

Wiltshire Involvement Network

for health and social care



‘Our Legacy’

Moving forward into Healthwatch Wiltshire

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Please note:

All information and data is correct at the time of going to print. April 2013

About the Wiltshire Involvement Network—where ‘everyone's view matters’

Local Involvement Networks (LiNK) were launched in April 2008 following the Local Government and Public Involvement in Health Act 2007. They replaced the Commission for Patient and Public Involvement in Health (CPPIH) and Patient and Public Involvement Forums and existed in every Local Authority area with a responsibility for NHS health care and social services. There were 151 LiNKs across England with the Wiltshire Involvement Network covering the whole of Wiltshire.

The Wiltshire Involvement Network was run independently by its members, with an elected Core Group of 20 members. Its membership included individuals, service users, carers, voluntary organisations and community leaders. Funding was provided by Wiltshire Council who were given money by the Department of Health to finance a Local Involvement Network.

WIN asked people what they liked and disliked about NHS care services and adult social care services and sought ideas from the public to help improve services. WIN explored specific issues of concern to the community by collecting feedback from local people. They then told those who commission, provide and manage local services what the community thought and worked with them to improve, amend, reconfigure and supplement services. WIN also carried out visits to services to see them at work.

WIN had the power to:

- ask health and social care commissioners for information about their services and expect a response within 20 days
- make reports and recommendations and expect a response within a set time
- enter certain services and view the care provided. Members who carried out these Enter and View visits were called Authorised Representatives and underwent full training and were CRB checked
- refer health and social care matters to the Wiltshire Council's Overview and Scrutiny Committee if local service providers had not provided a satisfactory response

The Wiltshire and Swindon Users Network (WSUN) was contracted by Wiltshire Council, as Host Organisation, to support and facilitate the activities and promotion of WIN. WSUN were responsible for the recruitment of WIN members and engaging with people and organisations to develop WIN as an active, diverse and representative group. In addition WSUN managed all WIN's administration, finance and back office support. This document provides information on the work carried out by WIN over the past 5 years. All appendices mentioned within this document are included as a separate document entitled 'Our Legacy—Moving Forward in Healthwatch Wiltshire—Appendices.



Foreword from the Chair

I have been involved with the Wiltshire LINK (Wiltshire Involvement Network) since it was set up under the *Local Government and Public Involvement in Health Act 2007* in April 2008. Since its creation I have been a Vice Chair or the Chair. I have represented WIN as a co-opted member of Wiltshire Council's Health and Social Care Select Committee and am a full member of the Shadow Health and Wellbeing Board.

I represent WIN on the Locality South Urgent Care and EHRG committees of NHS Wiltshire. I also sit as an observer for WIN at the NHS Wiltshire and Salisbury Hospital Foundation Trust Board meeting. I am a member of the Food Forum committee at Salisbury Hospital and have also taken part in unannounced ward inspections at the hospital.

Since becoming Chair of WIN I have altered the format of the bi-monthly Core Group meetings. Representatives from NHS Wiltshire, the three acute hospital covering Wiltshire, Wiltshire Council and other statutory and voluntary sector organisations are invited to attend in the morning to update members of the public and allow questions and concerns to be raised directly. The Core Group then conducts their business meeting in the afternoon. This format has proved very popular with members of the public according to the feedback received from past meetings. During the lifetime of WIN we have help many public events focused on health and social care issues of which more will be reported on in this document.

Some Core group members have specialised in certain areas and have represented WIN on the AWP, Great Western Ambulance, and Swindon and Wiltshire Pharmaceutical committees. Some of our Core group members have received training to carry out Enter and View visits, with some carrying out visits to Care Homes at the request of Wiltshire Council and the Care Quality Commission.

As Chair of WIN I feel the organisation has been very successful due to the good teamwork of the Core group, the many subgroups and the hardworking staff team and my thanks go to them. I would also like to pay tribute to the co-operation we have received from Wiltshire Council, NHS Wiltshire and the three acute hospitals that serve Wiltshire.

I have found it a privilege to serve the people of Wiltshire in Health and Social care and I hope that Healthwatch Wiltshire will be successful in taking on any outstanding issues from WIN.

Phil Matthews

Wiltshire Involvement Network Chair



A handwritten signature in dark ink, appearing to read 'Phil Matthews', written over a light blue background.

PEOPLE



Membership

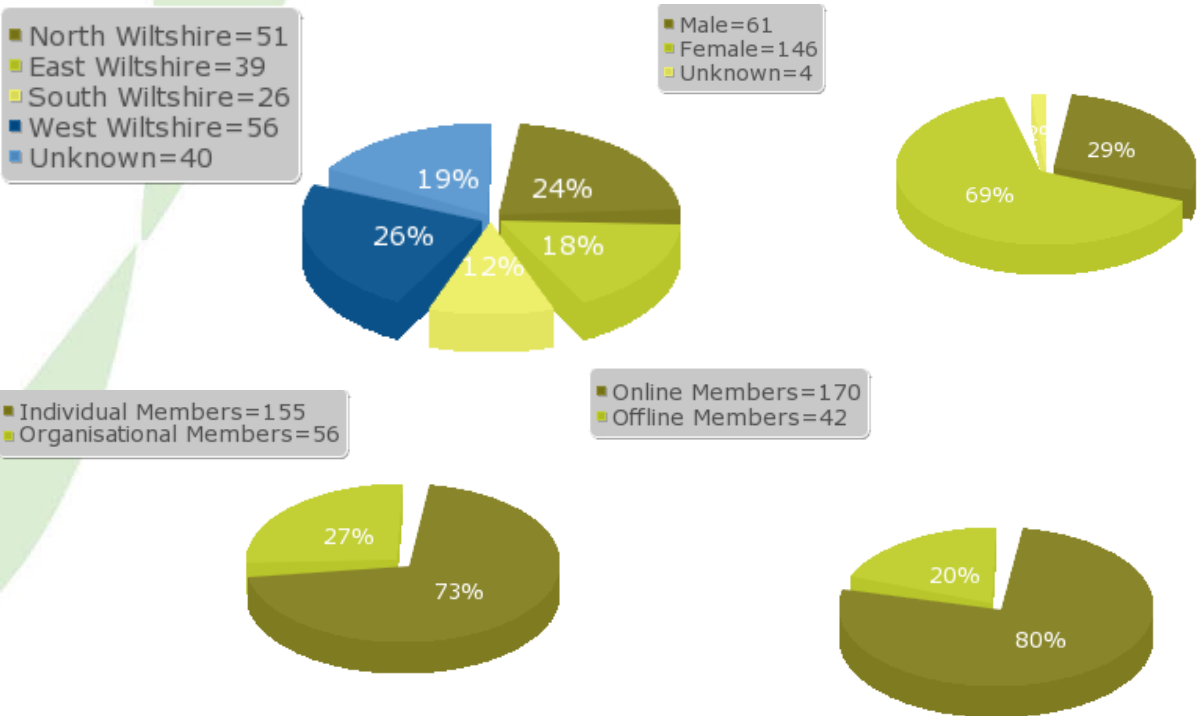
The Wiltshire Involvement Network was an organisation set up to provide members of the public an opportunity to voice concerns about health and social care services. WIN had a membership of interested people, community groups, volunteers and stakeholders. They signed up to be kept informed, attend specific meetings and events, be part of the themed working groups or to attend partner meetings and committees.

The WIN Core Group provided the executive focus and direction for WIN activities. These included; direction of the overall work programme; approval of WIN budgets and individual expenses and the allocation of individuals to specific appointments as patient/public involvement representatives. These included committees or working groups for NHS Wiltshire, Salisbury Hospital NHS Foundation Trust and Great Western Hospital. The Core Group also agreed visits and inspections, approved responses prior to release, authorised people to use the power to enter and view and agreed the Annual Report.

