

ISLES OF SCILLY HEALTH & CARE COMMUNITY SURVEY REPORT

Healthwatch Isles of Scilly
February 2014

this page is intentionally blank

Contents

Introduction	1
GP Practice/ Health Centre	2
Optician Service	3
Pharmacy	3
Response from the Practice	4
Dental Practice	6
St Marys Hospital	7
Response from Peninsula Community Health	7
NHS Therapies and Clinics	9
Response from Peninsula Community Health	10
Outpatients and Inpatients	12
Response from Royal Cornwall Hospitals Trust	14
Maternity and Midwifery	14
Children's Community Health Services	15
Response from Cornwall Partnership Foundation Trust	15
Adult Mental Health Services	16
Response from Cornwall Partnership Foundation Trust	16
Ambulance and Emergency Services	17
Other comments about health services	18
Arranging travel and a travel warrant	19
Other comments about travel	20
Adult Social Care Services	21
Children's Social Care and Children's Services	21
Community Services	22
Response from Council of the Isles of Scilly	23
Other comments about social care and community services	24

HEALTHWATCH ISLES OF SCILLY COMMUNITY SURVEY REPORT

Our community survey asked an open question: 'what works well, what could be improved?' in 28 service headings, covering adult and children's health, social care and community services. We sent it out in October 2013 to all households, using the most accurate mailing list we could compile, plus additional copies for residents of Park House, Scilly's only care home.

935 surveys were sent and 193 were returned, giving us a response rate of just over 20%. Comments were either a simple rating and/or observation or could be counted as two, e.g. 'this part works well but that part doesn't'. Some people told complex stories touching on different services or aspects of a service and these were copied into relevant sections. In all, the survey generated 2130 separate comments.

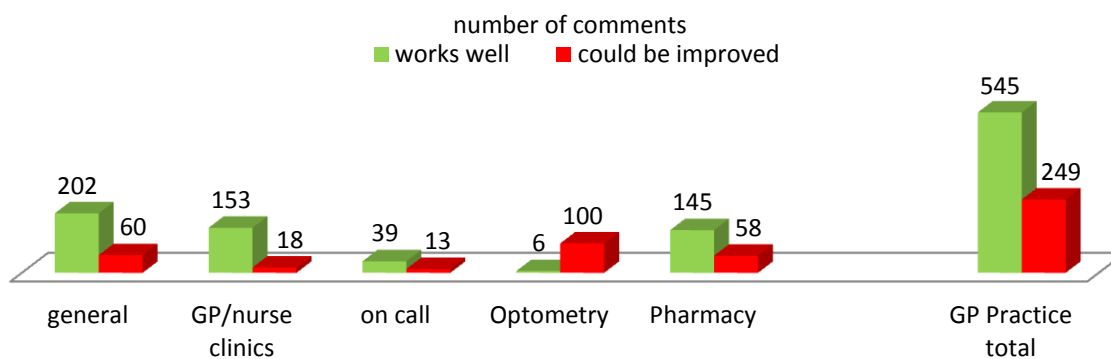
All comments were transcribed into service headings and we prepared a summary of what people said. The transcripts and summaries were then sent to the relevant service provider so they could judge if the summary was accurate and fair; and make a response if they wished, to be included in this report.

We asked people to comment on services which they or a member of the household had used in the last 12 months. The response represents the views and experiences of a fraction of a relatively small number of people in terms of service use across Cornwall and the Isles of Scilly. However, we believe that all opinions based on experience are valid, and know that providers welcome comments as a useful tool to evaluate and improve service delivery. In addition, there are logistical hurdles to providing or accessing a number of services due to our location, and it is very important to articulate the 'view from here' to the people who plan and provide services to and for islanders.

We gather and use people's comments in a number of ways and are engaged in work around medical travel, access, provision and choice. We know that there is room for improvement. Survey respondents pointed very clearly to what does not work well but also expressed a high degree of satisfaction and appreciation for many services. This is reflected in the ratio of 'works well' to 'could be improved' observations, at 1408 to 722.

The summaries and responses presented in this report are for interest and information. All comments have been passed on to the relevant service provider and will inform future discussion and planning. It is a useful snapshot of patient and client experience and we recommend it as such.

GP PRACTICE/HEALTH CENTRE



Services provided by St Marys Health Centre attracted the highest number of comments from survey respondents.

The service in general is at the top of the list of services which are reported to work well.

- The majority of respondents rated the service as excellent to good and working well.
- Some noted recent improvements since the arrival of the senior GP, citing more confidence in the service.
- Many people mentioned the ease and speed of getting an appointment, although some said that appointments often ran late on the day. There was some positive feedback about the new facility for telephone or Skype consultations.
- Staff were described as friendly, helpful and courteous.
- The Health Centre premises are described as pleasant and clean.
- Reception and administration is generally thought to work well, but a number of comments were critical of the new telephone system and about lack of privacy at the desk.
- Commenting specifically about GPs, a number of people said they were happy with their care. However, there were complaints about a lack of continuity due to staff changes and a high use of locums.
- Some respondents felt that improvements are needed in communication, particularly in feedback to patients about test results, 'even if it is nothing', and consultants letters.

We asked people to comment on particular aspects of the service provided by the Practice:

Practice Nurse and GP Clinics received overwhelmingly positive comments.

- Most respondents simply said that clinics are excellent to good and work well.
- Some people mentioned that vaccination and blood clinics are efficient, and Well Woman/Well Man clinics are appreciated.
- Many people had praise for the Practice Nurses as capable and pleasant, and helpful in providing information and advice.
- Appointments are usually convenient, and easy to arrange.
- Calls for improvement included more availability of nurse appointments, and nurse visits to off islands.
- Clinics are sometimes busy and involve a long wait.

Out of hours/on call

- The majority of respondents in this section reported that the system is good, with prompt attention.
- However, phone access via the automated system and the hospital was described as long winded.
- A small number of respondents felt that home visits are less available than in the past.

Optician service is at the top of the 'could be improved' list in the whole survey.

- A small number of people said the system works well, one of these was commenting on diabetic eye screening.
- The majority of comments concerned the delay in provision of a new on-island service and very poor access to eye tests generally. There was a notable strength of feeling expressed in this section as people indicated their frustration and disappointment at the failure of the promised service to get started.
- The current situation was variously described as 'very bad', 'awful', 'unacceptable', 'non-existent' and 'a complete failure'.
- A number of people said that they have made arrangements to have an eye test on the mainland, but others commented that this is not an option for them due to cost or other constraints.

