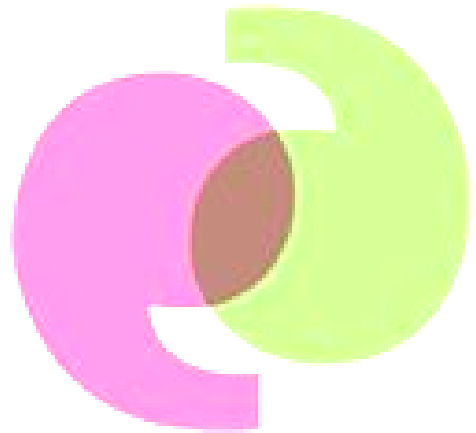




**Healthwatch Isles of Scilly**  
Annual Report **2013/14**



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Photos: Julie Love and Richard Smith

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# Who we are

## Board of Directors:

Paul Charnock, Chair  
Jane Hurd, Vice Chair,  
Tracy Smith, Treasurer  
Gordon Billsborough  
Julia Day  
Barbara Jones

## Manager:

Carol Clarke  
Project Assistant:  
Julie Love

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Registered Charity: no. 1152039





# Introduction

**Welcome to the Annual Report of Healthwatch Isles of Scilly, in fact the first one under our new name and increased responsibilities.**

Just over 12 months ago Healthwatch Isles of Scilly succeeded Link4Scilly and in the transition became a stand-alone organisation with statutory powers and duties.

We are a limited company with a volunteer Board of Directors who oversee the work of Healthwatch and give us direction. We are now well established and fulfilling our new function while building on past foundations. It is these foundations that put us in good stead to adapt to the demands we face now and in the future, and we owe a debt of gratitude to the people involved in LINK over the years for what we are today, an organisation run by people of the islands for the benefit of all.

We have a wide membership and thank them for their continued interest in health and care matters, and in our work. Members receive regular information and can pitch in (or not) as they wish.

I also thank my colleague Board members who give their time, expertise and skills on a voluntary basis. They oversee the work plan, and individually take responsibility for particular tasks and represent Healthwatch when liaising with other agencies.

We always welcome more people to come on board. You might have relevant knowledge and experience, or just a genuine interest in health and care matters and a desire to get the best for patients and service users. It means taking responsibility, but it is rewarding. It requires commitment, but it needn't be onerous.

If you would like to find out more, talk to any of the current directors or contact Carol at the office.

Last but certainly not least, I thank Carol Clarke our Manager, and our newly arrived Project Assistant Julie Love. They undertake the majority of the workload, communication and liaison with other agencies, and basically ensure that Healthwatch Isles of Scilly works.

The scope of our work over the last 12 months has been to monitor health and care services for the islands. There have been, and will continue to be, changes in provision. We have experienced change ourselves but maintain our workload, for instance gathering and collating the views of islanders on provision and the use of services - the bits that work and the bits that don't work so well, often the things that our members highlight. We continue our engagement with services and attend, advise and comment at meetings great and small, to ensure the voices of islanders are heard.

We are building relationships across the local Healthwatch network so we can keep in step with national developments. We will also do our utmost to keep our members and people in the islands up to date with what's happening nationally, and most importantly locally, in the provision of services and how they are used.


Paul Charnock  
Chair

# About us

**Healthwatch Isles of Scilly** is a non-profit charitable company limited by guarantee.

Our primary source of funding is by direct grant from the Council of the Isles of Scilly which in turn receives funding from the government to discharge its statutory duty to support public involvement in health and social care.

We have a community membership which elects the Board of Directors, these are all lay people who act in a voluntary capacity.



The decision to incorporate Healthwatch Isles of Scilly in this form was taken by the IOS Healthwatch Transition Group, which comprised members of the Link4Scilly Steering Group and other local stakeholders. The aim was to ensure that Healthwatch Isles of Scilly would be locally rooted, locally driven and locally responsive.

The people in the organisation who are responsible for delivering the statutory functions of local Healthwatch are the same people who guide and undertake our activities to that end.

The volunteer Board of Directors is therefore responsible for delivering the functions of a local Healthwatch, for setting and overseeing the work programme, and for company administration.