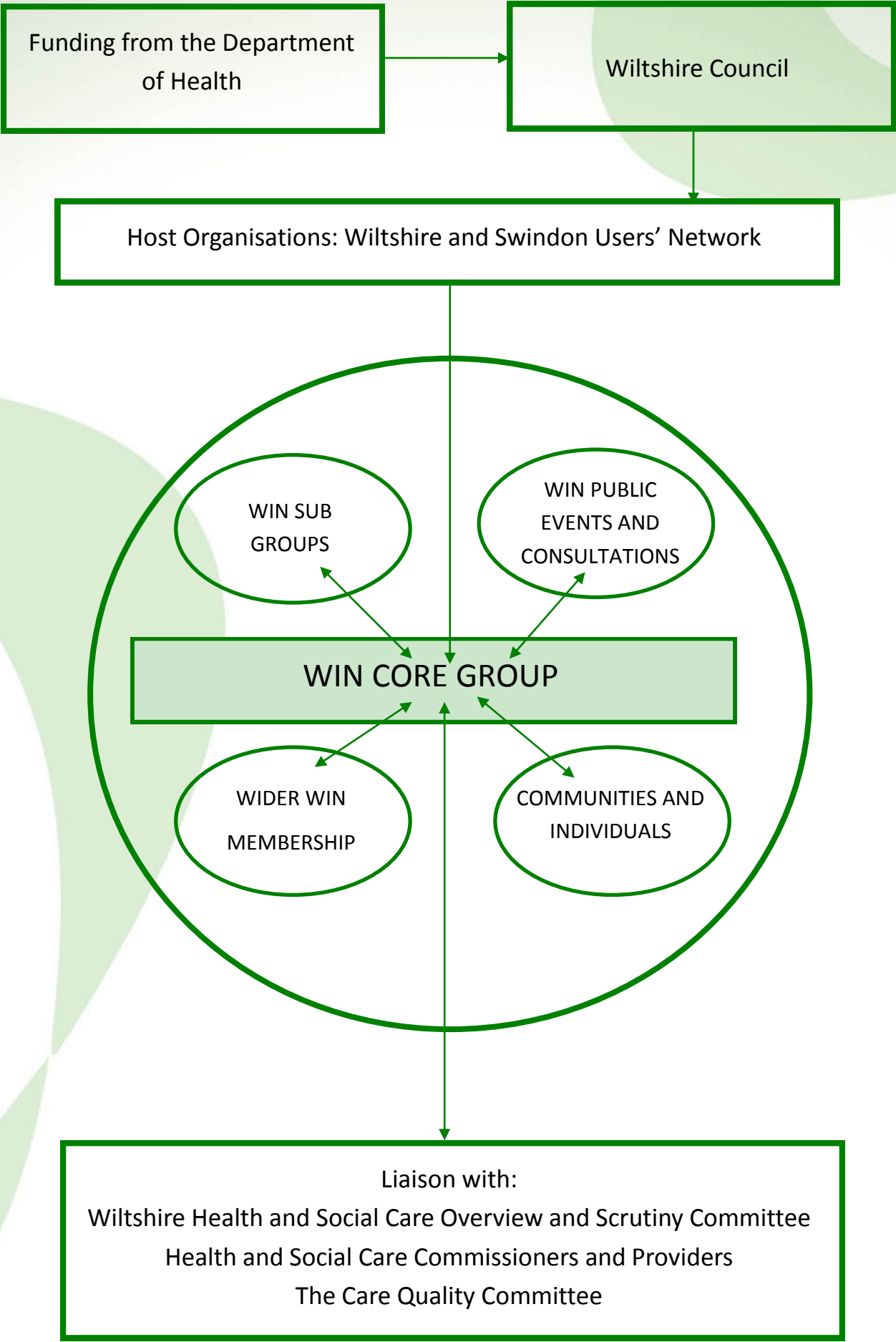
Outreach was undertaken to canvass for new members. Please see page 14 for more details. New members were asked to complete short membership forms which were followed up with a new members welcome letter in which WIN’s role and its work were explained. Once added to the WIN database they automatically received information and updates in the format of their choosing, enabling them to become involved.

A comprehensive membership database was kept up to date by the WIN Administrator, along with a database of contacts covering members of the public including carers, patients and service users as well as voluntary and community organisations and statutory stakeholders who had all shown an interest in WIN and its work. A database of interested parties was transferred to Healthwatch Wiltshire once approval from individuals had been gained.

Here is some information about the split of WIN’s membership as at April 2013:



The working structure of WIN



Membership Data

A comprehensive membership database was kept by the WIN Administrator, along with a database of contacts covering carers, patients, service users, and other members of the public along with voluntary and community organisations and statutory stakeholders who all showed an interest in being kept informed about WIN and its work.

In order to carry out its day to day operations, to meet its objectives and to comply with legal obligations the membership database held certain information on all of its members. WIN was committed to ensuring any personal data was dealt with in line with the Data Protection Act 2010. To comply with the law, personal information was collected and used fairly, stored safely and not disclosed to any other person unlawfully.

To comply with data protection laws WIN asked all members and stakeholders permission to safely transfer their personal information to Healthwatch Wiltshire. Only those members giving permission have had their personal information passed to Healthwatch Wiltshire. A copy of the Data Transfer letter is included as appendix 8.

Personal information was included on all WIN concern forms, so that outcomes could be shared with the individual. In the event that a concern form needed to be shared with a provider or commissioner to gain more information from them, permission from the individual was always sought in the first instance.

A copy of WIN's Data Protection Statement is included as appendix 7.

The personal data of WIN members and stakeholders who have given permission has been transferred electronically. The WIN database was then destroyed.

All WIN software licenses, subscription information and passwords have been shared with Healthwatch Wiltshire in an agreed safe way, to ensure systems and processes already in place can continue without delay or the need to reset.

Representing the Wiltshire Involvement Network

Core Group members needed to meet specific requirements, including, but not limited to, having a knowledge and understanding of health and social care, communication and listening skills, and an understanding of confidentiality.

Active WIN members regularly attended WIN and partner meetings and events to promote and gather information. The WIN Core Group met bi-monthly, in line with their public events. Chairs met three weeks before every Core Group meeting to manage all WIN business, set the Core Group meeting agenda and discuss any outstanding concerns received. Active WIN members often committed to at least one day a week to perform WIN duties/functions.

WIN members were volunteers and therefore unpaid, however, they could claim for any reasonable or out of pocket expense incurred through any activity that contributed to WIN. These included; travel expenditure paid in line with current guidelines set by HMRC, car parking charges, a meal allowance up to £5, for any volunteer away from home for more than 5 hours, telephone calls made on behalf of WIN and the cost of any WIN printing. These expenses were reimbursed on completion of an expense claim form, together with receipts. WIN members also completed an Activity Report for each event attended to allow relevant information to be disseminated to the wider WIN membership.

WIN's Scrutiny Function

There was a formal relationship and referral protocol in place to govern the relationship between the scrutiny function of Wiltshire Council and WIN. On a day to day basis it was found to be beneficial that all parties should have a relaxed and informal dialogue based on good relations and common interests in the improvement of health and social care services within Wiltshire. The first point of contact for the scrutiny function at Wiltshire Council was the Chair of WIN. Formal referrals from WIN to scrutiny were co-ordinated through the WIN administration systems. Referrals included information about the item of work, reasons why WIN thought scrutiny should be considered, any evidence that WIN had already considered and details of any other organisations WIN had approached for discussion prior to the referral to scrutiny.

The Chair of WIN has been a full member of Wiltshire's Shadow Health and Wellbeing Board since its creation. Once established fully in April 2013 a seat will be available for a representative of Healthwatch Wiltshire to enable the patient and public voice to be included.

The Relationship and Referral Protocol for Wiltshire's Health and Adult Social Care Select Committee and WIN and the Terms of Reference for the Health and Wellbeing Board can be found in appendix 11 and appendix 12 respectively.

CRB Checks and Person Specifications

All WIN Core Group members were enhanced CRB checked as well as any member who showed an interest in taking part in Enter and View visits (E&V). The table below shows this in more detail.

Full Name	Membership Detail	Issue Date
Sandra Lynne Baker*	Core Group Member and interest in E&V	21.03.2012
Peter Biggs	Core Group Member (resigned)	26.04.2008
Deborah Alison Burse	Core Group Member	05.04.2011
Neill Josef Cadmore	Core Group Member	19.08.2011
Sharon Leigh Daws	WIN Member and interest in E&V	19.08.2011
David John Evans	Core Group Member	10.11.2009
Anna Agnes Farquhar*	Core Group Member and interest in E&V (resigned)	03.08.2010
Jetta Margaret Found*	Core Group Member and interest in E&V	15.09.2005
Ann Haughey*	Core Group Member and interest in E&V	22.09.2011
Mary Johns*	WIN Member and interest in E&V	12.07.2012
Anne Keat*	Core Group Member and interest in E&V	03.08.2010
Marian Maclean-Ives*	Core Group Member and interest in E&V	21.04.2012
Irena Kate Magil	Core Group Member (resigned)	25.07.2011
Tim Mason	Core Group Member	27.04.2012
Philip Roy Matthews*	WIN Chair and interest in E&V	18.04.2008
Veronica Mary Parker*	WIN Member and interest in E&V	17.12.2011
Patricia Mary Putland	Core Group Member	16.03.2011
Dorothy Susan Roberts*	Core Group Member and interest in E&V	29.08.2008
Gillian Iris Tompkins*	WIN Vice Chair and interest in E&V	12.08.2010
Heather Tucker	Core Group Member	18.10.2012
Mary Cathleen Wilson*	Core Group Member and interest in E&V	28.07.2010
Paula Winchcombe	Core Group Member	06.08.2010

*These members received full training enabling them to take part in Enter and View visits to healthcare premises or adult social care settings. As part of WIN's Enter and View procedure any member wishing to take part in Enter and View visits must meet the criteria of the Enter and View Person Specification. This is included within the WIN Enter and View Information Pack which is included as appendix 9 Also included as appendix 10 are the person specifications of WIN's authorised representatives.