Pharmacy is generally reported to work well.

- The majority rated the service as excellent to good and works well. Comments included 'well organised', 'helpful', 'obliging and prompt'.
- Staff were described as friendly, efficient and helpful, and people appreciate the pharmacists advice.
- A number of people liked the new pharmacy premises, describing it as an improvement, but others still think the Health Centre location is inconvenient, i.e. for off islanders, for collecting prescriptions, or for visitors needing travel sickness medicines.
- There were adverse comments about opening hours, in particular closing at lunchtime.
- Dispensing of prescriptions - some people thought this works well, but more said that processing of repeat prescriptions takes too long, or that they would prefer to collect and pay for three months supply of ongoing medication rather than one month at a time.

Healthwatch Comment:

The GP Practice is central to health care, and surveys always indicate a high level of appreciation of services at the Health Centre.

At the time of this survey, Helston Medical Centre had run services at the Health Centre for over two years. They undertook an interim contract in August 2011 and a year later were awarded a five year contract, due to commence in April 2013.

For some time before August 2011 and during much of the interim contract, GP cover has involved a high use of locums. Feedback has consistently featured concerns about continuity of care, and a preference for island based GPs who know the patient and understand local circumstances. With the senior GP now in post for over 18 months and the recent permanent appointment of a third GP, better continuity is being achieved.

Healthwatch has noted a high level of involvement by the senior GP in strategic joint agency work in health and care, and we view this as very positive.

The new contract for primary care includes a community pharmacy and a regular visiting optician service. While preparations had been made, neither service was yet running as intended at the time of the survey.

The delay to the long awaited, improved on-island optician service was extremely disappointing. While we understand that this was due to complex circumstances we continued to press commissioners and the Practice for a swift resolution.

The pharmacy was still essentially part of a dispensing Practice so the largely positive feedback in this survey referred to the existing arrangement.

Comments about the location of the pharmacy refer to a change made some years ago, when 'double cover' could no longer be provided at both the Health Centre and the Chemist shop in town. This means that some medicines are only available for sale at the Health Centre which can be a problem for residents and visitors.

While most people like the new pharmacy premises, not all new introductions are welcome. We hope the Practice will respond to comments about the telephone system. However, the large majority of respondents indicated that they have confidence in primary health care services and feel well served.

Response from the Practice

We are generally very pleased with the responses to the survey, as the whole team has been working very hard to ensure we give the best service we can.

I think your points are very fair and we have taken action to improve some aspects of the service that we offer as a result.

The issue of continuity is one that is currently at the top of our agenda to improve and as a result I have implemented a few changes. Traditionally each doctor has visited each Island, however this has led to a distinct lack of continuity (for example we each only visit St Agnes and Bryher every 6 weeks) which will be addressed shortly. We will soon have one doctor covering each island so that patients with complex problems won't need to come to St Marys to get follow up with the doctor they initially saw. We are also starting to offer practice nurse appointments on the off-islands from the beginning of March to assist with continuity in our chronic disease management. I have spoken to various residents off the off-islands and these changes seem to have been well received.

In order to achieve this change we have also changed our rota at St Marys so that there will be one doctor covering the hospital each week (again in an attempt to improve continuity for inpatients) and we have also added extra routine appointments to our working week so that we can ensure patients get to see the doctor they want to at the time they wish. We will also shortly be introducing a system whereby patients will have a "usual GP" noted on our computer system. This means that patients will know exactly who their doctor is, but also that this doctor will be responsible for as much of their care as possible, including repeat prescribing.

I note the comment that some patients would like more communication, particularly with normal results. I'm afraid this one of the perennial problems of general practice up and down the country. We get huge volumes of results and letters in, so in order for the whole system not to grind to a halt, with receptionists spending their whole day on the phone, we have to adopt a "no-news is good news" approach. I would welcome any thoughts on how this could be managed better within our current resources however.

The question of surgeries running late has also hopefully been addressed by altering our clinic templates to include catch up slots, making them more realistic in terms of timing. My other rather optimistic spin on running late is that each patient gets the time they require rather than being pushed out of the door too quickly but I appreciate that this doesn't always go down too well with mums who have toddlers that have to hang around in the waiting room, or for those who work. I suspect this may be partly why our individual feedback is good however.

The issues around the opticians service have been very challenging for us as a practice, but hopefully we are now through them. Reynolds are due to start on Monday 17th February, and will hopefully be working hard to catch up with the backlog. It is now entirely in the hands of the weather! As a result I think it is probably better to wait until this has been up and running for some time before providing further comment.

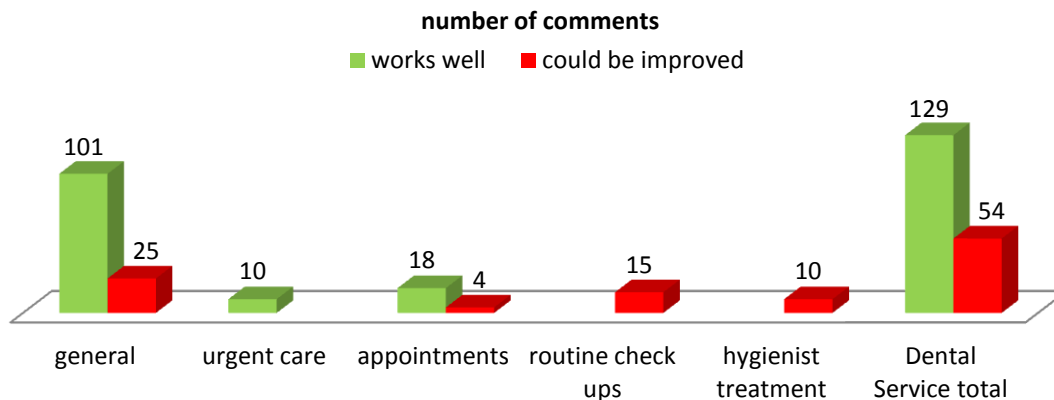
The Pharmacy is now up and running, so again comment on this may be better left until the system has bedded in. I would however mention that we are planning to look at the way that we process repeat prescriptions to enable up to 6 months of prescriptions to be issued to the pharmacy from the practice at once. This will hopefully streamline the process for all involved, most importantly patients, but this will be later in the year.

The other issue that has been raised is that of the phone system, but unfortunately our hands are slightly tied on this. The reason we have had to change is that the Out of Hours requirement of the new contract requires us to not only record our phone calls, but also track the response time for an operator to pick up the call, which has meant that we have had to install a new phone system. This unfortunately has led to a slight delay in answering the phone as there has to be a recorded message to let people know this. In order to record calls at the hospital we have to route calls through the surgery. This is a matter of economics as the limited number of calls we receive means that it is not viable to purchase kit for the hospital as well as the health centre. Unfortunately this does mean a delay when the calls are routed.