The Board directly employs Healthwatch staff to support its activities. In 2013-14 there was one full time member of staff.

Healthwatch Isles of Scilly delivers its functions under contract to the Council of the Isles of Scilly and in accordance with Healthwatch regulations.

**We have a three way relationship with the Council:** we are accountable to them for fulfilling our contract, i.e. for how we spend our grant; we hold them to account for the delivery of care services, and their increasing responsibilities for health and public health; and we work with them on the Health and Wellbeing Board, the Health Overview and Scrutiny Committee, and on other projects like health promotion and signposting.

This complex relationship works well, it doesn't compromise our independence, and we think it has been beneficial with regard to the planning and provision of health and care services.



If we don't do it, who will?

Paul Charnock, Chair, Healthwatch Isles of Scilly

**We work** with service commissioners and providers in the NHS and have numerous opportunities to raise local issues - see page 10.

**We aim to be accessible and transparent**, and strive to ensure that all members of the community can be informed and involved.

This includes maintaining a high profile, through use of local media and the internet, ease of contact, and holding or attending community events.

Information about our activities is regularly published on our website, facebook page, and in members' bulletins and newsletters.

This information includes Board meeting minutes, a summary of the current work plan, reports and recommendations, and a round-up of recent and planned activities. Information includes details of how members of the community can influence or participate in Healthwatch work.

Means of providing feedback are varied and well advertised - write, phone, email, use a webform, complete a survey, or just drop into the office! We also attend or hold community events from time to time.



**We are very fortunate that the same people and staff (more or less) who steered Link4Scilly are now leading Healthwatch.**

This means that we take forward the knowledge, experience and good external working relationships that enable us to do our job.

It was very important to the Link4Scilly Steering Group that we didn't lose momentum in the transition, so we hit the ground running and took the LINK work programme forward with us. However, it seemed to be the right time to look at what we do and how we do it, so we held a workshop in April 2013 to 'deconstruct' the LINK formula and rebuild it around Healthwatch functions.

The result was a blueprint for making decisions about how we identify priorities for the work plan and how we take them forward.

This means always bearing in mind:

### **Our functions**

For example: *Is it within our remit?*

*Where's the evidence and have we had direct feedback?*

*Should this be escalated or referred on?*

*How do we ensure and enable community involvement? How do we signpost to sources of help and advice?*

### **Tasks**

For example: *What more do we need to know and how do we find out? How can we involve other key parties in this task?*

*What recommendations do we wish to make and what's the best way to take this forward?*

### **Tools**

For example: *Community engagement, requests for feedback, requests for information or discussion with services, enter and view powers, making reports and recommendations, escalation to Healthwatch England and Care Quality Commission.*

### **Opportunities**

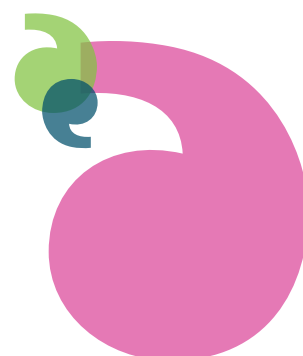
For example: *Communication tools and community events, regular liaison with services, joint working groups, consultations and reviews, representation on committees etc.*

Directors take responsibility for particular areas on the work programme and members can contribute ideas and views, take on tasks, or participate in task groups.





## How we work



### Healthwatch will:

- ◇ Gather feedback about people's views and experience of health and social care services - adults and children's.
- ◇ Pass on comments or summaries of comments to the people who plan and provide services.
- ◇ Identify, from feedback, issues which need addressing and work with services towards improvement.
- ◇ Escalate issues of concern to Healthwatch England and the Care Quality Commission.
- ◇ Set up or take part in joint working groups, committees and regular liaison with services to make sure your views are represented.
- ◇ Promote and enable local participation in engagement and consultation.
- ◇ Provide information about service provision, change and development.
- ◇ Provide a 'signposting' service to sources of help, information and advice, including making a complaint.\*

### Healthwatch won't:

- ◇ Act on hearsay.
- ◇ Pass on any information which could identify you.
- ◇ Intervene or take up individual cases.
- ◇ Provide advice or advocacy (but we know someone who can).

