

COMMITTEE: Health Scrutiny Committee

DATE: 15th September 2009

REPORT OF: Assistant Chief Executives (Strategy and Democracy)

REPORT TITLE: Scrutiny consultation on older people's health services

1. Introduction

1.1 The Stockport Joint Strategic Needs Assessment (JSNA) projects a rapid growth in the number of people aged over 65 years living in the borough:

- In 2006 approximately 48,200 Stockport residents were age 65 years and over. By 2011 it is projected that this figure will rise to approximately 51,000, accounting for 18% of the borough's population; and long term forecasts expect that there will be a further increase of approximately 10,000 over 65s by 2021.

The changing demography has profound implications for the planning and delivery of health services. At the meeting of the Health Scrutiny Committee on 31st March 2009, Stockport Council, the Primary Care Trust (PCT) and Foundation Trust acknowledged that planning for future health service provision for older people is a key challenge.

1.2 At its meeting on 26th May 2009, the Health Scrutiny Committee agreed to focus its 2009/10 review programme on older people's health services, in order to evaluate current provision, help identify current challenges and inform future provision.

1.3 The Committee resolved to begin its work on older people's health services by carrying out a programme of consultation with older people living in Stockport, in order to find out about their experiences of local health services and the health related issues that are important to the borough's older residents.

1.4 This report provides:

- Further details of the consultation programme devised by the Health Scrutiny Committee;
- An overview of the key findings of the Scrutiny Committee's consultation with:
 - Residents at Spey House Extra Care Housing Scheme
 - Attendees at Ada Kay, Whitehill and Parkview Resource Centres

2. The consultation programme devised by the Health Scrutiny Committee

2.1 Aims and objectives

2.1.1 The Committee agreed that the overarching purpose of the consultation should be to involve older people in setting the Scrutiny Committee's review programme on older people's health services, in order to ensure that the Committee's work reflects the needs of the borough's older residents.

- 2.1.2 The consultation is an important piece of work as it provides a unique opportunity for older people, whose views and experiences may not usually be heard, to be proactively involved in developing a Scrutiny work programme which helps to improve users' experience of local health services.
- 2.1.3 It was agreed that the consultation was not intended to present a representative and definitive picture of older people's experiences, but rather a taster of potential issues for the Scrutiny Committee to explore in further detail.
- 2.1.4 The Committee was keen to ensure that this piece of consultation complements, and does not duplicate, existing research and consultation. To this end, Members worked closely with the All Our Tomorrow's Partnership, PCT, Age Concern, the LINK and various service providers in the planning and implementation of the consultation. It was agreed that the Scrutiny Committee's consultation prompt open discussion about the services offered by primary care providers and the Foundation Trust, and steer away from the specialist focus of existing consultation on health services.
- 2.1.5 The Committee identified the following aim and objectives for the consultation:

Aim
To obtain an insight into older people's experiences of health services in Stockport (including services provided by the Primary Care Trust and Foundation Trust), in order to identify potential trends and, if appropriate, lead to further in-depth follow-up work by the Scrutiny Committee.

Objectives
<ul style="list-style-type: none"> (a) to gather older people's experiences and views regarding access to local health services; (b) to obtain an insight into older people's experiences of using local health services; (c) to obtain an insight into older people's overall satisfaction with local health services; (d) to gather older people's views regarding the gaps in service delivery and / or areas for improvement; (e) to identify some of the health issues that are important to the borough's older residents, including any general trends relating to equality of access and experience of health services; (f) to access the views of harder to reach groups of older people and those not currently using health services

- 2.1.6 It was agreed that the Scrutiny Committee will, however, take into account the findings of wider consultation when analysing the results of its own consultation.¹

¹ The committee has considered the findings of the extensive programme of consultation carried out by the All Our Tomorrow's Partnership in 2007; the findings of the national GP Patient Survey; and will be receiving reports on the PCT's consultation on Dementia Services; and the LINK and Age Concern's joint work on age discrimination in health services.