Member Name	Representation as at March 2013
Sandy Baker	<ul style="list-style-type: none"> • Carer Support Wiltshire—Carer Focus Group
David Evans	<ul style="list-style-type: none"> • Wiltshire Medical Services Stakeholder Committee • Chairperson for the Calne Community Area Partnership Health and Social Care Committee • Calne Area Board
Martin Eggleton	<ul style="list-style-type: none"> • Chippenham Area Board
Jetta Found	<ul style="list-style-type: none"> • Warminster Community Area Partnership Health and Social Care Committee • Warminster Area Board
Ann Haughey	<ul style="list-style-type: none"> • Scrutiny Committee for Selwood Housing • Shopmobility Warminster
Rodney Haverson	<ul style="list-style-type: none"> • Salisbury Hospital NHS Foundation Trust (FT) Food Focus Group • Long Term Neurological Conditions Steering Group • Tidworth Area Board
Janet Jarmin	<ul style="list-style-type: none"> • Wiltshire, Swindon and Bath Maternity Services Liaison Committee • Great Western Hospital NHS FT Council of Governor Meetings • Wiltshire and Swindon Breast Screening Steering Group
Anne Keat	<ul style="list-style-type: none"> • Great Western Ambulance Service (GWAS) Equality and Diversity Steering Group • GWAS External Reference Group • GWAS LINK Joint Working Group • Corsham Area Board • GWAS Revive/Airwave Research Programme • Interview Panel Member for Great Western Hospital (GWH) and Wiltshire Clinical Commissioning Group (CCG)
Marian Maclean Ives	<ul style="list-style-type: none"> • Malmesbury, Marlborough, Pewsey and Devizes Area Boards • Wiltshire Forum for Community Area Partnerships • NHS Wiltshire Stakeholders Assembly's • Carer Support Wiltshire Carers Group • Southbroom Surgery Patient Participation Group (PPG) • Devizes Hospital League of Friends

Member Name	Representation as at March 2013
Phil Matthews	<ul style="list-style-type: none"> • Member of the Shadow Health and Wellbeing Board • Observer at Salisbury Hospital NHS Foundation Trust (FT) Board meetings • Observer at NHS Wiltshire Board meetings • Wiltshire Council Health and Social Care Select Committee • Urgent Care Implementation Group Locality South • Clinical Effectiveness Committee NHS Wiltshire • Gypsy and Travellers Engagement Group • Salisbury Area Board • South Wiltshire and South West Wiltshire Area Boards • Amesbury and Tidworth Area Boards
Pat Putland	<ul style="list-style-type: none"> • Pewsey Area Board
Jill Tompkins	<ul style="list-style-type: none"> • Avon and Wiltshire Mental Health Partnership (AWP) LINKS Stakeholder meetings • Representative on Bath Maternity Services Liaison • NHS Wiltshire Neurological Conditions Stakeholder Group • Royal United Hospital (RUH) Patient Experience Group • Observer at RUH Hospital Trust Board meetings • Observer at AWP Trust Board meetings • WSUN Our Time To Talk meetings • Equal Chances Better Lives (ECBL) Equality and Diversity meetings • Melksham Area Board
Mary Wilson	<ul style="list-style-type: none"> • Wiltshire and Swindon Local Pharmaceutical Committee (LPC) Group
Paula Winchcombe	<ul style="list-style-type: none"> • Wiltshire Forum for Community Area Partnerships

Partners and Stakeholders

Stakeholders were identified as groups, individuals or organisations that are affected by and/or had an interest in the operation and objective of WIN.

WIN regularly received and shared information with stakeholders to ensure members of both WIN and stakeholder organisations were well informed.

WIN's stakeholders played an important role in promoting the findings of any work carried out and advertising up coming events and consultation opportunities. An agreed list of stakeholders was passed safely to Healthwatch Wiltshire to enable them to make contact and to continue communication.

Key stakeholders include:

NHS Trusts, Acute Hospitals Trusts, GP's and associated committees:

- The Great Western Hospital NHS Foundation Trust
- Salisbury District Hospital NHS Foundation Trust
- The Royal United Hospital Trust
- Avon and Wiltshire Mental Health Partnership Trust
- South West Ambulance NHS Foundation Trust
- NHS Wiltshire
- Joint Wiltshire Council and NHS Wiltshire Commissioning Board
- NHS Wiltshire Neurological Conditions Stakeholder Group
- Wiltshire and Swindon LPC (pharmacy) Group
- Wiltshire Medical Services
- Wiltshire Clinical Commissioning Group

Wiltshire Council:

- Wiltshire Council's Health and Wellbeing Board
- Wiltshire Council's Overview and Scrutiny Committee
- Wiltshire Council's Help to Live at Home Service
- Wiltshire Council Area Boards
- Wiltshire Public Health Team

Stakeholders

- Wiltshire's Members of Parliament (MP's)
- The Care Quality Commission
- Wiltshire Police
- Local Press and Media

Voluntary and Community Organisations

- Wiltshire and Swindon Users' Network
- Age UK Wiltshire
- Wiltshire Forum for Community Area Partnership
- GROW
- Equal Chances Better Live
- Wiltshire Racial Equality Council
- Wiltshire Centre for Independent Living
- Carer Support Wiltshire
- Youth Action Wiltshire
- Wiltshire People First
- Community First
- Wessex Community Action
- The Wiltshire Wildlife Fund
- Alzheimers Support
- Arthritis Care
- Red Cross
- Green Square Group (formerly Westlea)
- HIVE
- Wiltshire Good Neighbours
- Action for Blind
- Action on Hearing Loss
- Gloucestershire Deaf Association
- The Bobby Van Trust

Advocacy

- Citizens Advice Bureau
- Independent Complaint Advocacy Service (ICAS)
- Support Empower Advocate Promote (SEAP)
- SWAN Advocacy

Care Agencies and Homes

- Enara
- Somerset Care
- Ridgeway Care and Repair
- Aster Living
- Order of St Johns Care Homes
- Dorothy House Hospices

Regional and Joint Working

- South West Strategic Health Authority
- National Association of LINK Members (NALM)
- BANES LINK (Healthwatch)
- Swindon LINK (Healthwatch)
- Gloucester LINK (Healthwatch)
- Somerset LINK (Healthwatch)



Communication, Engagement and Outreach

Communication and engagement provided opportunities for local people to influence actions. Since WIN's formation in 2008, outreach to the large and varied population of Wiltshire was a core function and was used to reflect the views of local residents to the providers and commissioners of health and social care. A sub committee of the WIN Core group, the Outreach Group, was formed specifically to take this work forward, and met every two months. The purpose of WIN engaging and outreaching with people across Wiltshire was to:

- Provide information about WIN and increase awareness of its role and responsibilities.
- Identify needs and any concerns relating to health and social care in local communities.
- Build positive relationships with local people and groups through a process of informing, listening, involving and supporting.
- To build trust with Wiltshire's diverse communities and provide opportunities to influence decision making.

WIN was able to communicate and engage in a number of different ways. These included:

- Support Officers outreaching at local 'market place' events, meetings and local community groups with the WIN promotional stand, material, and information. Events were varied and included the West Wiltshire Shows, the Salvation Army, Age UK Wiltshire luncheon clubs and fitness week events to reach as many members of the public as possible. Promotional material such as fliers, pens and reusable fabric bags were also given out to advertise WIN's work. A Concerns Form was developed to record issues which were then used by the Core Group to investigate further.
- Speaking to members of the public about its work.
- An early initiative was to set up a series of regular 'drop in' surgeries in Devizes, Trowbridge and Salisbury using Age UK Wiltshire's premises. However these were not well attended and so were discontinued.
- A Support Officer used the Wiltshire mobile library to access people in sheltered accommodation and rural villages, who rely on this service to give information about WIN.
- Arranging with Wiltshire Farm Foods to distribute the WIN newsletter throughout the County with their home delivered meals.
- Attendance and formal WIN report to all Wiltshire Council Area Board meetings to pick up health and social care issues and also to promote the work of WIN and advertise events. This form of outreach proved very successful.
- A bi-monthly themed public event held around the county to enable members of the public, organisations and community groups the opportunity to attend and listen to updates from statutory organisations. These events proved extremely popular with people as they were able to question providers and commissioners about services directly.

- Online members, stakeholders and interested parties received a weekly email bulletin which included information from around the county, consultation opportunities and dates of community and voluntary sector events. The email bulletins were sent out in hard copy to all offline members to ensure inclusion.
- A dedicated WIN website, Facebook and Twitter page, were updated regularly with WIN information and health and social care news from around the county. It connected with people in Wiltshire through a variety of methods. Along with the core membership WIN's Facebook page had 656 friends and through Twitter WIN had 71 followers as at April 2013. Social media and online communication is becoming an increasingly popular way of getting in touch and sharing views and information, however, WIN always committed to communicating the same information to its offline members and friends.
- A quarterly newsletter. These were produced to give a more detailed account of the work of WIN. It was also an opportunity for organisations across Wiltshire to include an article for publication. These articles either publicised their meetings, events or consultations, or the services they provide.
- Providing articles for local voluntary sector organisations publications, for example the Wiltshire and Swindon Users' Network quarterly newsletters, Age UK Wiltshire's Age Matters magazine, Community Day Centre newsletters and weekly updates in the GROW Enhancing Community Support email update.
- Online blogging. This was the newest form of communication whereby WIN was able to write directly onto community blogs. Meetings and events were advertised this way. It was also a way of starting discussions within the community on specific issues.
- Press coverage and advertisement. It was important to have a good press contact who is informed on all the work carried out by WIN. All public events were advertised across Wiltshire in the local newspapers. Although quite costly it did attract the attention of members of the public and helped to advertise any event with a key theme. Having a key contact within the press was also important with follow up reporting following any event. Details of WIN's press contacts have been passed to Healthwatch Wiltshire.
- WIN attended LINK South West regional meetings to hear updates from NHS South West and other LINKs across the region. This information was then disseminated throughout networks within Wiltshire. This was important for learning about national initiatives and success stories from other LINKs in the region. It is also a way of networking with other LINK support staff to enable good cross boundary working.

