

Quarterly Intelligence review April 2019

Healthwatch uses intelligence to help inform its activities. We analyse feedback provided by the public and consider insight provided by other agencies to develop a picture of current health issues in Brighton and Hove. We then assess these issues using a prioritisation tool to identify those that we believe should be included in our workplan.

The review identified 11 key health issues for Brighton and Hove. We used a combination of Public Health Brighton's Joint Strategic Needs Assessments (JSNA) and analysis of our own data gathered from the Healthwatch Information line, Brighton Pulse and feedback provided from Representatives attending strategic meetings to identify these priorities.

For each of these issues the report documents the rationale for making it a priority, outlining the evidence behind its inclusion. The report also discusses the level of priority Healthwatch decided to assign the issue and the current activities and recommended actions related to it.

1. Obesity

Evidence

High levels of obesity across age groups in Brighton and Hove: 13% of 10-11 year olds obese; 49% of adult population overweight or obese compared to 64% in England.

Discussion

Obesity is an ongoing national issue of concern with high incidence in Brighton and Hove but lower than national level. Preventive work in primary care, particularly schools and GP services, important in addressing issue. Social prescriptions important in this area along with encouragement of physical activity and healthy diets through city wide targeted programmes e.g. Ageing Well Service.

Outcome

Priority 6/10

Healthwatch will monitor preventive work in this area encouraging the use of evidence-based interventions to encourage healthy diets and physical activity. This issue can be raised at strategic health boards e.g. Health and Wellbeing board and Health Overview and Scrutiny board (HOCS) and in commissioning work.

2. Mental health

Evidence

Higher than average levels of mental health issues and suicides in Brighton and Hove compared to England. Particularly high prevalence of mental health issues for older people; 16% of people aged 60+ depressed, increasing to 21% for those aged 80+.

Concerns have also been raised about the quality of care provided by SPFT in psychiatric wards at Mill View hospital after a fatality in December 2018.

Discussion

The performance of mental health services is an issue of national concern. There is particular concern about access to primary mental health care and quality of treatment available. Access to Children and Adolescent Mental Health Service (CAMHS) is an issue of particular concern in Brighton and Hove.

As part of the STP planning process SPFT and the SCT are undergoing a financial prioritisation process. This is a stand alone process reporting to the STP Mental Health Programme Board. David Liley is representing Healthwatch STP-wide on the prioritisation process and the MH Board. It is becoming clear that almost all transformation projects and local CCG development projects in Mental Health will not be funded this financial year 2019/20. The practical impact of this on local services has yet to be explained to the STP MH Programme Board.

The STP are holding an STP wide review into Children and Young Peoples access to psychological therapies. Healthwatch are being kept informed as stakeholders, through a newsletter.

Outcome

Priority 9/10

Primary mental health services are a key focus of this year's GP review and questions in the Patient survey cover satisfaction and quality of care provided.

Healthwatch is currently strengthening representation on strategic mental health boards. We are also in discussion with SPFT to conduct regular audits of complaints received from patients.

3. Sexual health

Evidence

Brighton and Hove has the highest rates of new STI diagnosis and HIV prevalence outside of London.

1,590 people are diagnosed with HIV (1:8 per 1000 population). Public Health England has indicated that Brighton is an area where "expanded HIV testing should be implemented".

- 46% of new STI diagnoses were in people aged 15-24 years (51% in England).
- Young people are more likely to become re-infected with STIs.

- Young females aged 15-19 have the highest rate of new STIs diagnoses, with a rate that is more than double that of young males of the same age

Discussion

A health issue of particular concern in Brighton and Hove with young people particularly vulnerable. The issue requires effective preventive work – health campaigns and sex and relationships education in schools – as well as an accessible and effective sexual health service.

Healthwatch has concerns about the service provided at the Claude Nicol Centre (SHAC East) in regards to environmental conditions, appointment wait times on day of consultation and the quality of service received by patients.

Healthwatch has also raised concerns about the proposed closure of sexual health services at the Brighton Station Walk-In clinic. This closure will make services less accessible in the city and increase demand on remaining services.

Outcome

Priority 8/10

Healthwatch has conducted a briefing on sexual health needs and services in Brighton and Hove which will be published in April. A decision will be taken shortly based on this research about whether to proceed with a project in 2019.

Young Healthwatch is currently planning a sexual health project focusing on needs of young women to be conducted later this year.

4. End of life care

Evidence

We have received feedback from patients and patient organisations that have raised concerns about the quality of end of life care in Brighton and Hove. Cases suggest insensitive and impersonal care as well as confusion among health professionals about whether individuals should be on an end of life/palliative care pathway or receiving more active treatment.

Discussion

The treatment provided in end of life care and the decision to put someone on this pathway is an issue of increasing interest given growing numbers of older people in the city.

Previous projects and feedback from patients has suggested a mixed record for this type of care with particular concerns around care provided at Royal Sussex County hospital.

Outcome

Priority 8/10

Healthwatch is currently in consultation with a local carer's organisation and BSUH to investigate this issue and decide on how to intervene.

5. Cancer treatment and screening

Evidence

Cancer screening rates all lower than England e.g. 70% for breast screening compared to 77% in England.

Long waits for first treatment (RTT): 20% of patients with urgent GP referral wait longer than 62 days for first treatment and 15% of referrals from a cancer screening service (CCG Quality report, April 2018).

Feedback has raised concerns about quality of information and communications given to cancer patients.

Discussion

There are ongoing concerns about screening rates and the waiting times for treatment. Breast screening rates are a particular concern with 30% of women invited for screening not being screened.