2.2 Methodology

- 2.2.1 The Scrutiny Committee wanted to consult with as wide range of older people as possible, including harder to reach groups who would not usually partake in such consultation, in order to obtain a broad spectrum of experiences and views.
- 2.2.2 To this end it was agreed for Members of the Committee to visit a range of community settings in order to:
- meet older people from different backgrounds, with a diverse range of needs;
 - make it as easy as possible for older people to participate in consultation by fitting in around their existing arrangements.
- 2.2.3 In addition the Scrutiny Committee worked closely with the LINK to undertake further consultation in residential homes and care homes, thereby ensuring the views of some of the most vulnerable older people in the borough are represented.
- 2.2.4 The table below provides further details of the consultation activities undertaken by, or on behalf of, the Committee;

Consultation activity	Notes
<p>Coffee afternoon at Spey House Extra Care Housing Scheme</p> <p>Visited by Cllr McGee on Wednesday 22nd July</p>	<p>Extra Care Housing (ECH) is accommodation comprising of self contained flats, combined with varying amounts of care and support which can be tailored to meet the needs of older people in order to help them to maintain their independence.</p> <p>70 tenants live in the ECH scheme at Spey House in Reddish; most of these residents have a good level of independence. Around 30 tenants attended the coffee afternoon; 24 participated in the Scrutiny Committee's consultation. Participants' ages ranged from 60s-80s.</p>
<p>Resource Centres</p> <p>Ada Kay visited by Cllrs Gordon and Lees 29th July</p> <p>Whitehill visited by Cllrs Somekh and Brett 6th August</p> <p>Parkview visited by Cllr Somekh 7th August</p>	<p>The Council runs three Resource Centres (Ada Kay, Whitehill and Parkview); all of which provide day care for older people who require more support than that provided by an ordinary day centre or luncheon club.</p> <p>Many of the attendees at the resource centres have more complex needs than those living at Spey House.</p> <p>Members talked to 7 attendees at Ada Kay, ? at Whitehill and 11 at Parkview</p>
<p>Consultation in residential and care homes</p> <p>In progress</p>	<p>Many of the older people living in residential homes or care homes are particularly vulnerable and have very complex care and support needs.</p> <p>Due to the vulnerability of residents an enhanced CRB check is required in order to carry out consultation.</p> <p>LINK members are required to undergo the enhanced</p>

	check as part of their LINK training; and the statutory powers delegated to the LINK give its members the right to access residential homes and care homes where services are provided. Consequently the LINK agreed to carry out consultation in residential homes and care homes on behalf of the Committee.
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2.2.5 A flexible methodology was adopted for carrying out the consultation. Members and LINK representatives liaised with carers and Resource Centre staff in order to devise an appropriate methodology. It was agreed that a mixture of small informal discussion groups and individual interviews be adopted, depending on the individuals' needs and preferences. A generic discussion guide was used in order to increase consistency between discussions / interviews.

2.2.6 Short questionnaires were also distributed to the day centres and Pop-In Centre managed by Age Concern, in order to target a wider population. In addition an article was published in the Stockport Express inviting readers to submit their experiences of local health services for older people.

3. Key Findings

3.1 Feedback from residents at Spey House Extra Care Housing Scheme

3.1.1 Overall residents were positive about their experiences of health services. Some residents reported mixed experiences of local health centres and Stepping Hill Hospital, but the majority of residents felt that the services they receive are of a high standard and that the people providing services generally treat them well.

3.1.2 The issues identified for improvement, were for the most part relatively minor issues, but have a significant impact on the lives of the older people we talked to.

3.1.3 The areas for improvement identified by residents relate to the four broad categories outlined in the text boxes below. Three categories directly relate to health services, the fourth category relates to facilities at Spey House which residents felt impact on their health and wellbeing.

3.1.4

1. Communication with health service providers
<ul style="list-style-type: none"> • Residents expressed very mixed views regarding communication with health service providers. • The majority of residents agreed that the Older Peoples Unit at Stepping Hill Hospital offers a “very good” service, explaining conditions and care options thoroughly and treating older people “as people.” • In addition some residents praised their local health centre and GP for providing a personalised service and taking the time to respond to specific health related questions and concerns. These residents trusted their GP and felt that they had established a good relationship.