- Holding themed consultation events. Through the course of WIN's lifetime a number of themed events have taken place to consult and engage with members of the public to enable their voice to be heard on these issues. Events included:
 - How Can We Support People With Dementia And Their Carers? - April 2009
 - Shaping The Future Of Care Together.— September 2009
 - End Of Life Care In Wiltshire—November 2009
 - Sensory Impairment Discussion Event—May 2010
 - Carers And Services That Help People To Live At Home Event (North) - May 2012
 - Carers And Services That Help People To Live At Home Event (South) - October 2012
 - Vision Ahead 'Improving care and support for blind, partially sighted and visually impaired people in Wiltshire' - 2012-ongoing

The full reports of these events are included within the appendices of this document.

These initiatives could be considered the jewel in WIN's crown, characterized by excellent publicity and organisation, and a friendly and inclusive atmosphere. After the Sensory Impairment consultation event held in May 2010, Wiltshire Council commented "WIN can hold this meeting up as an example of excellent practice"



Dementia Event—2009



Vision Ahead Workshop—2012

WIN is proud of the outcome of its outreach activities. Its committed team established robust working relationships with providers and the statutory and voluntary sector throughout the county, and this has created a firm foundation on which Healthwatch can build. Pictures and feedback from some of WIN's public events.

"Its good that the public have an opportunity to pose questions to health and social care professionals face to face."



"Please can we have more meetings like this."

'Good to have access to various services providers.'

'Good to see stands pertaining to talks, so you are able to pick up appropriate leaflets.'



PREVIOUS WORK, RESEARCH AND REPORTS



Issues and Concerns

Health and social care issues and concerns were received in a number of ways. It was always the case that WIN would not take up individual complaints about services but that it would act on general issues or themes raised that might affect a community or certain group of people e.g. carers. When someone had a concern or issue to raise they were encouraged to complete a WIN concern form, attached as appendix 13 These concern forms were then acted upon by the Chair and Vice Chairs at their bi-monthly meetings. The issues were discussed in detail and actions put in place and recorded. A table of all past concerns ordered by theme with their actions and outcomes are shown below.

Concern	Nature, Action and Outcome
Hospitals	
The care of patients on the Stroke Ward at Chippenham Hospital.	WIN shared the concern with the Care Quality Commission who in turn carried out a follow up inspection. A report was then shared with WIN stating that the CQC was pleased to see progress being made but improvements were still needed. WIN monitored the situation and was able to share the findings with the service user who brought the issues to WIN in the first place.
Lack of appropriate communicators for service users with a dual sensory loss when accessing NHS services.	WIN, through the Chair, wrote to Ed Macalister Smith, Chief Executive of NHS Wiltshire to find out what provisions were currently in place. WIN was told that NHS Wiltshire fund's a service available to all its GP's, dentists and opticians throughout Wiltshire to supply appropriate interpreters for any patient in need of this service. WIN also followed this up with a request for information sent to the three acute hospitals in Wiltshire asking the same question. All three Trusts responded within the appropriate time frame. Their comprehensive responses are available on the WIN and WSUN websites.
Poor quality hospital food at the Great Western Hospital	Members of WIN and other patients were vocal about the hospital food on offer at the Great Western Hospital. Some mentioning that it was served cold but most saying that it was at a very poor standard. Concerns were raised with the Trust. This was followed up with WIN members being invited to attend a food tasting day at the hospital. The aim of the meeting was to provide members with an overview of the changes and improvements that have been made to hospital food and for members to share with the Trust their views and experiences of food during a stay in hospital. The feedback received at the session was used to inform future changes to hospital catering.

Concern	Nature, Action and Outcome
Hospitals	
Hospital discharge and the link up with community care services.	This issue remains an area of concern for many people across the county. Many members of the public raised this issue at WIN's public meetings. With this in mind WIN held a themed public meeting around hospital discharge and community care planning. Speakers attended from the Great Western Hospital, Salisbury Hospital and Community Services giving presentations about the procedures carried out for patient discharge and communicating with the community services. Attendees at this meeting were then able to ask specific questions and raise their issues of concern directly with the providers. This will always remain a key area of concern for people in Wiltshire, with two out of county acute hospitals and one within Wiltshire county, and the high numbers of patients being discharged on a daily basis.
Standards of maternity care.	WIN received two concerns relating to the standard of care received by expectant mothers during the birthing process. These concerns were shared directly with the Maternity Services committee and the director of Public Health in Wiltshire. Outcomes were fed back directly to those people who raised the concerns.
Savernake Hospital services being run down	Concerns were received relating to eye tests for diabetic patients which were no longer available at the Savernake Community Hospital. Patients needed to have the eye test at a high street optician, which for residents in Pewsey would entail a trip to a Marlborough optician with the requisite equipment. People feared that this was the start of services being run down at the hospital which might lead to its closure. This concern was shared with the Great Western Hospital Trust who manage Savernake Hospital. They told us that the Diabetic Retinopathy service is commissioned by the PCT and run under the 'Any Qualified Provider' process. In the past it had been provided by 1st Retinal Screening however the contract was retendered and won by Virgin Healthcare. Virgin Healthcare were therefore responsible for where the service was provided. Research previously carried out by 1st Retinal Screening around where patients wanted to receive the screening showed that high street opticians was a popular choice. The Trust also told WIN that they had no intention of running down services and had recently launched the new Mobile Chemotherapy Unit and increased the number of beds at Savernake hospital.

Concern	Nature, Action and Outcome
Community Services	
The supply of hearing aid batteries within the community.	Hearing aid users raised concerns that Devizes Community Hospital had low or no supplies of hearing aid batteries on occasions. This provision is of course essential for those concerned. Batteries are supplied by the Royal United Hospital audiology department. WIN, through the Chair wrote to the department to find out why supply was so low. They responded to say that this situation was a one off but that delays sometimes occur because of budget constraints. One WIN member monitored the situation and no further issues were reported.
Changes to Netheravon prescription services	Concerns were raised by residents in Netheravon after being told that the prescription delivery service would cease. WIN, through the Chair, wrote a letter to NHS Wiltshire. WIN was told that the GP Practice had to review and prioritise its services following the unacceptable increase in the cost of running the home delivery services. As a result the practice decided to implement criteria for the use of the home delivery service. The practice wanted to ensure that patients with restricted mobility or those who care for others, were not disadvantaged. Additionally a remote drop off point has been introduced at the local store in Netheravon, for those patients who do not meet the criteria.
Podiatry appointment booking service.	It became apparent that the system for booking podiatry appointments across Wiltshire was quite different depending where in Wiltshire you lived. Residents in the South of the county were having to reply on posting an appointment card back to the hospital and hoping the subsequent appointment would be suitable for them. WIN decided to talk to the Great Western Hospital Trust, who run the service, about this. They attended one of WIN's public meetings to talk to members about their problems and find out what the situation was for patients. Subsequently the Great Western Hospital carried out a full review of the service and developed an action plan which particularly focused on the administrative aspects of the podiatry service. The main points covered in this action plan were; admin structure review, operational review and a training review. There was a lot of work to undertake to improve the service but fairly quick changes were made to improve patient improvement. WIN regularly monitored this service with the people of Wiltshire.

Concern	Nature, Action and Outcome
Community Services	
Disabled blue badge parking.	<p>In the spring of 2012 Wiltshire Council announced that disabled parking in all their car parks would be free to Blue Badge holders and that the existing time limits would be lifted. This was a very positive and generous move but the old signage was slow to be changed. For some time there was confusion. The WIN Chair mentioned this problem to Cllr Dick Tonge who in turn contacted the relevant departments to ensure the changes were acknowledged by all, in order that the correct message was given to all those who contacted Wiltshire Council for advice. WIN also advised that some car park signage was not accessible to disabled people as some information on disabled parking was too high up and in a very small print. Assurances were made that these issues would all be rectified. WIN has been monitoring this issue closely and feeding back to Wiltshire Council where changes still need to be made.</p>
Care within the Community	
Potential closure of Abbeyfields House in Malmesbury	<p>It was brought to WIN's attention that Abbeyfields House in Malmesbury had been condemned as unfit for purpose and would close. Although only 5 residents lived in the home it was felt that for their interests WIN needed to investigate the situation. Information on the potential closure was shared with the Care Quality Commission to ensure they were aware of the situation and so monitor the process. Following several meetings with Fire Officers and Health and Safety experts the rationale to close the home was reluctantly accepted. Abbeyfields then started the process of working with the residents and their families to secure suitable alternative housing.</p>
Help to Live at Home Care Providers.	<p>Since the creation of the Help to Live at Home service, WIN received many individual concerns about the care provided by the contracted care providers. Many people worried about the lack of continuity of carers, how some carers were not properly trained to use basic equipment, carers not turning up at the specified times or sometimes not at all, difficulties in understanding some carers whose first language is not English, as well as some carers raising concerns themselves about the conditions of their employment. All concerns received by WIN that related to any of the care contracted under the Help to Live at Home service were passed directly to the independent Customer Reference Group supported by WSUN, which was set up to monitor the care providers.</p>