Once again I would stress that we take all feedback seriously, and hopefully you can see that we have responded to try and improve our service.

Dr John Garman
14/02/14

DENTAL PRACTICE



The Dental service was in the top ten of comments received, and therefore in the top ten of ‘works well’ and also ‘could be improved’.

- The majority of people said that they found the service to be excellent to good.
- The dental team was described as professional, dedicated, helpful and caring.
- Urgent or emergency care is given very promptly, including out of hours. People commented that this service is ‘exceptional’, ‘fantastic’ or ‘very good’.
- Comments about the ease of getting an appointment were mostly positive.
- However, some people complained that reminders are not sent or appointments made for regular routine check-ups.
- Some people would like more hygienist treatment to be available.
- A few people commented adversely on staff communication skills and general manner.
- A small number of people were dissatisfied with their treatment.

Healthwatch Comment:

This NHS service provides primary dental care as well as urgent treatment and children’s dental screening. The service received very good feedback from parents in our children’s health survey in 2012.

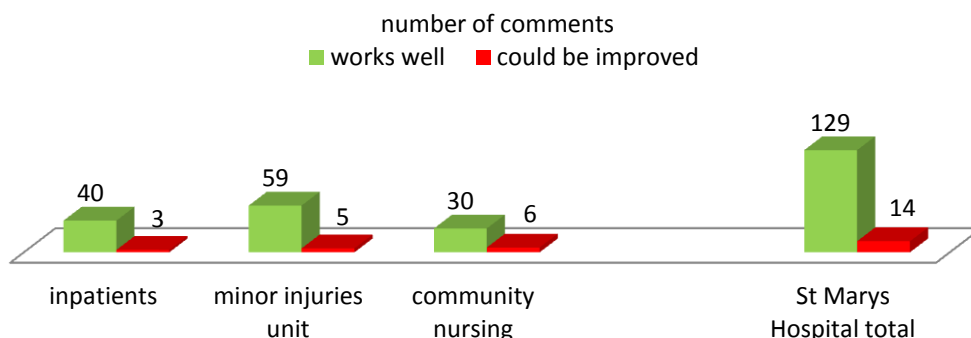
The proportion of positive comments has risen from 60% to 70% since our last general survey. The majority of people commented favourably about staff and the treatment and service received. There is still a perception that it is easier to get a remedial appointment rather than a routine check-up, and that there should be more hygienist treatment. This now seems to be a minority view with the majority of people saying that they are satisfied with the service.

Response from Peninsula Community Health

I am pleased to note that the majority of people found the dental service to be excellent or good and praised the dental team so highly. Also that urgent and emergency care has been described as ‘fantastic’ and ‘exceptional’. Previous surveys have shown that some people found difficulty in getting an appointment for a check-up so it is good to see that this has now improved with less people describing this as difficult. It is true that reminders are not sent but we always encourage people to make appointments for routine check-ups and we recommend they do this annually in line with NICE guidance.

Steve Jenkin, Chief Executive
14/02/14

ST MARYS HOSPITAL



Many services are provided by the community hospital including emergency admissions and transfers, out of hours call handling, and clinics with visiting practitioners. All are covered in the survey, but in this section we asked people to comment on three specific areas:

Inpatients

- The majority of respondents rated their experience as excellent or very good.
- Comments include: ‘every care and attention’, ‘well looked after in a happy environment’ and ‘a wonderful team in this hospital’.
- Minor criticism was made about supper/meals provision when the cook was not on duty.

Minor injuries unit

- The majority of respondents rated the service as excellent, very good or good.
- People commented that they received prompt attention, and were dealt with efficiently.
- Staff were described as helpful, kind and reassuring, particularly with children.
- One person commented that this is ‘not a service we can afford to lose’.
- A very small number of people commented that treatment is limited or can be ‘hit and miss’.

Community Nursing

- The majority of respondents simply rated their treatment and care as excellent, very good or good.
- Staff are helpful and available.
- One person said ‘this is a wonderful service, I could not have managed without it’.
- 4 people commented adversely on availability, or the referral procedure. 2 people thought communication could be improved.

Healthwatch Comment:

The ratio of ‘works well’/‘could be improved’ comments indicates a high level of satisfaction and appreciation of these services. The Hospital is at the hub of emergency and out of hours care and islanders view it as essential. Previous criticism that the inpatient facility is under used did not feature in this survey.

Response from Peninsula Community Health

Inpatients

It is heartening to read that the vast majority of comments were positive and that Islanders rate the care they receive at the hospital so highly. I note the slight criticism of some meals when the cook was not on duty. There was a period of time when the hospital was without a second cook and more recently the kitchen was without an oven. Although I believe the Hotel Service staff

coped admirably during these periods it is clear from the feedback that there were some challenges at this time which are now resolved.

Minor Injury Unit

The Minor Injury Unit is open 24/7. The majority of patients are seen and treated by a Registered Nurse within 20 minutes of arrival. Inevitably, there are times when patients will be required to wait slightly longer. When this occurs it is essential the expected waiting time is conveyed to the patient.

The Registered Nurses who work at St Marys Hospital receive training and updates in the management of minor injuries. Sometimes, what appears to be a simple small wound could potentially become more complicated. All Registered Nurses are required to work within their professional competences and are expected to seek professional advice from the Hospital Sister, Hospital Matron or Doctor if treatment requirements are beyond their competence. This is safe practice.

Community Nursing

I am pleased to read the majority of comments were positive. During the past ten years the Isles of Scilly have had a dedicated community Registered Nurse, who worked solely within the Isles of Scilly Community. Since this post holder retired, the hospital has provided Community Registered Nurse input which might have impacted upon the perception of the continuity of service provision. PCH are currently in the process of a service review and business plan for PCH services on the Isles of Scilly, and from this there may be suggestions on how to better coordinate support for those people who do not require regular nursing interventions, but who would benefit from community support, and wellbeing interventions.