\* Health complaints advocacy is provided by SEAP, see page 23

Find out more about our organisation and governance and how we work at:  
[www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk)  
 or contact us for copies of our policies and procedures.

### Regular liaison

with local health and care services and with mainland based NHS Trusts, which allows us to pass on feedback, raise issues as they arise, and receive information

### Regular reporting

of the issues we're told about, plus issue-based reports and recommendations

### Working agreements

regarding communication and information sharing with NHS commissioners and providers, based on collaborative and responsible joint working

### Representation

on the Isles of Scilly Health and Wellbeing Board and the Health Overview and Scrutiny Committee. Directors who take up our seats on these bodies are well briefed and supported by the Manager. They have detailed knowledge of our work plan and current issues, and are well placed to represent community views and experience at the planning stage, and in monitoring provision.

### Joint Working

IOS medical travel forums and joint working groups, participation in reviews about children's health services and integrated health and care

## What we discussed with services last year:

Maternity and Midwifery provision

Children's health services

Optometry service

Pharmacy service

Local X ray

Mental health support

Crisis intervention and transport  
to a place of safety

Drug and alcohol addiction treatment  
and support

Access to a female GP

Cancer patient care

All aspects of medical travel  
and transport

Hospital admission and discharge

Outpatient appointments

Reducing the need to travel

Elder care and residential provision

Integrated health and care provision

Dementia care

Review of IOS service planning and  
provision

**We made a submission to the Care Quality Commission** as part of their inspection of Royal Cornwall Hospital Trust, and met with the regional Compliance Manager for a general discussion about all health and care provision.



## Working with services

### How they responded:

We received a response to all our requests for information, and to all but one of our requests for further discussion about particular issues.

We spoke with the Director of Operations at Royal Cornwall Hospitals Trust regarding specific IOS circumstances we had flagged for attention.

We also enjoyed a useful and impromptu meeting with their Chief Executive when she was on the islands. Our key contacts at RCHT are accessible and responsive concerning the many and various issues we wish to discuss.

During the year there was a proposal to combine two existing working groups (dealing with IOS medical travel and transport) into one, which we would co-lead, with NHS Kernow, and administer. We received full co-operation and commitment from all parties to establish the new group, and our day to day contact and working relationships with the group participants are good.

We did have to insist a little in order to participate fully in initial meetings of a commissioner-led review of IOS service provision, as we believed the process should have the benefit of community intelligence and experience at the start. However, we generally have a good relationship with the Clinical Commissioning Group and find them accessible and willing to engage.

We liaise regularly with local services and they're always happy to talk to us. There are sometimes shared concerns about issues which are unique to the islands, and opportunities to work together for the good of patients and service users.

We received full information from the GP Practice about certain aspects of provision but were not wholly successful in getting a satisfactory response from the commissioning group which deals with primary care.

193

people returned a household  
survey

which generated:

2130

separate comments

in addition:

81

direct comments were logged  
throughout the year

37

People gave their views  
at discussion workshops

... and we heard about a lot in the Co-op, but sadly we can't use that.

**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 asked people to comment on services which they or a member of the household had used in the last 12 months.

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 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 an accurate and fair representation of what people said, and make a response if they wished, to be included in the final report.

Download the Healthwatch Isles of Scilly Health and Care Community Survey Report, February 2014 from:

[www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk)  
or contact us for a copy.

**Direct comments** are logged and we ask if we can refer to the experience (anonymously) as an example of good or poor practice in our discussions with services; or if it should just be passed on as part of a general summary of feedback.

**We held five discussion workshops** in November with local staff and members of the community about how they would design integrated health and care provision on the islands. We compiled session notes and a summary report for the IOS Health and Wellbeing Board and NHS Kernow Clinical Commissioning Group.

## Gathering intelligence: seeking community views



# What you told us



**The ratio of comments from the survey (Autumn 2013) concerning ‘what works well’ to ‘what could be improved’ was about 2 to 1.**

Most appreciation was expressed for the GP Practice in general, GP and Nurse clinics, Pharmacy, Dentist, arranging travel and a travel warrant, St Marys Hospital Minor Injuries Unit and inpatients, local ambulance services, and Council community and care services (particularly Buzza bus, provided in partnership with Age UK).