Concern	Nature, Action and Outcome
Physiotherapy Services	<p>Specialist physiotherapy services have now been brought under the control of a unit in Chippenham. This has caused delays to an already overloaded service; GP's can no longer refer directly to the hospital. As with most of the new referral services the systems add to waiting times for first referrals.</p> <p>This concern was received by WIN on 05-03-13 and as yet no investigation has taken place. This concern was passed to Healthwatch Wiltshire.</p>
GP Computer Software Problems	<p>All GP practices appear to have been forced to use centrally provided software regardless of whether they want to or not. This would appear to have a number of faults. Patients requesting repeat prescriptions by email used to get an automatic acknowledgement of receipt. In most cases this no longer happens. The software used by doctors to fill out prescriptions used to have a safety feature which would flag up if a certain medication was unsuitable for patients with certain conditions i.e. Some antibiotics for myasthenics (a rare auto-immune disorder that is characterised by muscle weakness of the limbs). The new software no longer has this feature. Practices have been told that nothing can be done to correct these problems and that they can not revert back to the old system. In many cases WIN can see this putting patients at risk, either by not knowing if a prescription request has been acknowledged, or worse by a patient being prescribed inappropriate medication.</p> <p>This concern was received by WIN on 05-03-13 and as yet no investigation has taken place. This concern was passed to Healthwatch Wiltshire.</p>
Advice and Information	
	<p>WIN often received completed concern forms from members of the public who were looking for information, advice or to just share personal frustrations. These were dealt with professionally but in a very informal way by either sharing the relevant information needed, signposting to other organisations, or generally just being there to talk and listen. People across Wiltshire have been signposted to Age UK Wiltshire's nail cutting service, Wiltshire Council's online initiative, Wiltshire Centre for Independent Living, Ridgeway Care and Repair and many more. This function will be one of the key areas that Healthwatch will need to ensure is in place.</p>

Consultations

Consultations were undertaken in a variety of ways and formats to be as socially inclusive as possible. Methods of consulting included:

- Topic based events e.g. End of Life Care
- Sharing online through the WIN website, Facebook and Twitter
- Canvassing online members through email
- Telephone calls and text messaging service for Deaf and hearing impaired
- Mail outs to those members with no access to computers

Consultations were well attended by service users, carers, WIN members, representatives from the voluntary and community sectors and other members of the public. Representatives from statutory organisations were invited to speak at events, they were there in an information giving capacity and not to influence individual views.

The above process of consultation took place before sending an official WIN response to the Department of Health on the following subjects:

- Shaping the Future of Care Together (Green Paper—September 2009)
- Department of Health Engaging on the priorities for Social Care reform
- NHS White Paper—Equity and Excellence: Liberating the NHS (Information Revolution consultation)
- Care and Support draft Bill (October 2012)
- LINKs and CCG Authorisation Process
- Location Options for the Distribution of Additional Funding to Local Authorities for Local Healthwatch, NHS Complaints Advocacy and PCT Deprivation
- Establishing Healthwatch England
- Wiltshire's Blue Badge Scheme consultation
- Wiltshire's Sensory Impairment Strategy consultations
- Wiltshire Joint Health and Wellbeing Strategy consultations

WIN's comments were received on time in all of the above consultations and were fed directly into the process of parliamentary scrutiny. In all cases the questions completed were answered by participants and responded to appropriately to the Department of Health's proposals.

The impact of a Wiltshire response to a national consultation is always difficult to judge. The Government will however comment on the difficulties in the delivery of services in the rural shire counties. It was therefore essential that individuals were actively engaged and supported to give their views to assist and challenge the Government. This input also demonstrated the diversity of need embedded in the rural nature of Wiltshire. Many participants said how pleased they were to have had the opportunity to participate in the consultation process and how they hoped the relevant Government departments would take on board the comments, issues and concerns raised by the people of Wiltshire.

All consultation responses can be found on the WIN and WSUN websites. Contact details can be found at the end of this document.



*Sensory Impairment Consultation
Event—May 2010*

Cross Boundary Working

The county of Wiltshire is bordered by five other counties and includes the Borough of Swindon. Most of the NHS Trusts and other organisations within Wiltshire work across many local authority areas, for example the Avon and Wiltshire Mental Health Partnership Trust covers the geographical areas of B&NES, Bristol, North Somerset, South Gloucestershire, Swindon and Wiltshire. This in itself, means that cross boundary and joint working is essential to ensure that services are joined up geographically. With this in mind AWP held regular LINK Stakeholder meetings, where representatives from each of the seven LINK areas came together with the Trust to discuss and make recommendations on patient and public involvement.

This was also the case for the old Great Western Ambulance Service (GWAS) before it was acquired by South West Ambulance Service in February 2013. It was agreed initially that one of the LINK Host organisations covering the area of GWAS would manage the GWAS LINK Joint Working Group. Gloucester Rural Council, who hosted the Gloucester LINK, took this role on, with other LINKs supporting the financing of the group. WIN representatives attended quarterly meetings to give updates on WIN and hear information from the other LINKs and representatives from GWAS themselves on their work. It is essential that Healthwatch Wiltshire maintain good relationships with other Local Healthwatch organisations bordering Wiltshire and the new locality based Clinical Commissioning Groups which have working relationships with the NHS Trusts and organisations that work across local authority boundaries.

Quality Accounts

A Quality Account is a report about the quality of services by an NHS healthcare provider. The reports are published annually by each healthcare provider, including the independent sector and are available to the public. Healthcare providers measure the quality of the services they provide by looking at patient safety, the effectiveness of treatments that patients receive and patient feedback about the care provided.

Healthcare providers publishing Quality Accounts had a legal duty to send their Quality Account to the LINK in the local authority area in which the provider has its registered office, inviting comments on the report from the LINK prior to publication. This gave LINKs the opportunity to review the information contained in the report and provide a statement. Providers were legally obliged to publish this statement.

This procedure for commenting on NHS Trust Quality accounts has been completed by WIN for the past four years for the following providers:

- Avon and Wiltshire Mental Health Partnership Trust (AWP)
- Salisbury District Hospital NHS Foundation Trust
- The Great Western Ambulance Service NHS Trust (GWAS)
- The Royal United Hospital NHS Trust (RUH)
- The Great Western Hospital NHS Foundation Trust (GWH)

Where the NHS Trust covers multiple local authority areas, Quality Account comments had to be received from all LINKs that cover the Trust area. The LINK based in the county where the Trust has its headquarters would take on the role of lead LINK and would consolidate all comments from all other LINKs. For WIN this was the case for AWP and GWAS Quality Accounts. In the past WIN hosted sub group meetings for LINK representatives from the other local authority areas to discuss in detail the Trusts Quality Account and formulate a joint response. Representatives from the Trust were also invited to these meetings to talk through in detail any areas of the Quality Accounts and to take questions from LINK members.

In the past Quality Accounts have always been received by the LINK and the final formal response submitted back to the Trust in good time.

Enter and View

Local Involvement Networks had a statutory responsibility to conduct Enter and View visits and report on health and adult social care services used by local people. A group of WIN members received full Enter and View training including areas of best practice for conducting visits, looking for good practice and making suggestions for services to be made better. The process and protocol for undertaking Enter and View visits is included within the WIN Enter and View Information Pack which can be found as appendix 9.

During 2012, two introductory, announced visits were made by WIN Authorised Representatives to Athelstan House, Malmesbury and Hungerford House in Corsham. Both visits had positive outcomes, and reports were submitted to the Care Quality Commission, Wiltshire Council and published on the WIN website.

Early in 2013, unannounced visits to Longbridge Deverill House, Warminster and Camelot Care Home in Amesbury were made, on the whole they were positive visits. Full reports of all of WIN's Enter and View visits are attached with the documents as appendices 22-25.

Wiltshire has a high proportion of older people and this is set to increase over the next decade in line with demographic changes. Currently, there is a great deal of concern nationwide about the cost of caring for elderly people, and the quality of such care. Indeed, in November 2012, in a major report based on 13,000 inspections, the Care Quality Commission warned that too many nurses and care home staff oversaw 'a care culture in which the unacceptable becomes the norm'. In taking forward its Enter and View programme, WIN has taken steps to monitor local care provision, with the aim of reporting any concerns to the Care Quality Commission and Wiltshire Council.



Thank you very much for your visit, you did a great job. It is so important that we have people like you to monitor that the deserving elderly people are given quality care. We are all going to be there one day.

Violet Gwaza—Home Manager
Camelot Care Homes
Following an Enter and View Visit.