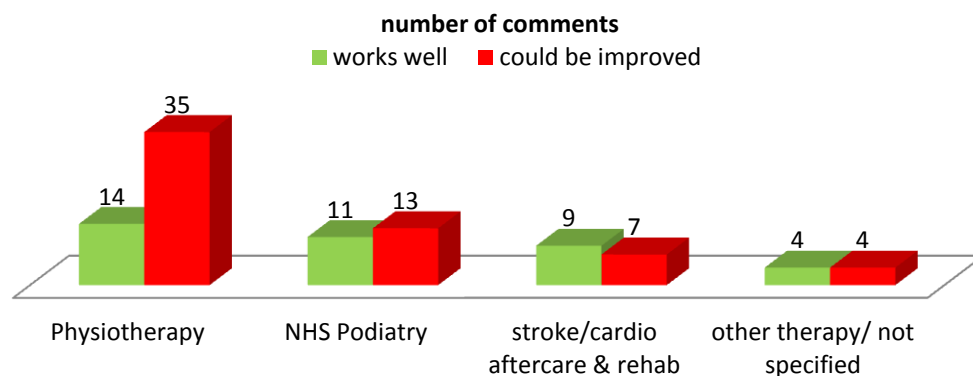
The islands community service has evolved with changes in society. Thirty years ago the Isles of Scilly District Nurse changed library books, undertook shopping for clients and would often 'pop in if she was passing'. However, with the benefits of an increased life expectancy, advance in treatment of chronic and acute health conditions, more intensive care interventions provided in the home, and government changes in how services are funded, the role of the Community Nurse has changed. This change may not be fully understood within the community and the Community Matron has planned a series of visits to all the inhabited off islands to discuss with the very elderly, who are normally well and do not receive regular community nursing visits, what they require from their community services and how they perceive the role of the District Nurse. Residents on St Marys have better access to support services and elderly, frailer residents are less isolated.

With regards to the referral procedure: this continues to be an area we need to improve and the Community Hospital Matron has discussed with Healthwatch how patients under the care of another provider, such as Royal Cornwall Hospital Trust, are referred to the Isles of Scilly team. There is no automatic referral system and the Community team is not routinely advised when an island resident attends a mainland hospital. The onus is usually on the patient or a relative to make contact with the Isles of Scilly Community team.

Steve Jenkin, Chief Executive

14/02/14

NHS THERAPIES AND CLINICS



Most therapies are provided on St Marys by visiting clinicians, at regular scheduled clinics or arranged according to caseload.

Physiotherapy is available through referral and self referral and is delivered via telephone advice and a fortnightly clinic on St Marys. One person was commenting on physiotherapy in hospital.

- Most of those who said the service works well rated it as excellent or very good.
- Some people added that it had been very helpful, with contact from the therapist if appointments were missed through travel disruption.
- Of those who said the service could be improved, the majority felt that there was not enough availability.
- Many people commented that weekly clinics would be better than fortnightly, for the benefit of ongoing care, and to increase access.
- A number of people reported a long wait for a first appointment.

NHS Podiatry is delivered on St Marys at a monthly clinic, or at mainland based clinics.

- 11 people said they received good treatment and that the service works well.
- Some people said they didn't know there was a service. Others said the service for older people was poor compared with the mainland, not frequent enough, or basic and could be improved.

Stroke/Cardio aftercare and rehabilitation

- One person commented that Cardio telehealth is a helpful service, others that clinics and check-ups work well.
- Most people who said the service could be improved felt it was insufficient, stop/start or too short term.

Other/not specified

- Some people said services worked well, others that visits were sporadic, not frequent enough or prone to cancellation due to transport disruption.

Healthwatch comment:

The number of comments received are too small to be taken as wholly representative of patient experience. However, we have consistently heard from islanders about long waits for a first physiotherapy appointment. Another observation we have often heard is that if a monthly clinic is cancelled because of transport disruption, it is a long wait until the next one.

Response from Peninsula Community Health

Therapy and Stroke Services

It is encouraging that residents of the Isles of Scilly value each one of the visiting services and staff will be very pleased to see the positive comments. Where there are negative comments these are mainly concerned with having to wait to see a therapist and wanting more frequent therapy intervention.

Whilst it is true that for the population of the islands the ratio of therapy is the same or slightly more than for the same numbers of people on the mainland, waiting for a therapist to visit the islands can make it feel as though there is less of the service available. Therapists travel over for clinics or home visits and have a booked diary of patients for the day but we recognise this does limit the flexibility of appointments for people on the islands. The services have sought to reduce the impact of waiting for the next appointment in a variety of ways: for example by more frequent clinics, greater use of internet guidance, telephone advice, and self-care plans with patients. After assessment all therapists nowadays will aim to discuss and agree a self-management care plan so the person knows how to maintain or improve their condition between visits.

Podiatry

The Podiatry service treats complex medical foot conditions, for example those associated with diabetes, based on a risk categorization index. The Podiatry service for the islands uses the same criteria as on the mainland. PCH Podiatry staff visit the islands once a month, providing a clinic at St Marys Hospital.

To help people self-manage their condition they are shown how to self-care and are given written guidance about their condition. This helps them know what to look for and how best to care for their feet as well as to maintain the right care between appointments.

For those with the most complex conditions there is an emergency hot line number for advice which is given to those with a high risk of a serious foot health problem developing. From here urgent treatment is set up if needed.

Specialist treatment such as ulcer care is shared between the high risk clinics in West Cornwall Hospital and the island's hospital services as these patients may need several treatments in a week. Nail surgery is offered at Camborne Redruth Community Hospital.

With ageing and disability some people find they are not able to care for their feet well enough and want help with this although they don't have a complex medical condition. Simple foot care is expected to be provided by self, relatives, carers, or purchased privately depending on patient choice.

Separate from the PCH Podiatrist service there is private foot care available on the island provided by a Foot Care Practitioner who gives general nail and foot care. This is not funded by the health service and so it does charge patients.

Rehabilitation Occupational Therapy and Physiotherapy known simply as 'Rehab'

This service provides rehabilitation for people with more complex long term conditions that impact on their daily living abilities such as mobility, self-care, eating & cooking, transport and work. Although the team works from the mainland, there is a permanent member of therapy support staff on the islands who is able to start assessment and follow through treatment plans for patients to help give the regular practice needed in rehabilitation to achieve a person's goals. The West Cornwall Rehab Team provide a fortnightly visit whereby an OT and Physio take it in turns to follow up clients, review therapy plans, undertake a full assessment and provide a therapy plan for the client and/or island support worker to follow.

Outpatient Musculo-skeletal Physiotherapy (usually known simply as 'Physio')

The referral rate to this service has remained fairly consistent over the years, but in 2012/13 increased by 140%. In response to this and the poor weather at the end of 2013 which led to some cancelled clinics, the service has temporarily increased from fortnightly to weekly to try to ensure people don't wait too long in the future. It is true that the service does not see people forever and usually within 1 or 2 appointments the Physio will be able to diagnose and plan exercise or further services with the person so their recovery progresses day by day.

