

By email

To: Jonathan Lewney, Public Health, SCC; Fiona Mackison NHSE

20th June 2019

Dear Jonathan and Fiona,

As you know, Healthwatch Surrey has received feedback from service users and shared our concerns with commissioners and the provider, Central and North West London NHS Foundation Trust's (CNWL), in line with our remit over recent months. The concerns shared with us around sexual health services have prompted us to write on two occasions to the provider and commissioners to bring our concerns to their and your attention. We appreciate Surrey County Council's, NHS England South East and CNWL's transparency around sexual health services data and patient engagement activity, and the invitation extended to Healthwatch to join Contract Review meetings, and we welcome the working relationship we have built up as a result. We have received detailed responses and assurances to the concerns we have raised. However, following the news of the extension of the contract with CNWL, with an associated improvement plan, we now write to seek reassurance that outstanding concerns and issues will be addressed, and to reiterate the importance of meaningful engagement with the public and service users.

Our concerns fall into three main areas:

- 1) We remain concerned about patients' access to services and the continued difficulties they are facing in booking appointments.
- 2) We have concerns about the significance of lower than predicted take up of services, particularly in the light of concerns about implementation of the communications plan.
- 3) We have concerns about whether engagement with those most at risk and vulnerable has been sufficiently robust in the run up to re-procurement of the

contract – and ask have lessons from the Sexual Health Task Group been implemented?

Patients’ access to services and the continued difficulties they are facing in booking appointments.

Healthwatch Surrey continues to receive mixed feedback regarding services provided by CNWL. Whilst many patients are pleased with the services once they access them, many other patients, and some professionals who have chosen to contact us, report that patients are unable to access services through walk-in clinics, as these are oversubscribed. Some patients report that the CNWL central booking office is sending them to a clinic for specific services, only to be told on arriving that this is not available through the clinic. During the engagement activity associated with the recommissioning process, Healthwatch Surrey has been made aware that fewer young people have been attending the Redhill clinic since the young-persons-only clinic stopped.

Some patients have advised Healthwatch Surrey that the valuable counselling support they used to receive from a Health Advisor is no longer available as this role has reduced significantly.

The significance of lower than predicted take up of services, particularly in the light of concerns about implementation of the communications plan and concerns around accessing appointments

Healthwatch Surrey is concerned that CNWL are seeing 25% fewer clinic attendances compared to the number of annual attendances expected by Commissioners at the start of the contract (10,000 down on a prediction of 40,000). Apart from a Darzi Fellow research project which has recently started, we are not aware that any analysis is being undertaken to identify why there are 10,000 fewer attendances annually than projected. Our fundamental question is whether local needs are being met. We would like to know how much of this is due to clinic attendances naturally reducing in line with online testing? What assumptions were included in the original predictions expected by commissioners, and is there evidence that all these Surrey patients and residents can access sexual health services?

An additional concern has been shared with us that there may be as many as 10 referrals a week for removal and or insertion of difficult coils. This is a big increase since clinics around Surrey were cut and there is an ongoing problem of removal of lost implants since the only service is at the Earnsdale Clinic in Redhill. We note from the papers you provided that this issue is acknowledged but remain unclear as to what is proposed to ensure timely access and choice is maintained.

The initial draft of the Communications Plan was published in summer 2018. Healthwatch Surrey is concerned that 10 months on, many of the items in the Communications Work Plan are identified with a timescale of 'May 2018 and ongoing' and there isn't a clear evaluation of how successful these items have been in reaching their target audiences.

Whether engagement with those most at risk and vulnerable has been sufficiently robust in the run up to the decision to extend the contract – have lessons from the Sexual Health Task Group been implemented?

Healthwatch Surrey is concerned about the breadth and depth of the engagement activities which have been undertaken and which feed into the Engagement Report used in the decision about the contract extension. In particular we are concerned about whether specific groups such as people with learning disabilities, people from BAME communities and men who have sex with men are being engaged with directly and effectively. We appreciate that some of this engagement is challenging and have offered our support in assisting with this. We are also concerned about the length of time that it is taking to implement key aspects of the Engagement Strategy, in particular ongoing engagement with HIV patients and peer support.