There was also a section for general comments on health services which yielded 38 positive comments to 12 which were critical.

Some of these services also featured near the top of the ‘could be improved’ table, simply because they were the most talked about.

Optometry provision on the islands was still a cause for concern at the time as we were waiting for the new service to start.

Treatment and care received on the mainland was generally considered to be good, although there were a number of comments about staff appearing very stretched on busy wards.

The process of arranging travel and a travel warrant worked well for more people than not, but there was still plenty of criticism.

Difficulties caused by travel arrangements featured in comments about attending mainland hospitals for outpatient appointments, and on admission and discharge. There were a lot of comments just about travel, so we gave it a section to itself in the final report: 2 ‘works well’ to 43 ‘could be improved’.

Some sections yielded a small number of comments but responses indicated room for improvement, i.e. physiotherapy provision and adult mental health services. There was also criticism about lack of provision for home care and home visits.

**People also got in touch through the year** to tell us about their experience of:

maternity provision; the fracture pathway; local pharmacy, optician and X-ray; good care and poor care; physiotherapy; mental health support; referrals working well and not so well; good local co-ordination of urgent care; a spate of appointments letters arriving late; and at the end of the reporting year the first concern about future midwifery cover on-island - this task was picked up in April.


Over half the comments we received concerned problems in arranging transport and appointments, or travel difficulties on the day. This is far less travel related feedback than the previous year although the disruption experienced over the winter was as severe (we think people had just become resigned).

LINk4Scilly ran a survey early in 2013 about winter travel, and we published the report in May (see page 17).

**Discussion workshops about integrated health and care** provision indicated that people are comfortable with the idea of state, private and voluntary services working together to provide ‘joined up care’ and are willing to play their part, but they said this needs better co-ordination. There were also calls for better signposting to services and information about sources of support and advice.

**The Summary Report: Planning for health and care provision in the Isles of Scilly - what do people at the sharp end think?**  
is available on [www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk)  
or contact us for a copy.

## What we did



Just preparing the ground so that we are in position, talking to the right people, and - crucially - know what we're talking about, is a large part of the job.

**Good evidential or experiential feedback from the community is where we start.** This helps us to form a view of how well services are performing and where there might be areas of concern.

Then we need to have a format for passing on what we have been told which maintains confidentiality but is useful feedback that services can use and act on.

Maintaining regular liaison with services and open channels of communication is next, so we are able to address issues as they arise. Further discussion and research is usually necessary in order to make a report or recommendation, or sometimes we'll participate in a joint working group or review.

People tell us that they value the health and care services they receive and they hold the NHS, in particular, in high regard.

We're happy to pass that on.

However, they also report that sometimes things don't work as well as they could and it's our job to say so and see if practices can be improved.

Then there's that simile that comes to mind of trying to turn a tanker around.

We understand that service planning and provision is complex and clinically driven. However, if key elements which affect our community are overlooked, we'll point that out; or if measures can be taken to improve the experience of people using services, we'll ask.

It can be a slow process and we don't often get a 'quick win'. But we have found that staying on the case can get results in the end.

## More about what we did



We pass on feedback and discuss issues as they arise in regular reporting and liaison with services, but we have to decide where best to concentrate our efforts when planning and undertaking specific pieces of work. This depends on how wide spread or widely reported the problem is, if it's likely to adversely affect patients or service users, or if it is an oversight that can be quickly put right. Here is summary of activity on the work programme last year.

It's not all about medical travel!

Carol Clarke, Manager, Healthwatch Isles of Scilly

### Optician service

Provision -or lack - of local eye tests had long been a cause of complaint, and LINK4Scilly had raised this repeatedly with commissioners. In 2012 the commissioning body included provision of a regular and reliable service in the new GP contract, but the start of the contract suffered repeated delays.