Patient Led Assessments of the Care Environment (PLACE)

The Government has decided that there should be greater public scrutiny of publicly funded bodies. From April 2013, PLACE will replace Patient Environmental Action Team (PEAT) inspections. The PLACE process will be overseen by the NHS Commissioning Board. PLACE is not intended to be a patient survey, nor is it an audit of clinical care. It will focus on four themes; cleanliness, privacy and dignity, food and appearance and maintenance.

The assessment process originally contemplated has been completely transformed in the light of the feedback received from the 60 pilot sessions held in 2012. WIN was invited to participate in the pilot session held at Salisbury District Hospital in October 2012, and the WIN Support Officer for older people together with WIN members, spent the day in the hospital as part of a team inspecting wards, waiting areas and tasting the food served for lunch. The team also evaluated the proposed assessment and scoring process. In common with feedback from other test sites, it was felt that the process was too complicated and time consuming, so a simpler, modular version was agreed after the process was re-tested at 30 other hospitals.

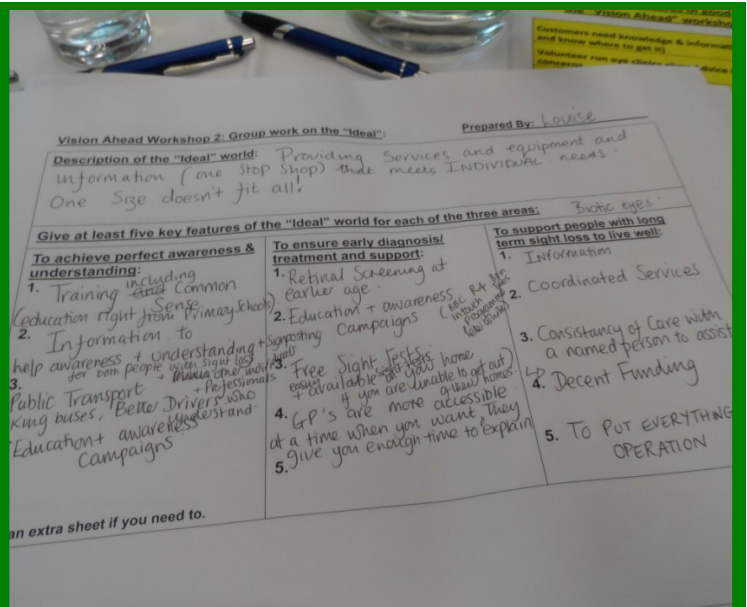
The main differences between PLACE and the old PEAT inspections are:

- The new process will cover all hospitals, even those with fewer than 10 beds. It will also include hospices and treatment centres. The emphasis in PLACE assessments will be on how hospitals and care environments can improve their performance.
- The organisation concerned will not be able to choose the date of the assessment more than a week in advance.
- Once completed, PLACE assessments will be filled in online. There will be no pre-releasing of results, the only exception being that the Secretary of State for Health will see them 24 hours before they are made public.
- At least 50% of any assessment team must comprise of patient representatives, unlike PEAT teams which sometimes had no patient representatives. If a team comprises of fewer than 3 assessors, 2 of these must be Patient Assessors.



WIN members took part in PLACE training to enable them to have a good understanding of the PLACE assessment process. It will be a requirement that Patient Assessors are PLACE trained before they take part in any assessment.

WIN MEMBER CONTRIBUTIONS



WIN Member's Contributions to their Legacy

During the process of compiling WIN's legacy, WIN members were asked to contribute a piece of work to get a snapshot of their experience of being involved with WIN. Here is what some members had to say.

The Wiltshire Involvement Network and its links with the Great Western Ambulance Service (GWAS).

WIN members were represented on two groups with GWAS, the External Reference Group and the LINK Joint Working Group. GWAS formed the External Reference Group to retain the expertise of the previous Patient and Public Involvement (PPI) forum members when Local Involvement Networks were formed. The group met every 2-3 months at the GWAS headquarters in Chippenham. We were kept informed of any clinical changes and were on other committees like the Equality and Diversity group, Infection Control and I am still part of a research group, Revive/Airways, working to establish best practice in the treatment of patients who suffer pre-hospital cardiac arrests. This affects nearly 300,000 each year in Europe and the research once completed could be rolled out nationally.

To bring together members of the seven LINKs that were served by GWAS a Joint Working Group was formed which met every 6-8 weeks at Chipping Sodbury. These meetings were hosted by Gloucester LINK but supported financial by the other six LINKs.

Both groups achieved quite a lot over the years such as researching the turn around time at hospital A&E departments on two occasions and checking how the electronic screens installed by GWAS in these departments to inform the staff about in coming patients, were being used. We also spent time checking the Quality Accounts that are a legal requirement and are done annually. We were fortunate to have various senior GWAS personnel attending the meetings who kept us up to date with the progress of the service.

Both these groups will be disbanded as GWAS has been acquired by the South West Ambulance Service NHS Foundation Trust. Wiltshire people are being encouraged to become Trust members from April 2013. It is recommended that Healthwatch Wiltshire engage with the South West Ambulance Service and encourage further Healthwatch joint working arrangements.

Anne Keat—WIN Vice Chair

WIN Member's Contributions to their Legacy—cont.

As a member of the Voluntary sector for many years and also as a mental health professional I have been able to access information and clarity on many topics and policy change through the years of my WIN membership. The advice and support has always been up to date accurate and easy to disseminate and feedback through the many networking opportunities has always been both listened to and acted on. As a carer it has enabled both support and network opportunities for myself and family members.

The WIN Team are always professional, willing and quick to respond to requests and information sharing. The forums and newsletters are both empowering and key to the influencing of future service provision in Health and social care in Wiltshire.

Momentum has remained a priority to ensure the smooth transition to the new Healthwatch organisation so thank you and well done WIN.

Lorraine Reeves—WIN Member

The WIN Mental Health Sub Group.

This group has been involved in many aspects of mental health matters in Wiltshire. We have held meetings to engage with services providers to improve our understanding of service provision within Wiltshire. Last year we invited a group, who support people who are in the early stages of dementia, to talk to us about how important it is for them to belong to a 'walking group'. This is based in Swindon at Sandalwood Court. They regularly meet and very much enjoy, and benefit from the company of a group with some similar health related problems. They walk, talk and eat together and the ages varied considerably but it was clear how much value they gain from the friendship and support.

Members of WIN attend meetings held by the Avon and Wiltshire Mental Health Partnership Trust (AWP) that consider aspects of their work. These include belonging to a 'readers panel' to look at all documentation sent out by the Trust, studying the content of the Quality Accounts and Annual Report, discussions about Service Redesign with input from users, staff, volunteers and management.

Foundation Trust status for AWP is hoped will be gained this coming year. We trust that Healthwatch Wiltshire at all levels will continue to discuss how mental health services will have many further improvements.

Jill Tompkins—WIN Vice Chair and Chair of the WIN Mental Health Sub Group.

WIN Member's Contributions to their Legacy—cont.

What can I say about WIN as an organisation? Firstly it has been vastly underrated. It is to my mind a unique organisation which offers not only its members but the public a chance to expand their knowledge and skills within Wiltshire.

I have through WIN gained insight and knowledge of so many other organisations in Wiltshire. Many of these I was totally unaware existed or of the valuable work they achieve. These organisations work within the wider community and through various meetings have expanded my knowledge on a vast array of subjects. I have also been kept up to date on changes in Government Legislation, Mental Health issues, aspects of care in the community, Ethnic minorities and new Government Policies.

Equal Chances Better Lives (ECBL) and GROW are two organisations that opened my eyes—I didn't realise that there were so many groups in Wiltshire and I was totally unaware of the problems that they have. If I had not been a member of WIN I would not have been conscious of these organisations and the fantastic work they do.

What do I, as an individual, take away from my involvement with Wiltshire Involvement Network? A well run professional organisation which has given me a unique opportunity to experience and interaction with other groups and individuals. Two things which have been important to me have been dealing with someone who is blind and another who was severely disabled. Has it changed the way I deal with people who have disability? - Yes it has. I hope I am more tolerant and listen and not dismiss these people as having nothing to offer, if you look behind the disability there is a person waiting to be treated as normal. I hope that through the knowledge and experience I have gained I will, in the future, be able to use it effectively. Ann Haughey—WIN Core Group Member

Local Pharmaceutical Committee

I attended, on behalf of WIN, this committee where we spent, one meeting, constructively discussing diabetes and how the organisations could make more use of the services available to help monitor patients. I think this is done in a small way in this area but it was felt that the service could be extended to other areas. There is lots going on in the future, with pharmacists to train along side doctors, an alcohol campaign, the sexual health team are keen to do something in line with Valentines day, a smoking campaign planned for March and a skin cancer campaign planned for May.

This is a worthwhile committee to attend and I hope it is recognised through Healthwatch.

Mary Wilson—WIN Core Group Member

Hospital Discharge

WIN has highlighted the problems with hospital discharge in the past and illustrated the failings in the system. Discussions with patients and the public and service providers from board level and beyond.