- By contrast, however, some residents complained that older people are not treated with respect by some health service providers. Comments included: “we’re not treated like an adult,” “our views don’t count,” “you’re given the impression you’re wasting their time”....”not them again.” Some residents explained that they felt reluctant to contact their GP and intermediate care providers, including chemists etc for fear of “mithering”.
- In addition some residents felt that medical professionals do not allocate sufficient time to explain treatment, care options and medical conditions, leaving the patient unsure about what to expect and how to manage their condition.
- Some residents complained that greater emphasis is placed on completing paperwork rather than communicating with the patient.
- It was agreed that a patient’s experience of local health services can be heavily influenced by their relationship with their GP.

3.1.5

2. Continuous care and intermediate care

- The majority of residents “couldn’t speak highly” enough of the quality of aftercare arranged by Stepping Hill Hospital. One resident felt that the aftercare provided was of a very high standard; she particularly commended the decision not to discharge her from hospital until building work at Spey House was complete, so her breathing was not affected by dust.
- Some residents, however, complained that many continuous care packages fail to fully address the requirements of older people with complex needs, forcing many older people to rely on relatives, who are often also elderly. For example, one resident complained that her carer regularly arrives “so late I am already up, my husband has to help me wash and get dressed.”
- Residents also felt no back-up plans were in place should family members be unable to provide care. One resident explained that she would have no choice other than to move into a care home should her 80 year old husband be unable to care for her.
- In addition one resident who had received intermediate care following a stay in hospital, felt provision was stopped too soon and satisfactory follow-up support / aftercare was not put in place. She felt that the lack of follow-up support had damaged her confidence and had a detrimental effect on her independence.

3.1.6

3. Access to health services

- Again residents’ experiences of accessing health services were mixed.
- The majority of residents were satisfied with processes for obtaining an appointment or home visit from their GP.

- Some residents, however, reported difficulties. For example some residents were required to telephone for an appointment on the day they wished to attend their local health centre, but found appointments were already fully booked by the time they got through. As a result, some reported missing dates they were due check-ups or blood tests etc
- In addition some residents expressed dissatisfaction with arrangements for home visits by GPs. It was reported that some GPs seemed reluctant to visit patients who had difficulty in getting to the surgery. For example, one resident was forced to take a taxi to the surgery as she was unable to obtain a home visit, only to be referred to the hospital because of breathing difficulties.
- Many residents cited travelling to and from health service providers as a key problem for older people, especially those with walking or breathing difficulties. One resident praised her health centre (South Reddish clinic) for setting up a transportation scheme for local older people; and it was felt that the adoption of this scheme by other health clinics would be beneficial.
- In addition one resident suggested arranging for service providers commonly used by older people, such as podiatrists, to make scheduled visits to Spey House in order to treat all appropriate residents at one time.

3.1.7

4. Facilities at Spey House

- Residents complained that flats don't have a shower as standard. They explained that showering is the easiest way of washing for many older people and consequently helps them to maintain their independence and dignity, thus having a positive impact on their health and wellbeing
- Residents also complained about recent problems with the lifts at Spey House. They reported that the only lift responsible for servicing one of the two buildings at Spey House had been out of use for over seven weeks, forcing all residents to use a chairlift. Residents complained that the chairlift is inadequate for many day-to-day tasks, such as transporting washing and shopping up and down the stairs; and therefore had a detrimental effect on residents' independence.
 - Furthermore residents explained that this was only the latest in a catalogue of recent problems with the lifts, which they blamed on inadequate maintenance contracts and delays in sourcing replacement parts from Germany.

3.2 Feedback from visitors at Stockport resource centres

3.2.1 Overall attendees at the Resource Centres relayed very positive experiences and opinions of local health services.

3.2.2 Discussions with the older people at the Resource Centres centred around two key issues:

- i. access to health services
- ii. care received

In relation to both issues responses were very positive. The prevailing tone was summarised by one older person as “we don’t have anything to really complain about.”

