

# “Our top three priorities”

By people who are supported by the homeless charity Launchpad Reading

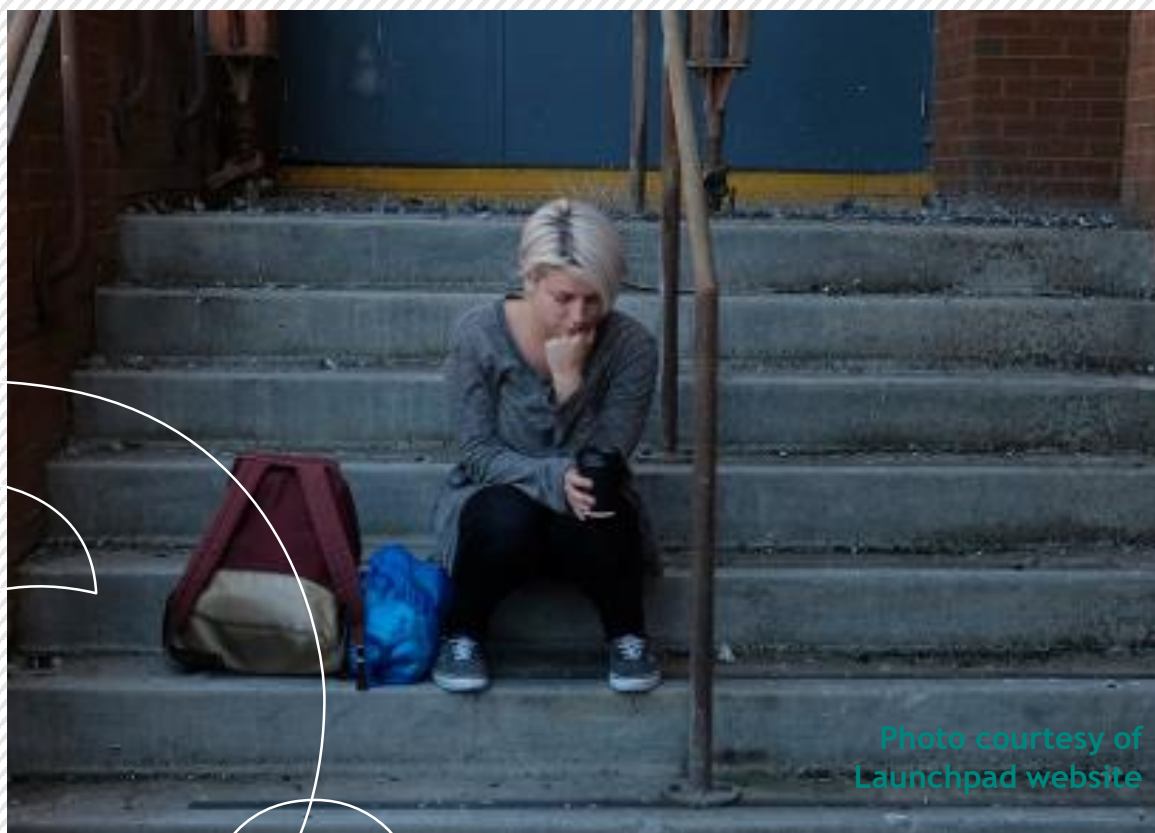


Photo courtesy of  
Launchpad website

# “Our top three priorities” Report summary

## People with housing needs say they would like:

1. More time with healthcare professionals to hear their needs
2. Better coordination between healthcare professionals
3. To be treated as experts on their own lives, health and care

## Launchpad Reading called for:

1. Mental health services to be more responsive and accessible
2. Better resourced services that respond and meet clients' needs
3. Professionals to make more use of Care Act preventative measures



This report is based on listening visits carried out in February and June 2018. It is one of a series of short reports that Healthwatch Reading is producing in partnership with local charities, to ensure that the views and needs of people and communities who are ‘seldom heard’, are available to the NHS locally, and Reading Borough Council, to inform planning, funding and quality improvements to services.

*I don't feel they [GPs] know me - it feels impersonal.*



## Why have we produced this report?

The Quality Statements produced by Healthwatch England for measuring the impact and effectiveness of local Healthwatch include:

**Community Voice and Influence** - enabling local people to have their views, ideas and concerns represented as part of the commissioning, delivery, re-design and scrutiny of health and social care services;

**Making a difference locally** - by identifying where services need to be improved by collecting experiences of local people.

A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services need to be improved by formally or informally collecting the views and experiences of the members of the public who use them. (Healthwatch England)

Healthwatch Reading is therefore working with other local charities on a series of short 'top three issues' reports to ensure that the views and needs of people and communities who are least often heard are available to the NHS locally and to Reading Borough Council, to inform both commissioning and quality improvements of services.