Engagement events were held during 3 CNWL clinics during April 2019, and Healthwatch Surrey were happy to support these. These were successful in capturing feedback from the patients attending these specific clinics. However, Healthwatch Surrey is concerned that this feedback, together with the online survey, *does not* effectively capture feedback from the priority populations who are disproportionately affected by sexual ill health or unintended pregnancies.

Following a referral from Healthwatch Surrey to the Adults and Health Select Committee in 2017, which reflected concerns from patients that SCC and NHSESC had not engaged sufficiently with patients and the public regarding the Integrated Sexual Health and HIV Service for Surrey, a Task Group was established by the Committee to review communications and engagement, and to learn lessons. In July 2018 the Sexual Health Services Task Group recommended that the Council and NHSESC review insights captured through methods of public and patient participation so that commissioners can assure themselves that they have received meaningful feedback from a broad cross section of patients and the public. The importance of effective engagement and communication is reiterated throughout the Task Group's report. The Task Group report also recommends close adherence to the Healthwatch England 'Five Steps to ensure that people in your community have their say' when reviewing future changes. These Five steps emphasise the importance of understanding the impact of change on different groups and undertaking specific work with these communities to find out what they think¹.

Healthwatch Surrey is concerned that key target groups, such as people with Learning Disabilities, people from BAME backgrounds, and men who have sex with men, have not been effectively engaged directly during the current contract extension process and thus it is unclear how commissioners are assessing gaps in meaningful feedback from key patients and the public. Only the CNWL Outreach Team, which has reduced in size, seems to be actively meeting and engaging with the key target groups. You state in the report that

To ensure the views and experiences of both of these groups are fed into the ongoing service development of sexual health and HIV services in Surrey, commissioners are organising focus groups with members of each group facilitated by voluntary organisations that work directly with them.

However given that this important engagement direct with at risk groups has not taken place prior to the decision to extend contract, and given that very few people responded to

¹ <https://www.healthwatch.co.uk/news/2017-09-01/five-things-communities-should-expect-getting-involved-nhs-reforms>

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the survey from these groups, we remain unclear as to how you can be reassured that the needs of these groups are being effectively met.

Related to this, it is disappointing that the neither the Survey, the Communications Plan nor the Patient Engagement Strategy refer to applying the Accessible Information Standard and providing easy-read versions of key sexual health messages and an easy read version of the patient feedback survey. It is our understanding that the survey, which you acknowledge had a low response rate, was not provided automatically in easy read – people had to contact commissioners to ask for an alternative format. This does not seem to be best practice particularly given the target groups you were wanting to hear more from.

Healthwatch Surrey would like to understand how commissioners will be identifying and qualifying risks associated with the contract extension for sexual health services arising through too limited engagement with patients, public and targeted vulnerable groups.

Related to this we note that an improvement plan is recommended alongside the contract extension. We would very much like to know when this plan will be available, what targets will be set within it and whether these targets will form part of the contract extension. We note that a remedial action plan was referenced in response to a question at the Select Committee last November however this plan and targets for outreach have not been shared in the quarterly contract review meetings. Therefore we would welcome more transparency around these targets and performance against them.

Finally, we are very keen to see progress on the set-up of a patient forum that represents all of Surrey, and look forward to receiving an update on progress which we hope will be at the next contract review meeting. We would be very happy to help with any promotion to encourage attendance at this group.

Please could you provide a response to the following questions which we may choose to publish on our website:

- 1) What analysis is being undertaken to identify why there are 10,000 fewer attendances annually than projected. How can you provide assurance that local needs are being met?
- 2) What is being put in place to ensure that timely access and choice around LARC and the removal of difficult implants and coils is maintained?

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- 3) What is the timescale for reaching out to the key target groups via focus groups?
- 4) What is the timescale for establishing the Surrey-wide patient forum?
- 5) Why was an easy read version of the survey not provided automatically?
- 6) Given that important engagement direct with at risk groups has not taken place prior to the decision to extend contract, and given that very few people responded to the survey from these groups, how you can be reassured that the needs of these groups are being effectively met?
- 7) When will the improvement plan be available and how will the targets within this be monitored?

Yours sincerely

Kate Scribbins.

Kate Scribbins

CEO Healthwatch Surrey

CC: Ruth Hutchinson, Public Health; Joss Butler, Adults and Health Select Committee



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