3.2.3 A few isolated complaints were, however, raised by some older people and some areas for further improvement were identified. These areas for improvement, along with a general summary of the discussions, are outlined in the text boxes below:

3.2.4

1. Access to health services

- Attendees at the resource centres reported no difficulties in securing an appointment with their GP and all were satisfied with waiting times both for an appointment and whilst at the health centre.
- Furthermore the vast majority of attendees were satisfied with procedures for securing a home visit and many reported positive experiences of their GP visiting them outside of the practice.
- A minority of attendees did, however, raise concerns regarding waiting times for a home visit from their GP; and some felt that administrative staff displayed reluctance to arrange such visits.
- In addition one attendee reported that though she had not experienced any problems in booking an appointment with her GP, she did feel that the booking procedures in place at her local health centre could cause unnecessary stress for older people. She explained that patients are required to log an initial request for an appointment, before waiting for health centre staff to contact them to arrange a time and date. She reported that the gap between the initial phone call and waiting for a call back can be very stressful for many older people, particularly as they are often already anxious when making their initial phone call.
- Of those attendees who had recently accessed hospital services, all were satisfied with referral procedures and waiting times for an appointment.
- One attendee, however, raised concern regarding waiting times in Accident and Emergency. She reported waiting for six hours before being admitted to Casualty and another five hours for an ambulance to take her home. She explained that she was “very unhappy” with the long waits and felt that they had reinforced the stress of the situation.
- Attendees agreed that travelling to their local health centre or hospital was often problematic, particularly for older people with walking and breathing difficulties. In addition attendees reported that conditions such as unsteadiness on their feet and eyesight problems also affected older people’s confidence at using public transport and crossing roads. It was felt that provision for commonly used health services to be made available at resource centres would be very beneficial.

2. Care received

- All attendees were very satisfied with the care they receive at their local health centre. They reported being treated with respect by healthcare professionals and administrative staff and were satisfied with the quality of health services provided.
- In addition they all praised the community care service they receive for meeting their needs and helping them to retain their independence.
- Attendees reported mixed experiences, however, about their experiences at Stepping Hill Hospital. Whilst many attendees were satisfied with the health care they received and the way they were treated by staff, the following concerns were raised:
 - Mixed experiences regarding personal care on different wards – for example one participant complained that staff had not helped him fit his hearing aids resulting in him being without them for some days.
 - Inconsistency in the way patients are treated by nursing staff - for example one member of staff brought a patient a hot drink during the night whilst another member of staff refused to do the same for another patient;
 - Lack of effective interaction with patients suffering from dementia - it was felt that some healthcare staff have difficulty in communicating with patients suffering from dementia, resulting in such patients not receiving the same level of respect and dignity as other patients. For example it was reported healthcare professionals often fail to provide dementia patients with adequate information about their condition and treatments; and often target information at “carers” rather than communicating in an appropriate way to meet the specific needs of these patients.

3.2.6 Attendees at the resource centres were particularly positive about the support and facilities offered at the centres, which they felt also contributed to their health and wellbeing. It was felt that the opportunity to get out of the house and socially interact with other older people and resource centre staff was invaluable. Furthermore they commended the “welcoming” and “relaxed” atmosphere of the centres, which they explained made older people feel comfortable and want to attend.

3.2.7 In addition it was noted that some of the attendees at the resource centres organise or participate in various activities, such as crafts, knitting, pool and helping resource centre staff provide a catering service. It was felt that such activities provide older people with further interests and mental stimulation which also contributes to their overall wellbeing.

3.3 Summary of key findings

3.3.1 The overall picture presented by this consultation is very positive. The vast majority of older people, at Spey House and the resource centres, reported that the health services they receive are of a high quality and the healthcare professionals providing services treat them with dignity and respect.

3.3.2 Participants with more complex needs, (particularly attendees at the resource centres) were particularly satisfied with the services they receive.

3.3.3 A number of areas for improvement were, however, identified by participants at both Spey House and the resource centres. These include:

- Interaction of healthcare professionals with patients suffering from dementia;
- Difficulties experienced by older people in travelling to and from GP / hospital appointments;
- Inconsistency between different health centre's procedures for booking GP appointments and the availability of home visits;
- Mixed experiences of care on different wards at Stepping Hill Hospital

3.3.4 In addition residents at Spey House identified improved communication between healthcare professionals and older patients, regarding medical conditions and care and treatment options, as a key area for improvement. This issue was most often raised by older people who had a higher level of independence and was less of a priority for attendees at the resource centres who generally had more complex needs.

Members are invited to discuss the content of this report and identify any issues the Committee wishes to explore in further detail

Representatives from the LINK and Age Concern have been invited to the Scrutiny Committee meeting on 15th September to provide feedback on:

- The consultation carried out by the LINK in residential and care homes
- Responses to the questionnaires distributed in the day centres and Pop-In Centre managed by Age Concern