### How did we produce this report?

Our first listening meeting was with Wendy Webster, floating support officer at Launchpad Reading on 21 February 2018.

Our second listening meeting was on 5 June 2018, with five Reading people with housing needs. We met some people in person at Launchpad and spoke with others by phone.

## Part 1: What we heard from Launchpad Reading

People with housing needs are some of the most vulnerable people in society, and they and their families and carers can often have difficulty being heard in wider society

[Launchpad Reading](#) provides a drop-in service, housing with support, and supports single parents, families, couples and individuals to stay in their own homes by helping with landlord issues, known as 'Floating Support'). The Floating Support service also helps find appropriate housing for people housed in unsuitable accommodation, such as families in B&Bs (support is for three to six months)

These three themes emerged when we listened to feedback from the Floating Support Team at Launchpad about the experiences of their clients.

### 1. Mental health services need to be more responsive and accessible to meet the needs of homeless people and people at risk of homelessness.

We heard that the Common Point of Entry for mental health service is not always able to respond with an intervention that the client feels is satisfactory. On occasion Launchpad staff have made multiple referrals for the same individual who they feel is in mental health crisis, and the client have not been able to access immediate mental health support.

We also heard that when people have no phone and/or no fixed abode, it is difficult to arrange mental health assessments and follow up.

Launchpad are not always updated with a client's progress, needs and risk information, and are often required to phone statutory services on multiple occasions to get accurate information.



2. NHS and social care services are very stretched currently, due to funding pressures and this makes it difficult to contact services and get the response that Launchpad clients need.

We heard that the threshold for accepting safeguarding referrals appears to be high. On some occasions, Launchpad staff are not updated with the progress and actions once a safeguarding referral has been made.

*One client said they did not have dental charges explained to them clearly and health-related costs were a struggle to prioritise on a low income.*

We heard some people are discharged from hospital with no care package or to poor-quality housing that could be deemed as unsuitable for their health needs.

One Launchpad client reported not having dental charges explained to them clearly. Launchpad clients often struggle to prioritise health related costs on a low income and do not always appear to be informed about their options in relation to the NHS.

The charity added that it was an extremely valuable resource to be able to work alongside the Health Outreach Liaison Team (HOLT), made up of nurses and support workers and run by Berkshire Healthcare NHS Foundation Trust team as a service to homeless people.

**3. There is little evidence that the preventative element of the Care Act is being implemented - many Launchpad clients could benefit from the early and creative intervention to promote wellbeing that the Act requires.**

*Launchpad have used an eligibility checker to secure outcomes for clients who have eligible 'wellbeing' needs under the provision of the Care Act.*

We heard that there are many homeless people who may have eligible needs under the Care Act wellbeing principle. This includes, for example, people who are obese and need adjustments to their homes to support their wellbeing. Launchpad said there were homeless people whose needs are such that they would benefit from the support of a social worker.

Launchpad staff use an eligibility checker template to present clients' needs. This has resulted in positive outcomes, including a client with mobility issues being accepted for an occupational therapy (OT) assessment and adaptations being made to their property.

## Part 2: What we heard from people who use services provided by Launchpad Reading

We asked people to tell us that it is like when they visit their GP or hospital, and what it is like if someone is helping them with their care at home. Are the people who help with health and care, clear in what they say, and kind? What is done well and what could be better?

We spoke with five people, some in a listening session at Launchpad and some individually by telephone. Unless otherwise indicated, the comments they gave relate to GP and dental surgeries in Reading, and the Royal Berkshire Hospital in Reading.

We heard that longstanding problems often took a long time to get resolved: *'They missed the big bit [of my health problem] until one day a consultant got it right.'*

*“Doctors too easily now suggest a condition with a special name, that turns out when you look it up, to mean ‘it’s all in your head’.”*

Another person reported difficulty in getting prescriptions sorted in a timely way, a problem that had lasted months.

In another example, one person described visiting their GP surgery over several years describing increasingly worrying symptoms of mood change, and, eventually, disturbances of vision and hearing. They told us that they were never sent for blood tests or any other investigations and were offered advice about relaxation, and a herbal complementary treatment was suggested by the GP. A serious physical illness was eventually diagnosed after a visit to a non-medical healthcare professional, who raised immediate concern and made an urgent and immediate referral to hospital. This person reported not feeling listened to at their GP surgery and disappointed in the service:

*‘I feel my health has been sabotaged because [making a referral to hospital] will cost GPs money.’*

Another person reported having to call their GP surgery at 8am to have any chance of getting an appointment.

