

SCENE SETTING - THE VOICE OF THE SERVICE USER

Healthwatch Isles of Scilly

VIEWS CONSISTENTLY EXPRESSED TO LINK4SCILLY/HW IOS:

- High value placed on NHS and reports of good treatment and care.
- High level of appreciation of local services: availability of NHS Dentistry*; all services provided by GP Practice, including on call; local hospital/MIU/Community Nursing; local ambulance services.
- *Dentistry: perception that it is difficult to book for a routine check-up or hygienist treatment. (However, Dental Practice report a current wait of a few weeks. Appointments are made for a check-up at which the dentist will advise on need for scale/ clean).
- Optician service: access has been very poor for many years and the provision of a local service is welcome and long overdue.
- Physiotherapy: GP referral/self referral - people say that there is a long wait for a 1st appt. PCH tells us that IOS has the same level of cover and access as the rest of Cornwall. Link in Cornwall told us that people in Cornwall report that appts are accessible quite quickly but that they would like more than 6 appts in a course of treatment.
- Need to travel:
 - acceptance that medical consultation/treatment will often be provided in mainland setting but frustration with time demanding, complex and sometimes expensive arrangements to get there. Frustration with being offered difficult to attend time slots for outpatient appointment or inpatient admission.
 - concern about use of NHS resources and a perception that patients are routinely called to the mainland without much thought about the necessity. Examples: mainland outpatient appointment to discuss treatment options rather than telephone consultation; travelling to West Cornwall Hospital for removal of stitches after minor op.
 - Air Ambulance/RNAS Culdrose med-evacuation: gratitude and appreciation (reflected in high level of local fundraising), but also acute awareness of expense of RNAS med-evacuation. Concern that patients are transferred for treatment that could/used to be delivered on island.
 - Referral for diagnosis: most would want an 'expert opinion', however most also agree on need for wider range of local diagnostics/remote diagnostics where appropriate.
- Local inpatient facility: perception that St Marys Hospital beds are under used, and a desire for St Marys Hospital to be used more for nursing care/respice/recuperation.
- Elder care: concern about recruitment and staffing for domiciliary care; concern about future provision for elderly residents; concern about support for people with dementia. Fear of being forced to move away, or endure separation from partners/family, in order to access adequate care/nursing care/support.

SPECIFIC CONCERNS/ISSUES KNOWN TO HW IOS:

1. Travel and transport

- a) Review criteria/need for travel: make alternatives available i.e. tele/video consultation; local treatment/post-op care; local diagnostics. HW is aware that work on near patient testing is ongoing and that some of it was 'restarted' with the transition in April; however we are frustrated at the slow progress, particularly regarding local urgent x-rays.
- b) At the same time, widen travel warrant criteria to include eg. recommended support groups for chronic conditions; low level therapy. This would affect a small number of people but make a huge difference to them.
- c) More clinics in Penzance as opposed to Treliske, being addressed in the Penwith locality review. Latest data from RCHT shows a drift back to Treliske: 49.4% of all OPAs in the year July 12 to June 13, compared with 46.7% for the preceding 12 months.¹
- d) Better awareness of the need for IOS residents to request a changed time/date due to transport restrictions. Some booking clerks still regard this as a refusal to attend and apply the 'two strikes' rule.
- e) Accessibility of aircraft for people with limited mobility. Clarity on assessment/authorisation for use of stretcher.
- f) Better transport scheduling and surface transport links to allow completion of an appointment in a day trip especially in winter.
- g) Improve systems all round - booking and arranging travel/seat availability/ schedules/ weather viability, see HW Medical Travel-IOS winter report.

2. Outpatients appointments

- a) Accessible time slots for outpatient appointments/inpatient admissions - constant need to maintain awareness by RMS and RCHT booking clerks, we are grateful for the support of system managers. Latest data from RCHT shows that the percentage of OPA's taking place between 11am and 2pm has remained steady at around 63% until recently: figures for April to June 13 show a drop to around 55%², this may reflect a longer flying day and longer time window available; or an increase in patients opting to travel on the days either side to allow a longer time window for appts. This was a definite trend over the latter part of the winter in response to increased transport disruption.
- b) St Marys clinic cancellation: if a clinic is cancelled through travel disruption, a replacement date should be set whenever possible, rather than missing it out of the schedule altogether. If a consultant's clinic is cancelled, patients may need to travel to the first available appt on the mainland. If it is a therapy clinic, patients may go twice as long between treatments, or endure further long delays: cancelled appointments may not be able to be rebooked for several weeks in a busy clinic.

