received from HWSx. 30% rated this as good and 22% average. However, it should be noted that almost one in five (19%) viewed the service as being poor. It should also be acknowledged that the criticisms outlined above were evident in responses across the range of satisfaction ratings. It cannot be concluded that the lower levels of satisfaction stem from a single issue or misconception. However, it does seem fairly clear that the ratings given are determined by the expectations the client had before contacting the service, and that presenting a clearer picture of what Healthwatch can offer is likely to be important in improving these ratings.

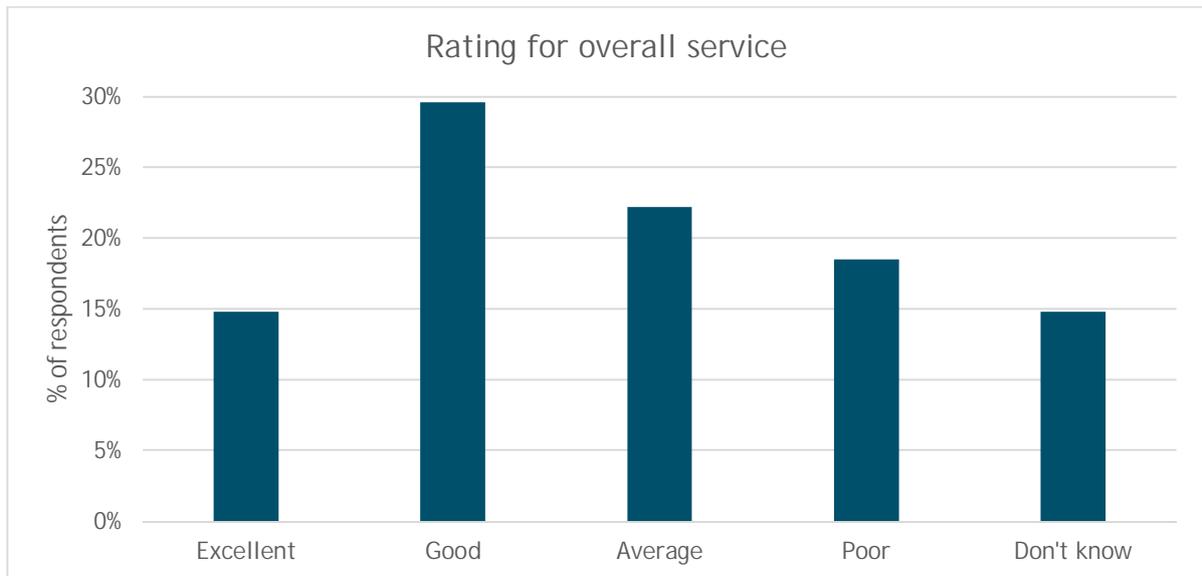


Figure 11: "Overall, how would you rate the service you received from HWSx?"