In December 2013 we asked the NHS England Area Team to step in and make provision for an interim service, or authorise travel warrants to enable people in most need to attend for a test in Penzance. We also discussed the problem at the Health Overview and Scrutiny Committee. We were invited to a meeting between the Area Team and the IOS Health Overview and Scrutiny Committee to discuss the delays to the GP contract but were satisfied that this was being dealt with at the appropriate level and that the Health Overview and Scrutiny Committee was best placed to take concerns forward.

### Maternity services #1: support for Mums-to-be on the mainland

Some women have their baby on Scilly, others may give birth in a mainland maternity unit. Because expectant women need to travel ahead of their due date, and stay until the baby arrives, this can mean up to 3 weeks away from home.

For all families this involves making arrangements for partners and older children. If a woman has elected to go to the mainland (as opposed to non-elective obstetric reasons), she must also arrange and pay for temporary accommodation.

We were told by Mums that the options and associated considerations were not always fully explained when the decision was taken; further discussion with the NHS Trust only made us more confused about when arrangements are 'non-elective' and if this counts when they are made following the midwives' advice (we're not experts, after all).

At the very least we have recommended better information about the options and support available, and still think there is a case to be made for provision of affordable accommodation onsite or nearby, given the numbers involved. We have also asked commissioners to consider the options available to families in future planning. And we will ask again about elective and non-elective criteria.

### Maternity services #2: out of hours discharge

The local birthing unit on St Marys is managed by one NHS Trust within the premises of another. We heard that an arrangement to allow families to remain overnight after being discharged from the midwife's care had been changed. This was of particular concern for families who live on the off-islands where safe transport is not available until the next morning, and for whom suitable temporary accommodation may be difficult to arrange.

We spoke to the relevant people and the arrangement was quickly re-instated.

### Patient led assessment of the care environment

Three Healthwatch members have received training and two took part in this year's PLACE inspection at St Marys Hospital.

### Children's Services

We receive very little feedback about children's health and care services but weren't about to assume that this means that everything was working well - though it might be!

We kept in touch with the service provider about health visitor and children's primary mental health provision; and participated in a commissioner led review of children's health services.

We also had meetings with the Children's Social Care and Extended Services teams and maintained contact with the local Parent Carers Group.

### Local patient transport services

One NHS Trust historically provided all emergency and routine ambulance transport on the islands.\*

When the contract for Cornwall and the Isles of Scilly was re-commissioned, urgent and non-urgent services were split between providers.

We enquired how this would work on Scilly, and suggested that it would be better to continue to provide a joint service utilising one team, their vehicles, and their boat.

To be fair, the new commissioners had inherited the process and were quick to act to maintain the status quo for Scilly.

\* Inter island and Scilly-mainland sea transport is also provided by the Isles of Scilly Medical Launch Trust.

### Pharmacy

Pharmacy services changed during the year and feedback indicates that there are some teething troubles. The Practice has kept us fully informed of developments and we will continue to discuss this with them.

### Mental Health Support

We receive a small but consistent amount of feedback about access to mental health support and have discussed this with a number of service providers. The issue is recognised as a priority on the IOS Health and Wellbeing Delivery Plan and there is ongoing work led by the Adult Social Care Manager.

We met with our mental health task group and we're staying involved and in touch.

### A review of service provision and planning for integrated health and care

NHS Kernow were keen to gather NHS providers and Local Authority commissioners and providers together to undertake a review of adult health and care provision, and work with key stakeholders in the eventual roll out of integrated services across Cornwall and the Isles of Scilly.

We were also keen to participate in order that local views and experience should be taken into account from the very beginning.

We delivered a summary of the issues we know about in the short time allotted to us at the first meeting; and participated fully in the second meeting.

We then undertook some engagement with local staff and members of the community and submitted their ideas.

We recognise that the detail will be honed in later discussions and it's right that we are not party to that level of service planning. We're pleased to have enabled early community influence and involvement and will remain involved through our seat on the Health and Wellbeing Board which has broad oversight of the process.

Read the Healthwatch summary to NHS Kernow at [www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk) or contact us for a copy.



## More about what we did

# Medical Travel

OK, this is the big one.