Stroke Care Coordination Nurses

The Stroke Care Coordination Nurses ensure people with stroke are followed up after leaving hospital and at intervals during their first year post stroke. They hold quarterly clinics on the island and liaise with GPs. Much of their work can be done by phone including some of their assessments and planning the life changes after stroke.

The website www.peninsulacommunityhealth.co.uk/our-services/community-stroke-nursing-service.htm is also a good source of information on stroke services for patients and other sites hold a wealth of advice and information on strokes.

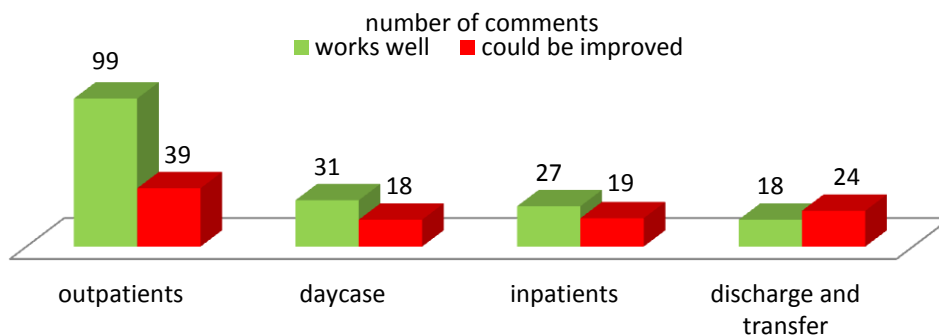
Conclusion

I would like to thank Healthwatch Isles of Scilly for organising this annual survey. This survey is an important tool for service providers as it provides us with independently gathered information about the experience of people using our services and helps us to understand the issues from their point of view.

Steve Jenkin, Chief Executive

14/02/14

OUTPATIENTS AND INPATIENTS



Outpatient appointments

- The majority of people said their experience was excellent, very good, or good.
- Most referred to the consultation or treatment, commenting that staff were helpful and friendly, efficient, and inspired confidence.
- Some said that clinics were accommodating to IOS travel and time restrictions. One respondent was pleased that there had been sensible co-ordination between departments to reduce her/his need to travel.
- Others commented on quick referrals and everything running smoothly on the day.
- The majority of critical comments were about travel restrictions not being taken into consideration, when making the appointment. One person could not get to their appointment on time and was turned away.
- People also commented on the need to arrange overnight accommodation when a given appointment could not be managed in a day trip.
- Late running clinics were cited as a problem. Either the treatment could not be completed, or the patient's return to the islands was delayed necessitating an overnight stay.
- Some queried whether the appointment was necessary at all, or could have been managed by the GP or via a telephone consultation.
- Other comments concerned inflexibility in re-arranging an appointment which patients couldn't attend due to travel difficulties, and being re-referred or put to the back of the list.
- Clinic cancellation on St Marys due to travel disruption was also mentioned.

Healthwatch comment:

Travel and transport restrictions still adversely affect attendance at outpatient appointments and where this is not managed well - at late running clinics or when rescheduling appointments - it can compromise treatment. However, compared with previous surveys these responses indicate an improvement in the overall experience of attending a mainland appointment and this chimes with other feedback. Most people reported very good treatment and care, and that clinics ran smoothly and on time. Staff awareness and accommodation of IOS circumstances reduces the stress of the journey and improves the experience and outcome for the patient.

Clinics on St Marys are also cancelled due to flight disruption, and we have asked that they are rescheduled where possible rather than missed altogether. More use needs to be made of telephone and video consultation where appropriate.

Day case surgery or procedure

- Nearly two thirds of comments in this section were about very good treatment and care, including phrases such as 'excellent', 'looked after well', 'prompt and attentive' and 'friendly and helpful'.
- About half the adverse comments were about difficulties getting home, or the need to arrange overnight accommodation due to late discharge. Other comments were about long waits on the day, poor communication, or dissatisfaction with care.

Inpatient stay

- 34 out of 46 comments were about RCH Treliske:
 - 17 comments were about excellent to good treatment and care, but two people qualified their remarks: one said 'well looked after considering that staff were busy and under pressure', and another said 'all went well ... mostly';
 - 17 people said the experience was poor. Many people commented that wards appeared understaffed and nurses were under pressure. Some were critical about lack of attention or about their care.
- 10 out of 12 comments about inpatient stays at West Cornwall, St Michaels and the Duchy hospital were positive.
Comments about inpatient stays at St Marys Hospital are covered in a separate section.

Discharge/transfer from hospital

- 18 respondents reported that discharge arrangements worked well, saying it was good, fine or OK.
- 24 comments were about a need for improvement.
- Awareness of islanders' circumstances and information from staff is reportedly inconsistent.
- Some people commented on a lack of assistance for patients who were on their own, and the difficulties of making the journey while still feeling unwell.
- Some said that discharge was delayed or not timed well for available transport (late in the day or at the weekend).
- Others commented on the discomfort of having to stay in B&B accommodation, as well as mentioning the expense. This was made worse for two people who both experienced flight cancellation and delay; one said s/he felt vulnerable and unwell during a two day delay.

Healthwatch comment:

The number of comments received is too small to be taken as wholly representative of the patient experience. However, it is notable that whereas previous feedback has indicated high satisfaction with the treatment and care received on the ward, the response to this survey is more mixed. Generally, we hear that patients from IOS can feel isolated, wish for a little more assistance, and need discharge planning which takes into account the nature of the journey home. The apparent improvement in arrangements for IOS outpatients reported in this survey is not reflected in the sections concerning daycase, inpatients and discharge.

We have been in discussion with RCHT about admission and discharge procedures and these problems are being addressed. Very recent feedback indicates arrangements have improved.

MATERNITY AND MIDWIFERY

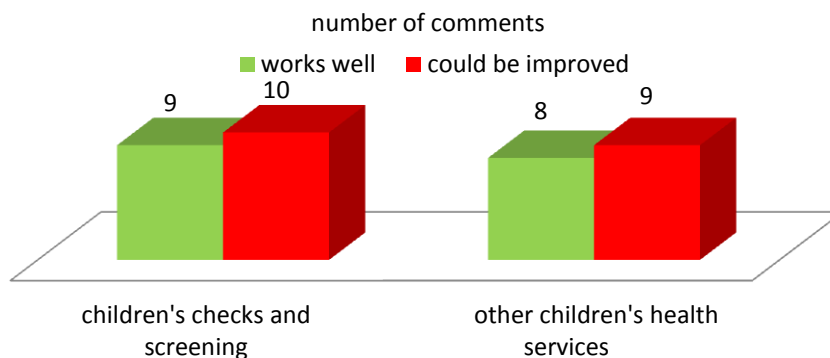
There were a very small number of comments in this section which have been passed to the service provider for information. 7 people commented very positively on the service and care received. 4 people said local arrangements and the amount of cover could be improved.

