

Statement from Healthwatch Birmingham on Birmingham Community Healthcare NHS Foundation Trust Quality Account 2021/22

Healthwatch Birmingham welcomes the opportunity to provide our statement on the Quality Account for Birmingham Community Healthcare NHS Foundation Trust 2021/2022. We are pleased to see that there is an open evaluation of the Trusts performance between 2021 and 2022. There is a clear identification of areas where the Trust has done well and areas where further improvements are needed. We acknowledge that Covid-19 continues to have a significant impact on the Trusts activities. Consequently, the Trust is facing significant backlogs within various divisions – dental, specialist community services and rehabilitation services. We agree that these backlogs should be a priority as delayed care has an impact on patients' wellbeing and outcomes. Indeed, the experiences we have heard point to concerns about continued care and reduced frequency of visits from district nurses impacting the health of patients.

During covid has only seen crisis patients which has impacted on a significant patients not being seen for any service and causing more service users to go into crisis. When you ring the service you can't speak to anyone who knows anything about you and you are invisible just because you are not in crisis.

The caller would like to make a complaint about her husband being neglected by a district health nurse. His catheter wasn't being changed regularly and as a result her husband has ended up with Sepsis twice, the second time resulting with him being in hospital where he still is and may die as a result.

However, we also note the excellent work the Trust has carried out during this period and the positive impact on patients. The work the Trust has been doing to ensure remote access to appointments to maintain access during the Covid-19 period, and the work by the early intervention teams. People have told us about how useful these interventions have been.

I had a great service with the community physiotherapy team. They've had to make a lot of changes as a result of the coronavirus but I still managed to get seen remotely. It was very convenient being seen on my ipad and not having to spend ages looking for a parking space.

Kings Norton Diabetes Care Team - Diabetes specialist has enabled me to improve my Diabetes care. She is very knowledgeable, friendly and helpful.

Fantastic support from Early Intervention Service, caring, available.

Healthwatch Birmingham agrees with the four main priority areas for the Trust for 2022/23. We recognise the potential impact these have for patient experience. We note the progress made in implementing a patient portal and plans for patients to use the portal to manage appointments online and enable them to rearrange appointments. We are pleased to see that plans are in development to engage and inform patients and staff about the portal. In addition, that questionnaires, surveys, and PROMS will be made available on the portal.



As noted in our statement to the 2020/21 Quality Account, Healthwatch Birmingham would like to see varied methods of engaging and enabling access to health care. As argued in our statement, in theory, the use of technology for citizens to enhance their use of health and care services is a good thing. However, the experiences we hear demonstrate that use of virtual consultations, video or telephone calls have the real potential to lead to health inequality. For people with sensory disabilities or those for whom English is not their first language, the use of technology can be both enabling and a barrier to accessing services. On the other hand, NHS Digital observes that one in ten people in England lacks basic digital skills and nearly six million people have never used the internet. Therefore, the number of people digitally excluded is significant and needs to be taken into account when making the decision to continue with virtual approaches. We would like to read in the 2022/23 Quality Account how the Trust has used learning and evidence from its inequalities work to inform the roll out of the patient portal. Healthwatch Birmingham's recent work with day opportunity services in Birmingham has shown the impact digital exclusion can have on a person's ability to access care. During the pandemic when some day centres introduced virtual activities, at least 13% of the people we spoke to were unable to engage because they either did not have access to the tools (computer, internet) or they were digitally illiterate. It is important that those digitally excluded are still provided a means to manage appointments and respond to questionnaires, surveys, and PROMS.

We are pleased to also see continued focus on patient experience, especially the launch of 'what matter to me feedback across the Trusts services. We look forward to reading in the 2022/23 Quality Accounts how feedback to these surveys has informed care delivery and improved patient experience. We are also pleased that under the patient experience priority, the Trust is focusing on compassionate care through the introduction of the 'Hello my name is' programme. We would also like to see the Trust involve local Healthwatch, service users and members of the public in designing and implementing the Patient, Family and Carers Experience, and Involvement Framework. We look forward to reading in the 2022-2023 Quality Accounts how the Trust has involved various stakeholders in developing and implementing this aspect of the patient experience priority. We are pleased to see that the Trust has already made inroads into building relationships with various communities to understand their needs. Insights from these relationships is important for informing the Trusts activities around engagement and inequalities work.

In our statement to the 2021/22 Quality Account, we were pleased to see that the Trust had commenced with developing a vision for addressing health inequalities. We note that this work has continued apace and that the Trust has published its first inequalities strategy. We look forward to reading about the progress made under the four pillars of this strategy (health inequalities, workforce equality, service equality and community engagement) in the 2022/23 Quality Account. We look forward to engaging with the new Equality and Inclusion Director in bringing focus to this vital work.

We have noted that for the staff survey, for all elements and themes, the overall BCHC scores are below the average of the comparator group. For the two comparable themes (morale, staff engagement), BCHC overall score has significantly declined



since last year. The engagement score has dropped by 0.2 and the morale score has dropped by 0.3 since last year. In addition, several areas have deteriorated including the theme 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' which has declined by -6%. We note the work being planned and look forward to reading how evidence from the 'Big Conversations' has been used to inform change. We would like to read the impact of this on staff in the 2022-23 Quality Accounts.

The issues we have heard about from service users of BCHC are similar to the five top complaints the Trust receives. In particular, concerns about coordination of care, lack of communication, and waiting times. We were pleased to see examples throughout the Quality Account report of lessons learnt through compliments, complaints, and PALS contacts. We would like to see examples of the actions taken in response to these complaints. We note that adult community services received the majority of complaints. Indeed, during our recent visits to day opportunity services, we heard about the need to reinstate the many services provided to day centres by BCHC.

In conclusion, we would like to again commend the Trust for prioritising patient experience and engagement, inequalities and we welcome examples of learning from feedback outlined in the Quality Account. We again ask that in the implementation of the use of online tools the Trust should provide alternative means for those digitally excluded, and alternative formats for those with a disability and those for those with language barriers. As we indicated in our Quality Accounts Statement 2020-2021:

- The key objective of engagement should be 'to use patient and public insight, experience, and involvement to identify, understand and address the potential consequences of service improvement, design and development on health inequalities and barriers to improvements in health outcomes (including increasing independence and preventing worsening ill-health).'
- Public health data should inform engagement plans to ensure that the Trust is hearing from all sections of the community particularly those impacted negatively by changes or improvements to services. Also use this to understand wider impact on health inequalities that have an impact on how the Trust delivers its services.
- The Trust is using varied ways of engaging with services users and members of the public that go beyond the use of online methods to ensure that the communication needs of diverse groups are met.

Andy Cave, CEO

Healthwatch Birmingham