It affects diagnostics, outpatient appointments, admission and discharge, cancelled and delayed consultations and treatment, cancelled and delayed clinics on Scilly, access to third sector services and support, transport for pregnant women and for people with impaired mobility.

Jane Hurd has led our work on travel for a number of years and without her commitment and determination we wouldn't have got this far.

## Medical Travel, Winter 12-13 IOS LINK-Healthwatch Report

Weather and waterlogging at Lands End airport played havoc with transport during the winter of 12-13. We received a lot of feedback about disruption, delays and cancellations and the impact on people's treatment and care. We ran a questionnaire in the first three months of 2013 to test the extent of the problems and published our report and recommendations in May.

Find the Report here:

[www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk)  
or contact us for a copy.

### IOS Medical Travel and Transport Group

Early in 2014 we set about combining two existing forums: the Healthwatch Isles of Scilly-led Medical Travel joint working group, and the commissioner-led teleconference on IOS transport, which was established in 2012 to deal with immediate logistical issues when the helicopter service ceased.

The new IOS Medical Travel and Transport Group meets every two months by teleconference. It comprises representatives from commissioners, all health and transport providers, and we co-chair (with NHS Kernow) and administrate.

The terms of reference are to:

- ◇ Monitor arrangements for the transfer of patients and medical goods to and from IOS;
- ◇ Establish and maintain key contacts and protocols for the transfer of patients and medical goods to and from IOS;
- ◇ Promote understanding of the travel constraints on IOS patients;
- ◇ Develop guidance where necessary regarding IOS travel and transport issues and include in the commissioning and provision of treatment and care;
- ◇ Support and promote best practice.

The action plan includes:

Transport for patients with limited mobility; transfer by stretcher; transfer of pregnant women; transfer of products and bio-hazard goods; transport schedules; surface transport; reducing the need to travel: point of care testing, teleconsultations, local urgent X-ray; outpatient appointments: time slots, notice of appointment; recording of cancelled by patient/did not attend; travel warrant criteria; authorisation of escorts; provision of care for patients experiencing a mental health crisis; urgent and emergency transfer.

Many thanks ... to Carol for all the hard work and championing that she puts in on everybody's behalf

Patient, posted on Scilly Today, 28/02/14

### Arranging travel and a travel warrant

The Patient Transport Service at Royal Cornwall Hospitals Trust manages the majority of medical travel bookings. We were able to alert them when people reported difficulty getting through from time to time; and also passed back information about avoiding busy times of the day if possible, and how to contact them for refunds etc.

We also pointed out a misprint of the telephone number on one page of the 'how-to' leaflet and ran off a lot of corrected copies to distribute ourselves, until the commissioning group arranged a reprint.

### The journey map

We provide a graphic illustration of our journey start and finish and connection times, illustrating the time window available to complete an appointment at various locations. We update this with every schedule change and it is circulated to all clinic booking clerks and the Referral Management Service.

### Handy timetables

We compile handy mainland transport schedules to main hospital sites for patients.

### Recording of cancelled by patient/did not attend

The Patient Administration Manager at Royal Cornwall Hospitals Trust reminds all booking clerks from time to time of the guidance concerning circumstances which make it difficult or impossible for islanders to attend an appointment. If transport disruption prevents travel, the earliest next appointment should be offered. This should also include occasions when transport restrictions make it impossible to accept the offered time slot, and patients in this situation should not be re-referred to their GP.

How all this is recorded and shown in statistics is included in ongoing work by commissioners.

### Cancellation of clinics on Scilly

After reports of the impact of cancelled local clinics due to transport disruption over the winter of 2012-13, we wrote to the relevant NHS Trusts asking them to re-schedule where possible, rather than miss out a session.

### Arrangements for admission and discharge

We spoke to the Director of Operations at Royal Cornwall Hospitals Trust about provision of onsite accommodation when travel is not possible on the day of admission or discharge, and different arrangements will be made or offered depending on the patient's needs.

We also contributed information for the RCHT patients' bedside folder about additional considerations when travelling back to the Isles of Scilly, and the assistance available from their Patient Transport Office, which we hope will be useful to both patients and ward staff.