Response from Royal Cornwall Hospitals NHS Trust

The Royal Cornwall Hospitals NHS Trust is very much looking forward to continuing its close working relationship with Healthwatch Isles of Scilly. We welcome the positive comments made in the report and will ensure that any concerns raised will be acted upon. The resulting changes and improvements will be reported to Healthwatch.

Pam Rabett
Public and Patient Involvement Manager
27/02/14

CHILDREN'S COMMUNITY HEALTH SERVICES



Healthwatch comment:

The very small number and variation of comments in this section makes it impossible to draw any conclusion. The comments received have been passed to the service providers for information. However, it is worth noting that there were staff changes and changing arrangements for provision on island during the year, and we have heard from parents that cover seemed patchy at times. Cornwall Foundation Trust has recently made a number of new appointments, and health visitor and school nurse cover has improved since the time of the survey. All agencies are contributing to a current review of services.

Cornwall Partnership NHS Foundation Trust (CFT) response

Health Visitor - could be improved:

The local health visitor, who lives on the Islands, is currently on a career break and we are expecting her to return to work in April 14 (this need to be confirmed). In the interim we have a Health Visitor from the mainland to cover. Apologies that there have been occasions of perceived poor service, it is not ideal for the Health Visitor having to travel, particularly in the winter months.

School Nurse - could be improved:

There has been a change in personnel, but this is now an islander. The provision is the same and we would be happy to provide an outline of the service if that would help.

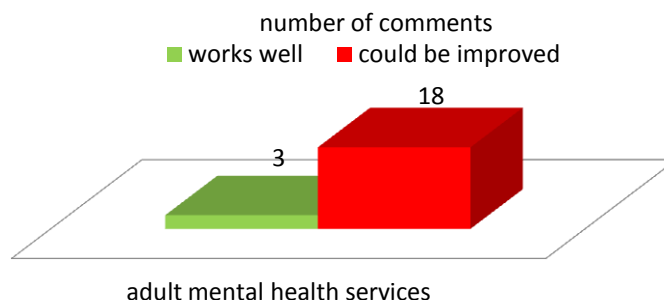
Primary Mental Health - could be improved:

It is difficult when the staff member is not resident, but access for advice is available by phone, if this is required.

NB. Occupational Therapy and Physiotherapy services are provided by RCHT.

Janet Hart, Head of Patient Experience
30/01/14

ADULT MENTAL HEALTH SERVICES



A small number of comments, but the majority of these rated provision as very poor. People said that there is not enough help and support available, and what there is doesn't seem to be adequate and is hard to access.

Healthwatch comment:

We have received a small but steady amount of feedback over some years which reflects the comments made in this survey, and have discussed this with services. Our view is that current services do not, between them, provide adequate 'low level' mental health support and this leaves people struggling or facing a crisis. We are pleased to see that this issue has been made a priority in the current review of adult health and care provision, and hope that the opportunity for improvement is not lost.

Cornwall Partnership NHS Foundation Trust (CFT) response

The issues raised do not wholly relate to specialist Mental Health services, which are provided by CFT.

Place of safety is a local/commissioning issue but new processes are in place utilising powers to move people between places of safety.

Video-conferencing is now available whenever clinics have to be cancelled due to the weather.

This will be improved when the existing information technology (IT) is upgraded in March 2014.

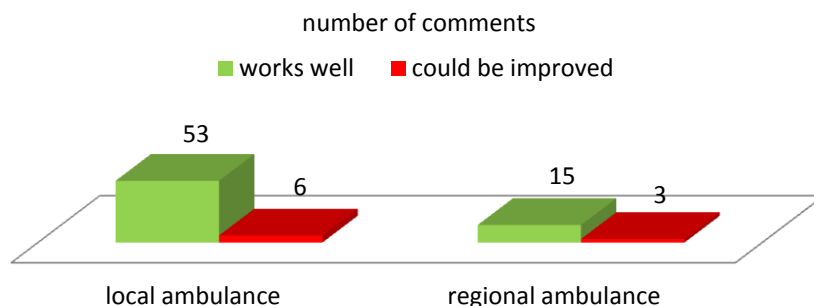
Ideally, some islanders would be trained as Psychological Wellbeing Practitioners, perhaps in addition to their existing roles. The Medical Director has also advised ASIST or psychological first aid training to compliment first responders for physical illness.

Janet Hart, Head of Patient Experience

30/01/14

NB. Counselling and 'low level' support is not provided by CFT. We passed on comments to other providers.

AMBULANCE AND EMERGENCY SERVICES



- The majority of respondents rated the service as excellent or very good.
- There were also positive comments about emergency air transfer by the Air Ambulance or RNAS Culdrose.
- Paramedics, technicians and co-responders were all described as professional.
- All staff were described as pleasant, caring and efficient.
- One person described it as a 'first class first line' and others commented on quick response and good co-ordination.
- The voluntary co-responders service is important to the off islands.
- Concerns were expressed about the level of training for non-paramedic crew members, and providing directions to location.
- Other criticism concerned hospital transfer, or arrangements for getting home.
- There was one comment about confidentiality.

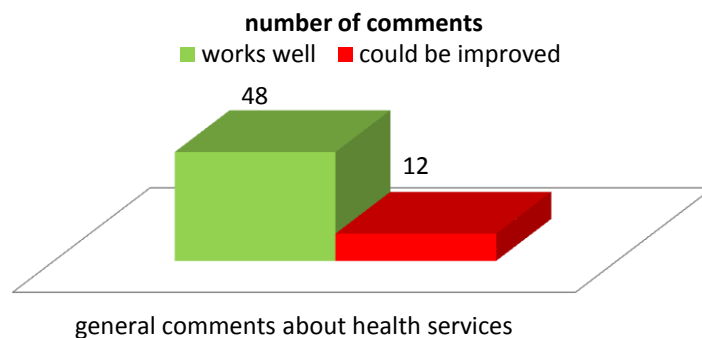
Healthwatch comment:

Feedback about ambulance and emergency services is consistently very good. The local service provides routine patient transport as well as dealing with emergency call outs, and will continue to do so when the system changes elsewhere.