There is also concern about the high level of cancer appointments which are not attended (DNA) by patients.

Outcome

Priority 8/10

Healthwatch has patient representation on Cancer Action Group and Surrey, Sussex Cancer Alliance and Cancer and Planned Care Delivery Board. Healthwatch representatives have raised concerns about the quality of information provided to patients and have requested improvement.

Healthwatch is currently scoping new work in this area around cancer information provided by GPs to patients and investigating causes of appointment DNAs.

Young Healthwatch are conducting a Listening Lab on cancer services for young people later in 2019.

6. Dementia

Evidence

4.3% of people aged 65+ in Brighton and Hove have dementia, the same level as England.

Discussion

The number of people diagnosed with dementia is likely to increase as the population lives longer. By 2030 it is estimated 63% of the population in Brighton and Hove will be 60+ (JSNA, 2018). Health and social care services need to be sensitive to the particular needs of patients with dementia.

Outcome

Priority 6/10

The care of patients with dementia in local care homes was an issue considered in the care home review conducted by Healthwatch in 2016. The care packages provided to patients with dementia was also a key issue for the recent Hospital Discharge project.

Healthwatch representation at the BHCC's Care Governance Board and the Adult Safeguarding Board also proactively monitors the care provided to this population.

7. Multiple Long term Conditions (MLTC)

Evidence

53% of people 50-54 years have one or more long term condition; significantly higher rates for under 60s in deprived areas.

Discussion

This is an issue of increasing concern in Brighton and Hove with data showing high prevalence and strong correlation between physical conditions and mental health issues. Brighton and Hove Public Health have recently published a JSNA on this issue (December 2018) which provides detailed research.

Outcome

Priority 8/10

The recently published Hospital Discharge project provided insight on the issue, highlighting the mixed record of support and discharge planning for patients living with multiple long term conditions.

8. Older person falls and hip fractures

Evidence

Higher admissions to hospital and incidence of hip fractures for older people than national average: rate of emergency hospital admissions for 65+ 2,529 per 100,000 compared to 2,114 for England; 306 hip fractures for people 65-79 compared to 265 for comparable local authorities.

Discussion

This issue is closely related to the efficacy of care packages for older people living at home. Key issues are the quality of support provided to vulnerable older people and the efficacy of home equipment and adaptations.

There is also concern about how emergency services are responding to fall incidents. SECAMb may be assigning falls as low priority leading to long waits for victims.

Outcome

Priority 7/10

As for MLTCs, the Hospital Discharge project has provided insight on this issue, identifying falls as a major cause of readmission after discharge. The project identified the high risk of falls and readmission for older people living at home in isolation i.e. without a strong support network of family or friends.

Healthwatch will proactively review findings of Hospital Discharge project and new intelligence gathered on issue.

Healthwatch also welcomes the social prescription approach adopted by BHCC's new 'Ageing Well' older people's programme, making a coordinated effort to reduce social isolation and promote physical activity. We will monitor the progress of this programme in the forthcoming year.

9. GP service

Evidence

Ongoing closure of GP practices and fewer GPs serving patients in the city. Consistently lower numbers of GPs serving patients than England average: 2397 patients per GP in Brighton and Hove compared to 1787 for England (NHS Digital, December 2018)

Negative feedback has been received on primary care mental health service; difficulty accessing service and low quality and short duration of services provided.

Major changes have recently been made in the new CCG GP contract with focus on enhanced services and practices working as part of Primary Care Networks (PCNs).

Discussion

Declining numbers of GPs in the city is an ongoing issue of concern for Brighton and Hove that Healthwatch has been closely monitoring for last two years. Low GP capacity is likely to lead to access problems for patients, e.g. long waits for appointments, and increasing pressure on A&E service.

Outcome

Priority 10/10

Ongoing issue of some urgency. A new GP review is underway and will cover all 41 surgeries in the city. Healthwatch is actively monitoring number of FTE GPs in the city and this has been raised by HW representatives at the Health and Wellbeing Board and Health Overview and Scrutiny Committee (HOSC).

Primary care mental health services are a key focus of the current GP review with questions in Patient survey examining satisfaction and efficacy of services provided.

10. Dental service

Evidence

High number of complaints about dentists received by Healthwatch. Common issues raised include lack of clarity in determining what is covered by NHS treatment and poor quality treatment.

CQC has raised concerns about access/quality of dental care provided to residents in care homes.

CQC has also highlighted inconsistent levels of dental care for older people in care homes.

Discussion

Complaints about dentists are widespread nationally. There is a lack of clarity of information on what is covered by NHS treatment and when private treatment is applicable.

Outcome

Priority 8/10

Healthwatch is monitoring complaints about NHS dental care and has shared with the CCG.

Healthwatch is currently finishing a review of dental care in care homes. A final report expected in forthcoming months.

11. A&E

Evidence

Ongoing problems at RSCH A&E with long waits for treatment and ambulance handover delays; 16% patients waiting more than 4 hours for treatment.

Ongoing concerns about patients seeking primary care at A&E rather than using GP practice.

Discussion

This has been an ongoing issue of concern and has been closely monitored by Healthwatch. The pressures on A&E are likely to be related to limited emergency provision in primary care and difficulties some patients have in accessing their GP.

Outcome

Priority 9/10

Reviews of the A&E service have been conducted in all of last three years and a further one is planned for later in 2019.

This year's GP review will examine the use of A&E by patients unable to access primary care through their GP practice.

Healthwatch was recently consulted regarding a forthcoming study of A&E attendees at RSCH conducted by GP, Sabry Sadek (Regency surgery).