3. Admission to A&E

- a) Patients from IOS who are airlifted in an emergency will be very isolated and have limited supplies: clothing, money, id etc. This causes real problems if they are discharged from A&E, and leaves them not well supported if they are admitted to a ward. Locally, we can work on better patient information about sources of support etc., but few people are prepared or equipped in an emergency. Much better awareness and understanding of their situation on the part of hospital staff, better patient

information, and an automatic referral to voluntary support - i.e. hospital visitors - would alleviate distress.

This is as much if not more important for visitors to IOS who become ill/have an accident during their stay.

4. Discharge from hospital

- a) From A&E: as noted, patients will be poorly equipped and may need to find overnight accommodation/make their way home. HW and IOS League of Friends are developing information/supply packs to be sent with patients.
However, it is imperative that hospital staff contact or instruct patients to contact the RCHT Patient Transport Service to make their travel arrangements - this still doesn't happen. RCHT agreed that patients who are unable to travel back to IOS on the day of their discharge will be offered alternative accommodation onsite - this doesn't happen.
- b) From the ward: discharge planning should always take the journey into account - length of journey/ mode of transport/ waiting time at airport/ contingency in the case of transport delays or cancellation. If the journey cannot be made or completed on the day of discharge it was agreed that alternative accommodation onsite will be offered - this doesn't always happen.
- c) After care: necessary information is not always communicated to local health services in a timely manner.

5. Mental Health support

- a) People report that:
 - They have received good care and support from their GP.
 - GPs will refer to an Outlook Southwest counsellor who visits fortnightly. There can be several weeks wait for a first appointment, no NHS commissioned support is available in the interim, a need for patient information about alternative sources of support.
 - There is poor access to low level support. There is a sense that one needs to hit a crisis to access services.
 - Sometimes people get passed around between services and feel burnt out.
- b) A number of voluntary sector bodies are commissioned to provide services in Cornwall and IOS, but have no presence here/remote access arrangements (children's and adults services). Travel warrants are restricted to NHS secondary care, i.e. psychiatric care.
- c) Local MH services/support:
 - *(I know this workshop is about adult services, but ...)*
Continuation of a part time children's primary mental health worker is welcome. We have concerns about referral between Tier 1/2 and Tier 3 CAMHS services if provision is split between teams. We are not certain how recent interim arrangements for diagnosis of autism for children in school year 2 and above address referrals from IOS.
 - Provision of a full time adult mental health support worker is welcome. We believe that the period when a Community Psychiatric Nurse was seconded from CFT to IOS Adult Social Care was a benchmark for good provision: individual and community group support/information/access. We hope that the MH support worker role will be developed to meet this need. We recommend a qualified MH lead for IOS, either a CPN or local AMPH, to act as key worker and ensure co-ordination and integration of services.

- Mental Health Crisis: we welcome the recently developed protocol and recognise that the aim is to transfer the individual to safe and appropriate care, which cannot be provided here. We understand that it is not a case of 'out of sight, out of mind'. We would like further clarification about co-ordination of local and 'out of county' treatment and care, and maintenance of supportive contact with community, family and friends.

6. Maternity services

- a) Staying on the mainland: we are concerned about difficulties encountered by women who must be on the mainland at or before 39 weeks if they are due to deliver at Treliske. They must arrange and fund accommodation on the mainland and childcare at home, possibly for 3-4 weeks. There is the added stress of family separation. We are undertaking some research and will request further discussion with RCHT in due course.
- b) Discharge from birthing room on St Marys: RCHT have agreed that a newly delivered couple may remain in the birthing room with their baby after discharge by the midwife, until they can safely make the journey home. The Midwifery team leader wrote to Peninsula Community Health about use of accommodation at St Marys Hospital. We have not been informed of the progress of this request or any outcome.

- 1 HW IOS interpretation of RCHT Business Intelligence and Assurance Unit data: 'Outpatients Appointment Times for Patients from the Isles of Scilly'.
- 2 RCHT Business Intelligence and Assurance Unit data: 'Outpatients Appointment Times for Patients from the Isles of Scilly'.