Co-ordination across providers is good with regard to emergency medical evacuation.

Arrangements for getting home after treatment (from the mainland or from St Marys to the off islands) need to be made with or by the hospital.

OTHER COMMENTS ABOUT HEALTH SERVICES

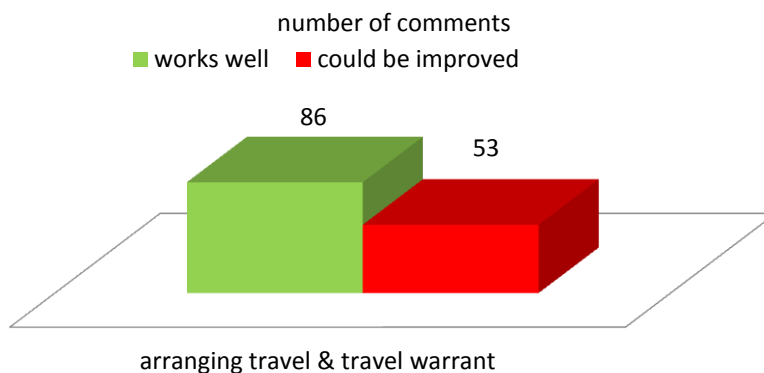


This section was intended to gather people's general views and opinions on provision, rather than specifically on services which they had used in the last twelve months.

- The comments that people wished to add about health care were largely positive and appreciative.
- Some people observed that the NHS is 'wonderful' compared with healthcare systems elsewhere in the world.
- Most people said they feel fortunate to have such a good service, especially here on the islands.
- Off island surgeries, co-responders and the medical launch are all appreciated.
- Suggestions for improvement were varied. The optician, physio and dental service need 'tweaking' according to one respondent. Others would like to see more chiropody, an osteopath, and a chiropractor.
- Some people commented on limited local X-ray provision.

ARRANGING TRAVEL AND A TRAVEL WARRANT

(Managed by Royal Cornwall Hospital Trust and Peninsula Community Health)



The system for booking medical travel changed in 2012 and the majority of travel warrants are now administered by the Patient Transport Service at Royal Cornwall Hospital Trust.

- About 60% of respondents said the new system works well.
- Several people commented that the telephone booking system at RCHT is an improvement on the old method.
- A number of people said that the staff at RCHT were helpful, friendly and efficient.
- Many people, however, said that using the new system was difficult or confusing.
- Getting through on the phone can be a problem.
- Arranging an escort or stretcher transport can be complicated and time consuming.

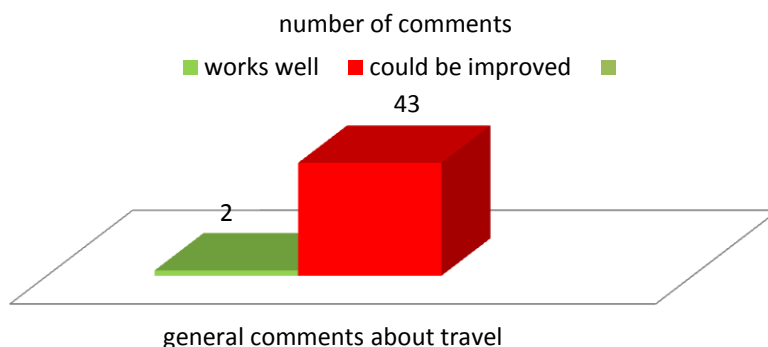
Healthwatch comment:

The change to the system was unpopular at the time, so it is good to note that more people now consider it to work well, or better.

There are still two methods for booking travel depending where one's appointment is, and this is an additional complication. However, given the volume of medical travel, we have received a relatively small amount of negative feedback about this aspect of the process.

We have noted in the past year that arrangements for authorising an escort or stretcher transport have not always been clear or straightforward, and hope that these are now working as they should.

OTHER COMMENTS ABOUT TRAVEL



Transport arrangements and the course of the journey itself have a profound impact on the experience of receiving treatment for many people. There were many comments about travel in general across the survey, so we have included them in this section.

Regarding appointments, while some people commented positively on improved awareness and flexibility regarding outpatient appointments, most people reported that transport arrangements added to their difficulties in getting to and from hospital. General observations about travel were mostly that the experience needs to be improved - or avoided.

This summary of what people said chimes with other feedback:

- People used words like 'stressful', 'difficult', and 'nightmare' to describe the experience of medical travel.
- Transport restrictions make journey planning complicated, and expensive, as it can necessitate an overnight stay. This is worse for off islanders.
- Weather disruption makes it very difficult or impossible to attend an appointment.
- People with mobility problems have great difficulty getting into and out of the planes.
- Surface transport from Newquay airport is poor, and expensive.
- Alternatives to travel, like tele-consultation, should be more available.

Healthwatch comment:

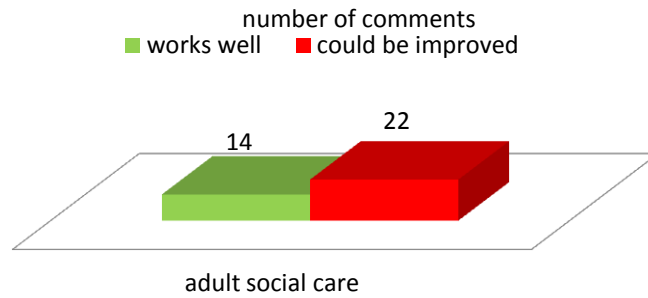
There is a much greater awareness of the difficulties of medical travel and all health, social care and transport providers are working together to try to address many of these issues.

We believe that most people are pragmatic about the need to travel - they tell us that they don't like it and find it stressful but accept it as a fact of island life.

Our view remains that everything that can be done should be done, to reduce the worry and expense for people travelling for treatment. IOS patients are in a minority, both as patients and as travel customers, but they can also be isolated and vulnerable, and this must not be forgotten.

We have consistently reported and discussed issues of medical travel with services, over a period of years, and appreciate their efforts and any improvements that have been made. We look forward to greater progress in this area, particularly in measures to reduce the need to travel at all.

ADULT SOCIAL CARE



There were relatively few comments in this section, and they cannot be taken as representative of everyone who uses the service.

