

## Information and Signposting Service, Sept 14 - Mar 15

### 1. Introduction

The Information and Signposting service began in February 2014. This is a summary of the period Sept 14 - Mar 15.

#### Main points

1. The majority of signposting information continues to take place in the context of people sharing experiences and/or raising concerns.
2. There has been an increase in ‘information-giving’ activity during the last seven months
3. There continues to be a fairly small volume of contacts (although these have increased), but the complexity of issues remains high.
4. Fewer people contact us about social care. However changes brought in by the Care Act has led to a small increase which is expected to continue.

We continue to investigate ways of measuring the impact and effectiveness of the service, and this is a focus in the work plan for 2015-16.

### 2. Statistics

These statistics include a comparison with the previous reporting period to illustrate trends.

#### Information and signposting contacts Sept 2014 - Mar 2015

	Correspondence	Email	Event /Tell us your story form	Focus Group	Meeting	Patient Opinion	Shape Your Place	Social media	Telephone	Third sector rep	Visit	Website	Other	Totals
Experiences & concerns	2	27	45	0	9	83	0	29	39	8	0	29	3	274
Information only		3	2					1	16		1	1		24
Total	2	30	47	0	9	83	0	30	55	8	1	30	3	298

Totals Sept 14 - Mar 15	Totals Mar- Aug 14	Increase
274	235	39
24	8	16
298	243	55

This shows an increase in contacts against the previous reporting period.

### 3. Referrals in

<b>Signposting to HWC from other organisations</b>	
CCS	1
Voluntary organisations:	
CAB	1
Care Network	1
Camsight	1
MIND in Cambs	1
pinpoint	1

People also find out about us through:

- press releases
- articles in village newsletters
- emails we send out about opportunities for people to have their say
- our presence at events
- contact with one of our volunteers

#### 4. Signposting to other organisations

The majority of signposting continues to be to the relevant PALS /Patient Experience Team or POhWER. This is because most calls involve health services and issues around raising complaints. However this reporting period has seen an increase in the number of different organisations people are signposted to, and well as an increase in the amount of signposting activity.

Whilst we are clear we do not undertake casework, we will sometimes make contact with another organisation on behalf of a customer, especially where the customer is deemed to be vulnerable. This is always with the customer's consent. We tend to do these 'warm' handovers where we anticipate that the customer may have difficulties in making the call themselves. For example, if it becomes clear that someone is finding their current situation overwhelming, it can take away a bit of pressure. This also allows us to have a conversation with the other organisation about the situation and any perception of urgency.

POhWER	11
PALS/Patient Experience Team	8
Cambridgeshire Independent Advocacy Service	6
Cambridgeshire County Council	6
NHS England	6
NHS Choices	6
Other Healthwatch	6
GP/practice website/PPG	4
Care Quality Commission	3
Cambridgeshire Community Services	3
AvMA	2
Carers' Trust	2
CAB	2
Age UK	2
Mind in Cambs	2
Office of the Public Guardian	2
Care Network	1
Parliamentary & Health Services Ombudsman	1
Other Clinical Commissioning Group	1
ACAS	1

Arthur Rank	1
Cambridge City Council	1
Cambridge Regional College	1
Cambridge Women's Aid	1
Cambridgeshire Alliance for Independent Living	1
Cambridgeshire Deaf Association	1
COPE	1
Coroners' Courts Support Service	1
Cambridgeshire & Peterborough NHS foundation Trust	1
Dental Complaints Service	1
Dentist/dental website	1
EU Health Website	1
Headway	1
Information Commissioner's Office	1
Making Space	1
MP	1
MRSA Action UK	1
Parish Council	1
Patients' Association	1
Residents and Relatives Association	1

Rethink Carer Support	1
Sign Station	1

Voiceability	1

## 5. Sharing concerns with others

We have spent some time in looking at how we collate the information we receive and share it with providers, commissioners and regulators. It has been a balance between information which retains patient confidentiality, and information which contains enough details to be of use to providers etc.

We have had some meetings with the Clinical Commissioning Group, and are going to start using the same subject headings as the CCG's Patient Experience Team. Recently we have decided to move to a quarterly report instead of a monthly one. This ties in with the reporting programme of the CCG, and will allow our intelligence to be included as well. The first report in the new format will cover the period April-Jun 2015.

We also have a framework for escalating issues to providers, commissioners or regulators. We also escalate issues to HW England.

## 6. Conclusion

The recording of experiences and concerns leads to most of the information and signposting activity undertaken. The range of organisations we are signposting to is increasing. The volume of calls remain small (but increasing), and the complexity remains high.

Activities undertaken by the team provide potential to expand this work. This is particularly true when people meet Healthwatch Cambridgeshire staff and volunteers at events and share their experiences and concerns directly.

Julie McNeill: Information Manager

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