Positive results have been food and drink now available in waiting areas, financial savings, bed blocking reduced, drugs ordered and supplied earlier and a care package decided on day one of patients admission. Families are now more involved with plans for discharge. A Good Neighbour Scheme has been introduced, to welcome patients home. This is a valuable service especially in the rural areas of Wiltshire. There is now more coordination of services—occupational therapists, pharmacies, care agencies etc. Better communication with all service providers to ensure the safety and well being of the patients.

It is vital to continue to monitor changes in the NHS and Social Care and to give constructive criticism, where necessary, and not be influenced by the local authority or NHS officials.

Jetta Found—Core Group Member

Hospital discharge has undergone many changes and reorganisations over the past few years, largely due to public and patient involvement. Nowadays, no patient that requires social and/or medical care can be discharged before a package of care has been put into place. This involves an agency sending in carers between one and four times a day, depending on the need.

On the whole, this seems to work well, and all the carers I have met have been helpful and friendly, but I fear you do get a clash of personalities at times. You did hear dreadful stories of people being discharged from hospitals at all hours, with no help waiting at home, and just left to get on with it. This does not happen now, or should not. The public can now get things changed or improved by getting in touch with organisations like WIN

Pat Putland—WIN Core Group Member

Podiatry—Years ago you booked an appointment, either by phoning and quoting your code, or sending a card in with a S.A.E. Both had faults, either you did not get the phone call answered or the post took weeks. The system now seems to work better. Everything is done through the Great Western Hospital and the patient receives a letter with an appointment date. Should this not be convenient, you can ring and remake an appointment. WIN had great involvement with the system and big improvements were forthcoming. I feel every GP surgery should have a podiatrist who visits the surgery weekly so that people do not have to travel far. Pat Putland—Core Group Member

RECOMMENDATIONS AND OBSERVATIONS

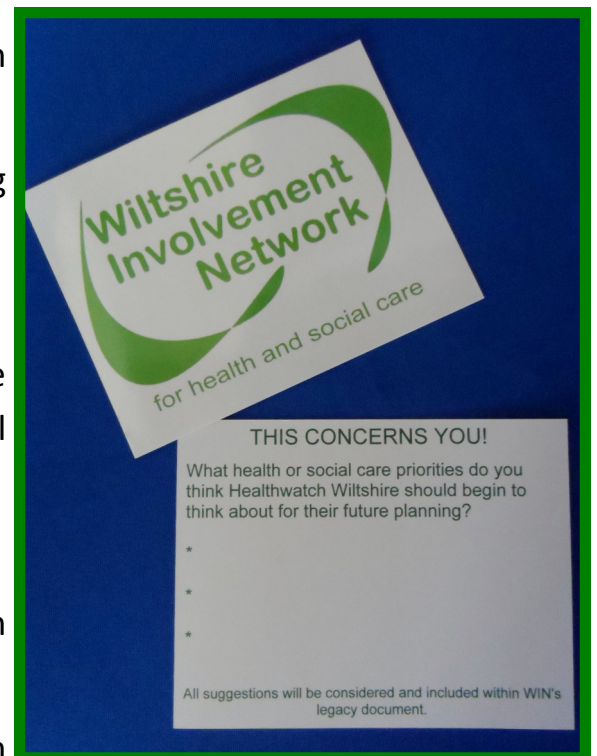


Recommendations

Every single resident in Wiltshire could put forward their views about health and social care services through WIN - as an individual, a member of a community or voluntary organisation, or the statutory sector. It was important that WIN worked alongside these organisations and individuals that had a remit to improve health and social care services for the communities and people they represent so that it could benefit from their expertise and experience. In return WIN could provide these organisations with a platform for their voices to be heard. It is felt that this is an important role that Healthwatch Wiltshire must continue with.

At WIN's last public event in February 2013 attendees were asked to complete postcards asking them for thoughts and ideas for priority areas for Healthwatch Wiltshire to think about. These included:

- Good build up of publicity to launch Healthwatch Wiltshire
- Ensuring that priorities are given to resolving social isolation
- Improving housing for older people
- Need for another GP surgery in Devizes as the medical centre has not been forthcoming and all the other surgeries have far too many patients
- More provision of minor injury units
- More work to raise awareness of mental health issues
- More needs doing to ensure all information is in plain English and without the use of jargon
- Must be more inclusive, listen to users needs and wants and not to be dictated to
- The patients view and experience must be heard and taken into consideration
- Mental health services are important, especially the memory clinics availability
- Address the institutional discrimination of older people by social services especially support carers
- Transport—access to health services and hospital parking need addressing
- More clarity needed about complaints and concerns that would have gone to the PALs service. More clearer information about how to complain and where to go
- People need to be educated about what they can reasonably expect from the NHS and what they can do for themselves



- Accessibility to clinical services for all, including those with physical and mental health disabilities
- More education and training in the monitoring of care services provided
- Improving access to GP's during the day and out of hours

Individuals views can differ greatly, and are generally affected by a personal issue or experience. It is, however, important that these issues and concerns are gathered and recorded to identify trends.

Recommendations for Healthwatch Wiltshire are:

Primary Care Centre in Devizes

There remain concerns that following the reduction of existing facilities/services within Devizes Community Area to implement reconfiguration of services following “Pathways for Change” consultations, Devizes still has no firm plans for a Primary Care Centre. The GP led facility has failed to materialise for various reasons, and with Clinical Commissioning Groups taking over from Primary Care Trusts in April, residents need assurances that the plans to provide new facilities and enhanced services will be revisited. With the increasing numbers of homes built in the community area in recent years and more planned, plus the increased age of population there are already increased demands on the current system. GP provision will need to be expanded in the short term and the future of existing Devizes Hospital site is uncertain once PropCo holds all NHS assets. Healthwatch Wiltshire should look closely at the health care needs of Devizes and surrounding villages in order for the issue to be fully addressed. Reassurances that X-Ray provision, Maternity Services and specialist Outpatients Clinics will remain and/or be enhanced will be needed – but also the commitment to engage with local communities to explain what is achievable within short, medium and long term timeframe given financial constraints and budgetary requirements and to work together to find acceptable solutions. Paula Winchcombe—WIN Core Group Member

NHS 111 is the new telephone service introduced nationally to make it easier for people to access local health services when they have an urgent need. In the area previously served by the Great Western Ambulance Service (GWAS), this service is being provided by Harmoni. It will replace the NHS Direct 0845 number, (the out of hours call handling) and provides a general number for people to call when their need is urgent and they do not think it is a life threatening emergency. It is available 24 hours a day, 365 days a year. Since Harmoni started testing the 111 service in the evenings and weekends in February the South Western Ambulance Service has been inundated with extra calls and crews have said that most calls were inappropriate. Healthwatch Wiltshire must monitor the service to ensure people in Wiltshire are receiving an efficient and effective out of hours emergency service.

Hearing Impaired and the Deaf Community

A process of engagement needs to be set, similar to the 'Vision Ahead' workshops, so that service users and organisations who represent the complete spectrum of people who are Deaf, have hearing impairments or a dual sensory impairment, meet to discuss their issues with statutory and community services. Work has already been done in Wiltshire engaging with sensory impaired service users, the blind and visually impaired in particular, so to ensure equality the same should extend to the Deaf and hard of hearing community, who we already know have issues to raise about how services are delivered to them.

This will need to have clear outcomes with an action plan and achievable recommendations, that everyone can sign up to and deliver as a joint initiative involving all participants.

Healthwatch Wiltshire should continue to reach out to local communities in the county, paying particular attention to hard to reach groups, and build on the strong relationships WIN has established within this wide spread and diverse county.

Points to consider might include:

- using the Community Campuses as they come on line to ensure that Healthwatch becomes recognised as the local health and social care champion
- increasing the use of social media e.g. Facebook and Twitter to reach more people (particularly younger ones) to spread Healthwatch's message.
- using schools as a conduit for the dissemination of information
- persuading Wiltshire Council to have an article on Healthwatch in its magazine
- at an early stage, appointing a Press Officer with authority to speak on its behalf, together with a designated budget for outreach work. The Press Officer could then develop a marketing campaign and nurture relationships with local media, including local television, as well as press contacts.

Joint Strategic Assessment for Health and Wellbeing.

It is important for Healthwatch Wiltshire and its membership to continually feed into the JSA. In the past WIN has encouraged its members to attend their local Community Area Partnership consultation events to share local knowledge about the needs of their communities. This should continue through Healthwatch.

Healthwatch Wiltshire must raise its profile much more effectively than WIN managed to. If there is a national campaign Wiltshire could piggy back on this. They could consider increased use of social media, and the Community Campuses on a regular basis so it becomes recognised as the local health and social care champion. There should also be consideration of using schools and colleges as a conduit for information dissemination to younger people.

‘Everyone Counts—Planning for Patient 2013/14’

This document, produced by central Government, is very person/patient centred and could be the document Healthwatch Wiltshire uses to ensure accountability and transparency in commissioning health and social care services in Wiltshire. The document lays out the priorities of the NHS in England by the National NHS Commissioning Board for 2012 through to 2014. Therefore, it will have an impact on the direction Wiltshire’s Health and Wellbeing Board may take. From this document WIN recommends that Healthwatch Wiltshire:

- Ensures that through Wiltshire’s Clinical Commissioning Group and Health and Wellbeing Board the patient centred approach remains the focus in the commissioning of all health and social care services in Wiltshire
- Ensures that people are listened to and their participation encouraged

Document included as appendix 28

The board of Healthwatch Wiltshire must recruit enlightened and experienced members to represent the people of Wiltshire.

