Healthshare Report – Healthwatch Oxfordshire response Oct 18

Introduction

We welcome the report prepared by Healthwatch Oxfordshire on the Healthshare MSK service in Oxfordshire, prepared in September ‘18, and are pleased to able to respond to the concerns raised. We take very seriously the patient voice in our services, and the report will form part of the extensive feedback processes both in place and in development as part of our service provision. We acknowledge the concerns raised and would like to outline actions in response. We are very proud of the work and service delivered by our team thus far for the vast majority of patients and are keen to further develop the service with the support of the CCG, GP’s and patients.

In order to provide a full response, and place the service in context, we will here:
1. Briefly summarise the situation inherited by the Healthshare Oxfordshire team
2. Respond to Healthwatch’s Key Concerns and recommendations
3. Outline development plans in place and planned as a further response

1.
   • Healthshare were tasked with taking over and integrating several separate services, with widely divergent cultures and systems across teams from two organisations, into one new referral stream.
   • We inherited a backlog of 12,500 patients, with waiting times of up to 7 months for routine treatment.
   • The previous providers had continued to book patients into appointments after the transfer date, without a coherent record transfer, making it extremely problematic to respond to patient queries.
   • Some clinic sites were not made available to Healthshare
   • We have received 56,000 new referrals in our first year, which represents circa 35% more than planned during commissioning.

2.
Healthwatch - Key concerns and Recommendations

   1. Healthshare Telephone access:
      We are aware that access over the telephone has not been acceptable and agree that further improvements are required. It is not sustainable to manage calls in the region of 1,600 per day, and are putting in place more robust email contact
and changed the way we book patients with appointment letters issued within 7-10 days. We are also putting in place new software, developed jointly with PS Health, to automate some of the administration processes. We are also investing in more administration staff, with the proviso that within finite funding we will prioritise clinical risk and staff.

We are trying to establish more control over the phone system at our main administration hub, which is controlled by OUH, to allow more flexibility and immediacy to modifying patient messages and wait times on the phone.

2. Written confirmation of appointment:
   We have now changed the booking process to include a letter of confirmation. We have been working with a company called MJog, who specialise in automated appointment reminder systems, and who have this week confirmed that the module is compliant with our Patient Administration System. This will allow immediate and automated appointment reminders in the very near future, with options to change that appointment by return.

3. Distance to appointments:
   We would very much like to improve access in some areas where it has not been possible to provide continuity of service from the previous provider. As previously described certain sites were not made available to Healthshare on service transfer and there continues. We are continuing to explore options for accommodating the service with the CCG to allow further access, but there are also considerable availability and cost pressures within Oxfordshire estate.

   Patients are given, as far as has been possible, the option of both the first available appointment and the nearest available appointment, as a matter of choice.

4. Information on Referral
   We have provided each GP with a full A5 booklet detailing the service and will take the recommendation to modify this and provide a one-page summary information sheet that is more accessible for patients.

5. Complaints procedure
   We note that we will check accessibility to paper and web complaints process. We will review the ‘How are we doing’ tab and look at making this more explicit
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as a complaints procedure, whilst maintaining the requirement for all types of feedback. Our complaints policy is to respond as stated; we will audit this on a regular basis to help ensure compliance.

We are very happy to embed the Healthwatch widget on the service portal.

Healthshare report complaints and compliments, from whatever route, to the CCG as part of standard reporting frameworks.

7. Satisfaction surveys
   We will review the satisfaction survey with the CCG and add content regarding the referral process and communication.

3. The following are initiatives and development plans in place with regard to engagement. We would welcome dialogue with Healthwatch in delivering these programs.
   • Patient engagement days are underway in each locality
   • A virtual patient group is being developed to capture feedback from those patients under-represented at organised, face-to-face meetings.
   • We have in place a series of GP engagement days
   • We are assisting in putting together a regular PPG for the service

In conclusion we would like to share our Friends and Family data as part of the published report which shows that of close to 1,000 respondents in April, 93.1% would be likely or extremely likely to recommend the service.

We hope to work more closely with Healthwatch and patient groups to continually improve the service, and thank Healthwatch for the report, which will inform several immediate improvements.

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Director
Healthshare