### Search and Rescue Service

We rely heavily on Cornwall Air Ambulance and the Search and Rescue Service for emergency medical evacuations. When it was announced that the provider of SAR will change in 2015, Jane Hurd contacted the Maritime and Coastguard Agency and represented IOS at a stakeholders meeting in Newquay.

Our questions for the Maritime and Coastguard Agency and notes from the stakeholders meeting are available here: [www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk) or contact us for copies.

## More about what we did



### Support for resurfacing of runways at Lands End

Closure of Lands End airport due to waterlogging of the grass runways was a major factor in travel disruption over two consecutive winters.

Resurfacing work was delayed due to a question about criteria for state aid. We invited the Council's Strategic Investment Framework Manager to our medical travel joint working group meeting, and subsequently both Healthwatch and commissioners provided evidence to support the case for state aid.

### Commons Select Committee, Transport

In March we submitted written evidence to the inquiry on passenger transport in isolated communities .

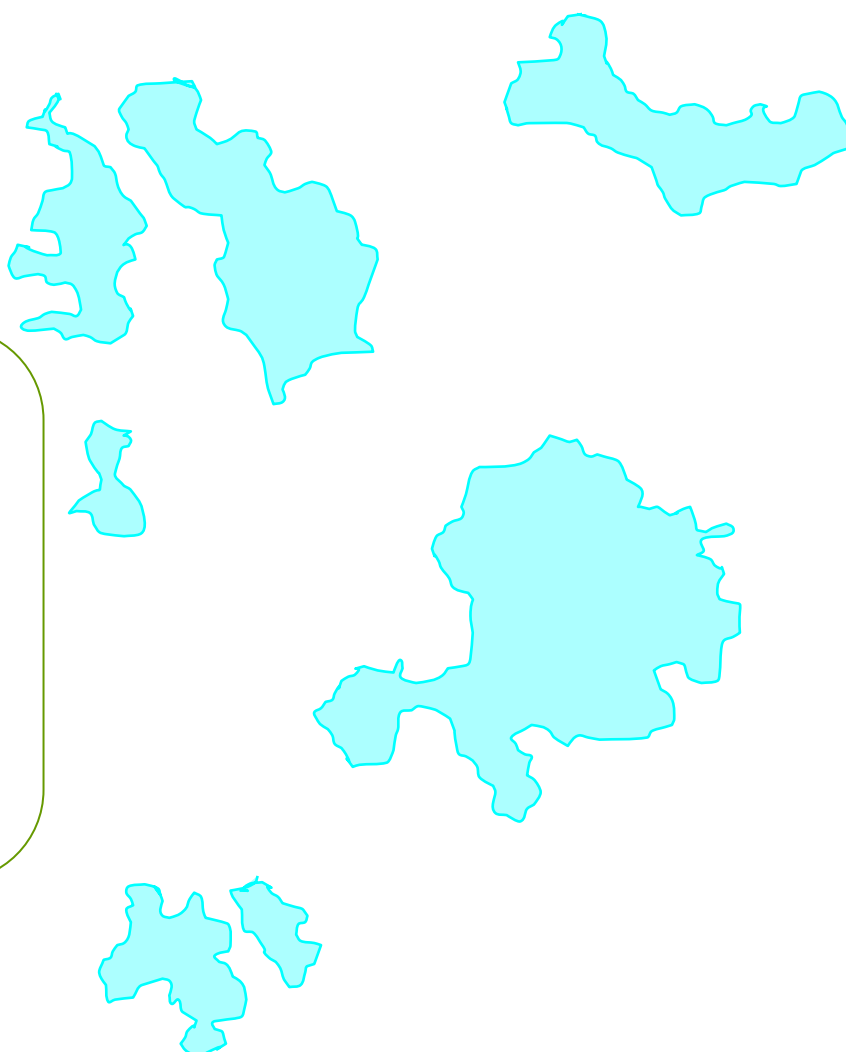
You can read our submission here:  
[www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk)  
 or contact us for a copy.



### ... staying on the case

Islanders represent a small proportion of patients who use services provided for Cornwall and the Isles of Scilly, and we're not necessarily at the forefront of everyone's minds. That's why we will make this work a continuing priority, as others have before us.