It is essential that Healthwatch Wiltshire maintain good relationships with other Local Healthwatch organisations bordering Wiltshire and the new locality based Clinical Commissioning Groups which have working relationships with the NHS Trusts and organisations that work across local authority boundaries.

It is important that Healthwatch Wiltshire continues to make comment on all NHS Trust Quality Account to ensure quality and performance is formally monitored on a yearly basis.

There is clearly a role for Healthwatch Wiltshire in the recruitment of Patient Assessors for PLACE inspections. Such involvement will have the added benefit of strengthening relationships with local service providers. Please see page 28 for more information. ‘PLACE—Guidance and Information for Patient Assessors’ is included with this document as Appendix 26

Healthwatch Wiltshire should continue to:

- Be represented at all local Area Boards as these are important venues for raising the profile of Healthwatch
- Monitor the Help to Live at Home service, end of life care work being carried out at present, dementia services and hospital discharge

Observations

What worked well:

- Building relationships with other voluntary sector organisations—there are more successful outcomes and sign up when working together on areas of common interest e.g. Age UK Wiltshire, Carer Support Wiltshire and The Stroke Association.
- Building relationships with stakeholders e.g. Wiltshire Council, NHS Wiltshire and the Care Quality Commission.
- Support Team—committed, capable and knowledgeable. In particular, public meetings were extremely well organised. Wiltshire Council commented “WIN can hold this meeting up as an example of excellent practice” (Sensory Impairment meeting May 2010).
- Support from the Host organisation, the Wiltshire and Swindon Users’ Network (WSUN)
- Being able to support the needs of everyone to attend events, being inclusive by enabling them to have their say in a way that suited their needs.
- Bi-monthly public events and themed consultation events have raised various health and social care issues. These have been successful because of effective advertising campaigns to draw in members of the public.
- Dissemination of information from WIN to local community and voluntary sector organisations for wider distribution.
- Concern forms have allowed members of the public to easily share a concern which might effect them or someone they know.
- Newsletters have been well received by many people across Wiltshire with comments about how informative they were.
- Networking opportunities through WIN’s events and other organisations events.
- Inviting stand holders to attend WIN’s public meetings allowed attendees to have access to a wide range of information from other organisations.
- WIN member attendance at their local Area Board meetings and the inclusion of a formal WIN report within the Board papers.
- Data collection and storage.
- Specific work carried out to engage with the sensory impaired community.

Improvements for the future:

- The Core Group struggled to function effectively as a team, with nearly 20 members making for an unwieldy team and at times lengthy and unproductive meetings. The Group's Standing Operational Procedures and election process could have been simplified. With occasional disagreements and threats of resignation from key members this has unsettled the group at times. Volunteers from the Core Group to help with outreach at events have been few and far between.
- HAP UK, the Host organisation given the contract to support WIN in 2008, did not provide WIN with the necessary support with strategic direction or back office functions. Poor communications and staffing problems led to drift and inertia, despite the best efforts of Age UK Wiltshire and WSUN who were sub-contracted to provide outreach. During this time the WIN Officer post was unfilled for 14 months out of the first 23 months of WIN's existence. This was of course resolved once the support contract was terminated with HAP UK and awarded to the Wiltshire and Swindon Users' Network (WSUN) with support from Age UK Wiltshire.
- Core Group members attending events and meetings were required to complete activity reports to allow information learnt to be disseminated throughout the wider membership. This would help people gain the knowledge and understanding of what was happening throughout Wiltshire within the health and social care setting. This would rarely happen as a matter of course. For Healthwatch Wiltshire to succeed with sharing information properly an effective reporting system must be in place.
- WIN had a number of effective ways of outreaching to people in Wiltshire. Not all attempts were successful though, for example, an early initiative was to set up a series of regular 'drop in' surgeries in Devizes, Trowbridge and Salisbury, using Age UK Wiltshire premises. However, these were not well attended and so were discontinued after several months of trying.
- Another learning experience was leafleting the majority of houses in Tidworth prior to a public meeting held in the town in October 2012. This did not increase attendance and took three staff members a whole day.
- Following WIN's successful Sensory Impairment event in May 2010 a comprehensive report was put together which included users experiences and recommendations for service improvements. This report was sent to Wiltshire Council for acknowledgement and action. Unfortunately, due to council staff redundancies, there was a year and half delay before any action was taken, despite WIN's pleas to move the actions forward.

- Not knowing how effective our publicity campaign has been, for example, WIN information and event details were always sent to GP surgeries to be advertised for their patients. Without following up with every surgery there was no knowing if this information was shared. It may be helpful for Healthwatch Wiltshire to devise a tracking process to analyse the most effective approach to publicity.
- Despite the best efforts of all concerned, effective outreach can be hard to achieve. Overcoming public apathy is a major issue. Although many WIN meetings were open to the public, and advertised widely, too often the majority of attendees can from the statutory and voluntary sector. However, the value of networking with other groups and keeping up to date with developments cannot be understated.
- Suitability of members—Healthwatch Wiltshire needs a robust recruitment and selection process with formal job descriptions and person specifications for volunteers. It is vital that board members have the appropriate experience and skill (including IT and Social Media skills) and an understanding of formal meeting procedures.
- Induction training at an early stage, board members should be trained in the statutory structure of Healthwatch, plus areas such as developing a work plan, setting a budget, meeting discipline, record keeping, evidence gathering and press and marketing campaigning.

Outstanding issues for Healthwatch Wiltshire:

- Reported to WIN through the Wiltshire and Swindon Users' Network 'Our Time To Talk' Mental Health Group:
 - Some service users said they feel that GPs tend to focus on their mental health problems and as a result do not take other physical complaints seriously
 - Generally service users said that they feel that doctors rely too systematically only on medication without offering any other types of treatment or advice—some felt that doctors just give out drugs to get rid of them
- Specialist physiotherapy services have now been brought under the control of a unit in Chippenham. This has caused delays to an already overloaded service. GP's can no longer refer directly to the hospital. As with most of the new referral services the systems add to waiting times for first referrals. This concern was received by WIN on 05-03-13 and as yet no investigation has taken place.
- All GP practices appear to have been forced to use centrally provided software regardless of whether they want to or not. This would appear to have a number of faults. Patients requesting repeat prescriptions by email used to get an automatic acknowledgement of receipt. In most cases this no longer happens. The software used by doctors to fill out prescriptions used to have a safety feature which would flag up if a certain medication was unsuitable for patients with certain conditions i.e. Some antibiotics for myasthenics (a rare auto-immune disorder that is characterised by muscle weakness of the limbs). The new software no longer has this feature. Practices have been told that nothing can be done to correct these problems and that they can not revert back to the old system. In many cases WIN can see this putting patients at risk, either by not knowing if a prescription request has been acknowledged, or worse by a patient being prescribed inappropriate medication. This concern was received by WIN on 05-03-13 and as yet no investigation has taken place.
- The findings of the 'Vision Ahead Project—Improving the Care and Support of Blind, Partially Sighted and the Visually Impaired in Wiltshire' in partnership with WIN, Wiltshire and Swindon Users' Network and Wiltshire Council should be carried forward into Healthwatch. This is to ensure that an action plan is produced, and is then populated with named service providers who will commit to carry forward those actions. This is important as we need to drive the recommended improvements suggested by the service user and professional attendees who took part in the workshop process forward. Healthwatch Wiltshire together with WSUN should regularly monitor process to ensure work continues as well as challenge any actions that have shown little or no progress. The Wiltshire and Swindon Users' Network has committed to hold an event later on in 2013 to give the attendees of the original workshop an opportunity to hear updates from those involved with implementing service change.

APPENDICES



A separate document titled ‘Our Legacy—Moving Forward into Healthwatch Wiltshire—Appendices’ containing all appendices comes with this Legacy Document.

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Special thanks to everyone involved with the Wiltshire Involvement Network, Chairs, Vice Chairs, members, partners and stakeholders who have contributed to the successful work of WIN.

The Wiltshire Involvement Network was hosted by Wiltshire and Swindon Users' Network (WSUN) with support from Age UK Wiltshire. For more information about WIN's work please contact WSUN

Wiltshire and Swindon Users' Network

Independent Living Centre

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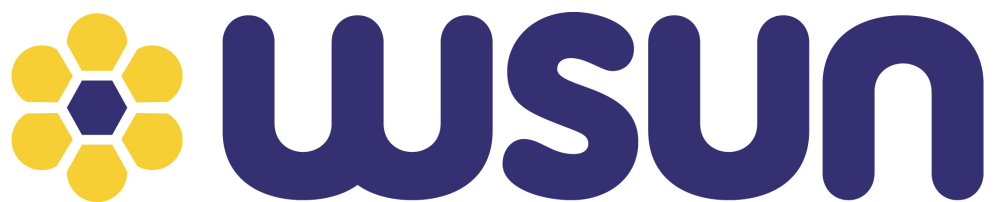
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