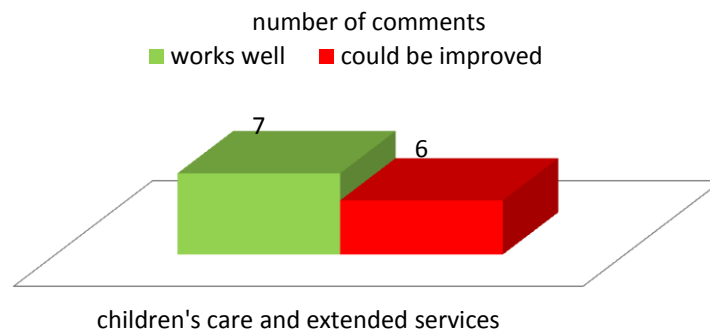
- Most 'works well' comments were about assistance and provision across the service.
- Very few comments referred to residential care, and in the main these were positive.
- The majority of criticism was about lack of provision for home care and home visits.

Healthwatch comment

We recognise the challenge for a small social care department and workforce to provide a range of services to support a wide spectrum of need.

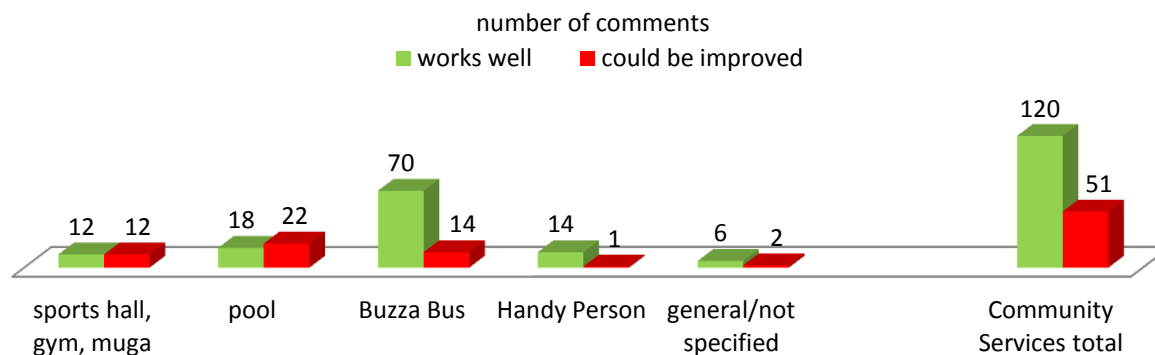
The Council is working with health services to develop new models of joined up health and care, and is seeking to provide additional 'lifetime housing'. We hope that the commitment from all concerned brings about an improvement to resources and provision in the short as well as long term.

CHILDREN'S SOCIAL CARE AND CHILDREN'S SERVICES



The very small number and variation of comments in this section makes it impossible to draw any conclusion. The comments received have been passed to the service providers for information.

COMMUNITY SERVICES



We include community services in the survey as all contribute towards health and wellbeing, and the Council is pleased to have the feedback.

Sports hall, gym and multi use games area

- The sports hall and gym were described as ‘excellent’, ‘brilliant’ or ‘good’, and a positive addition to community facilities.
- Some people felt these facilities are costly to maintain and expensive to use.
- Comments included: better information about opening hours, and requests for low impact circuit training, a weight loss/activity support group, and activities for older people.

Swimming pool

- Positive comments included ‘excellent’, ‘very good’ and ‘a real positive’.
- Staff are described as pleasant and helpful.
- Some people think it is poorly located.
- Comments about the cost included transport costs as a negative factor.
- A number of people said it can sometimes feel overcrowded, both in the pool and the changing rooms.

Buzza Bus

- Buzza bus is in the top ten in this survey of services which ‘work well’.
- The majority of respondents rated the service as excellent to very good.
- Many people described Dave the driver as helpful, kind and caring.
- The service generally is considered a positive asset which has made a difference to a lot of people.
- Most suggestions for improvement concerned extended hours and availability.
- Some people would like a friend or relative to be able to accompany them on the bus.

Handy Person scheme

- The majority of respondents rated this service as excellent or very good.

Response from Council of the Isles of Scilly

We have found the survey to be very useful in helping us to develop a better service for the community.

We have noted comments on providing more activities for people during the day at both the swimming pool and sports hall and have incorporated this into our offer from March going forward.

We were delighted to see the positive comments on good customer services, cleanliness and excellent water quality and strive to ensure this continues.

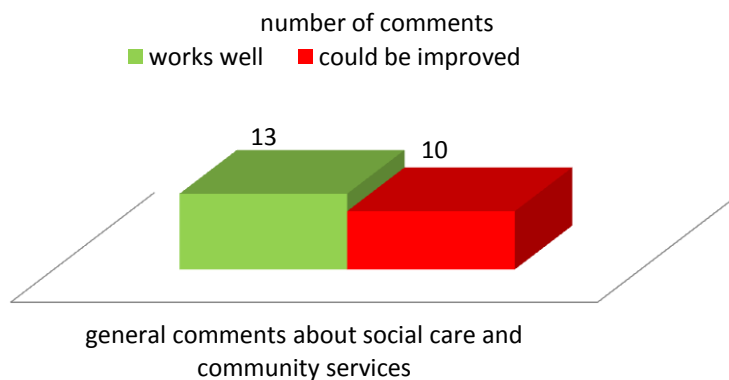
We also noticed comments on the timetable and will be sending out a consultation survey ourselves soon to ensure that the sessions we offer meet the needs and wants of the community.

Once the survey is completed and has been analysed any changes that need to be made to the timetable will be put in place.

The fees and charges have been set for 14/15 and we have continued to make the offer to members an attractive one, including the addition of a new sports hall court hire discount price for members.

Tess Lloyd,
Sports and Leisure Manager
27/02/14

OTHER COMMENTS ABOUT SOCIAL CARE AND COMMUNITY SERVICES



This section was intended to gather people’s general views and opinions on provision, rather than specifically on services which they had used in the last twelve months.

- Positive comments were made about Adult Social Care, Community Services overall, and the Memory Café.
- One person said we may expect too much of Adult Social Care in such a small population.
- Another said that a significant range of community services are available, and people need to be encouraged to ‘use it or lose it’.
- Some people would like to see subsidised fees for health and fitness facilities, i.e. exercise on prescription.
- Concerns were expressed about social inclusion for older people who may be lonely, adequate residential nursing care provision to enable people to stay on-island, and the future cost of care.

Healthwatch Isles of Scilly
Thorofare, St Marys
Isles of Scilly
TR21 0LN

01720 423037
contact@healthwatchislesofscilly.co.uk
www.healthwatchislesofscilly.co.uk