We were recently given a cutting of a newspaper report concerning representation from the Community Health Council to commissioners about travel difficulties - dated December 1999!



**Healthwatch members receive regular newsletters and bulletins and can 'pitch in' (or not), in a way that suits them. Anyone resident in Scilly can join; it's free, it's interesting, and it's useful.**

**The more members we have, the better the two way exchange of information: you know what's happening, and you can let us know what you want us to do about it!**

Browse newsletters and bulletins at [www.healthwatchislesofscilly.co.uk](http://www.healthwatchislesofscilly.co.uk) or contact us for copies.

80 people currently receive information directly to their inbox or letter box and over 90 follow us on facebook.

We also welcome organisational members as long as the organisation has a base or membership in Scilly.

Our newsletters and bulletins discuss current issues, include a round-up of recent and planned activity, ask for people's views and feedback, and provide information from services, including how to participate in engagement events, consultations and surveys.

Newsletters are also made available in the Health Centre and Hospital waiting rooms, library, and off island surgeries.

We have a stand in the Health Centre foyer and also folders in off island halls which we keep stocked with useful information about arranging travel, and where to go for help and advice. We include information about who does what, contact details for Patient Advice and Liaison Services, how to complain and complaints advocacy and support.

People often call in or contact us to request information; if we don't know the answer we'll do our best to find out and get back to you, or refer you to someone who can help.

Last year people asked us about travel booking, transport options, dental treatment available on the NHS, homeopathy, financial support for self employed when on sick leave, who to talk to about problems with care and treatment, and mental health support, among other things.

## What's next?



**An enhanced signposting service** has been a long held ambition of ours, but we lacked the capacity to do it all ourselves.

The new Care Act will require Local Authorities to provide comprehensive information to people in the community, so we met with the Council to discuss how all agencies could work together to deliver this in Scilly.

It will be a work in progress for much of this year, and we are looking forward to playing our part. We were very pleased to welcome Julie Love to the staff team in June 2014 as part time Project Assistant, and she will have a key role in expanding the information and knowledge that we hold. She has already proved to be a thorough researcher and brings skills in communications.

Paul Charnock and I are also looking forward to attending the national Healthwatch Conference in July, where we will meet, swap stories with and learn from our colleagues across the local Healthwatch network. I'm even giving a short presentation of a case study on the theme of rural services.

Talking about medical travel and access to services for only 7 minutes? That *will* be a challenge!

Carol Clarke  
Manager



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Healthwatch Isles of Scilly Accounts 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014

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<b>INCOME</b>		
direct grant		50507
bank compensation		200
bank interest		9
		<b>50716</b>
<b>DIRECT COSTS</b>		
advertising	2505	
website	120	
promotion and surveys	911	
<b>OVERHEADS</b>		
salaries and on costs	27881	
staff and members travel and expenses	1400	
printing, post and stationery	1641	
telephone and broadband	342	
repairs and maintenance	53	
sundry expenses	55	
rent, rates & power	5472	
accountancy	96	
IT support	228	
health complaints advocacy	850	
insurance	529	
capital expenditure	809	
bank charges	4	
<b>TOTAL EXPENDITURE</b>	<b>42896</b>	<b>(42896)</b>
<b>BALANCE</b>		<b>7820</b>

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Subject to confirmation with regard to liability for corporation tax

## Financials



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### Notes

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We set a budget at the beginning of the year which included amounts for expenditure which in the event we didn't use or need: website design, contingency funds, training, and travel.

We will not need funding for a website next year and intend to set aside smaller amounts for training, travel and contingencies. We will use the balance in next years budget, together with an agreed carry forward, to fund our new part time staff post.

Healthwatch Isles of Scilly receives a small amount of funding for the provision or commissioning of health complaints advocacy, we pass this on to SEAP which provides a service for Cornwall and the Isles of Scilly under contract to Cornwall Council.

SEAP  
PO Box 375  
Hastings  
TN34 9HU

This Annual Report will be sent to all members of Healthwatch Isles of Scilly and to other parties as required by regulation. It is also available on our website or from the office, contact details below.

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