During the group discussion a person described changing relationships with doctors:

*‘Traditionally we have a lot of trust in the doctor - you tend to believe what they say.’*

This person feels that doctors ‘too easily now suggest a condition with a “special name” which turns to be a fancy name for “it’s all in our head” when you look it up’. Doctors should listen to patients more, they added.

One contributor expressed concern about doctors prescribing the wrong medication and about patients not having a care plan.

One person felt that personnel changes at their GP surgery had changed things and meant they felt their new doctor didn’t know them. This person has a chronic health condition and visits the surgery several times a year. They do feel confident in the treatment they get though.

*‘I feel that the personal touch I got with my old doctor isn’t there. I don’t feel they know me - it feels impersonal’.*

Describing hospital care, one person explained how they had attended the hospital’s Ear, Nose and Throat Department 10 or 12 times after saying they felt as if they had something stuck in their throat.



Eventually they were sent for a scan and a growth was seen, which was then treated. This person felt that this could have been found sooner if they had been taken seriously and sent for a scan earlier.

Another contributor reported 'good' care and the nurse being 'okay' when they experienced a broken leg as a result of a fall. Three days after the accident though, they had to insist that their wound was treated to avoid infection: *'This was on my insistence because the wound was oozing blood'*.

One person said they had a generally good experience when staying in hospital in connection with a chronic health problem, although there were lots of staff rushing around. We also heard: *'At a change of shift [at the hospital] it's 'needs must' - it's busy.'*

One person who was admitted to hospital said they had to wait six hours for a bed. However communication was good. *'I was given good*

*information about why the delay - it was because of prioritisation.'*

One person said that they and their partner are disabled and have significant mobility issues. At times were disappointed with services, including repeat prescriptions not being issued in a timely way, and ambulance and hospital staff being, in their view, poorly trained and equipped to assist with moving people with a physical disability and not taking advice from the person's carer.

Discussing mental health care, one person said they had been using the Talking Therapies service for about a year. *'It has all been really good but difficult to know if it is helping. I do feel recognised as a fellow human being. Very positive.'*

After going to ENT at least 10 times for throat discomfort, one person was finally sent for a scan and a growth was found - they felt they had not been taken seriously soon enough.



One person described their dentist as 'excellent': 'He listens and he understands my history, he knows I get anxious and he is good with my son.' But getting quick appointments is 'difficult these days, 'if not on the phone by 8am, you're doomed'.

We also heard positive feedback about the Boots pharmacy in Reading. 'It can be very busy, but staff know this person and will bring out the prescription and be friendly - it is a personal service.'

*'When I am low with depression I find it really difficult to talk to people, and find it easier to talk by message and text.'*

One person reported difficulties with obtaining their insulin supply for diabetes treatment and getting into problems communicating with their health team about this because of being depressed and also being reluctant to use their phone because of the cost of calls: 'When low with depression I find it really difficult to talk to people and message and text is an easier way to talk at this time.' Despite this, they said they were discouraged from using a messaging service, in preference to phoning to speak to their care team.

One person shared concerns about social care administrative arrangements for a close family member. Trying to sort things out can be a source of significant stress for the person who acts as unpaid carer and tries to keep care arrangements stable, and appropriate for their family member. It could also be frustrating to not be given information about someone's health and care, for reasons of confidentiality.

*It is important that the healthcare professional knows your story and has time to listen and work out what really matters, and not make wrong assumptions.*

The top three themes that emerged from people we talked to, were:

- 1. Lack of time for healthcare professionals to listen.** It is very important that your healthcare professional knows you, knows your story and has time to listen, so they can work out with you what really is the matter - not making wrong assumptions and understand your individual needs.
- 2. Poor coordination between health professionals.** 'You need one to oversee all.' We heard that GPs sometimes manage this coordinating role well, and sometimes do not.
- 3. Not being treated as an expert in your own life, in health or in social care.** It is very important that your account is listened to - you have information that the other person needs if they are going to help you with your health or care. Also, you may have individual needs, for example in how it is best for you to communicate with your care team, that are important to share and have respected.

## Conclusion

In the listening sessions, it was clear that it was important to ensure that services recognise people's particular needs, treat them as individuals, and provide an appropriate level of care.

Themes from this report, and our recommendations from others in our 'seldom heard' series will be included in a final report.

Healthwatch Reading thanks people supported by, and working for, Launchpad Reading, for giving their time to share their views. Healthwatch Reading is an independent charity with some statutory powers. We can take your feedback in confidence, help you make complaints and refer serious concerns to other agencies.



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