

Care Quality Commission (CQC) Engagement Summary Report

Engagement with people who are homeless or no fixed abode

Who we are and what we do

Healthwatch Norfolk is the independent voice for patients and service users in the county. We gather people's views of health and social care services in the county and make sure they are heard by the people in charge.

The people who fund and provide services have to listen to you, through us. So, whether you share a good or bad experience with us, your views can help make changes to how services are designed and delivered in Norfolk.

Our work covers all areas of health and social care. This includes GP surgeries, hospitals, dentists, care homes, pharmacies, opticians and more.

We also give out information about the health and care services available in Norfolk and direct people to someone who can help.

At Healthwatch Norfolk we have five main objectives:

1. Gather your views and experiences (good and bad)
2. Pay particular attention to underrepresented groups
3. Show how we contribute to making services better
4. Contribute to better signposting of services
5. Work with national organisations to help create better services

We make sure we have lots of ways to collect feedback from people who use Norfolk's health and social care services. This means that everyone has the same chance to be heard.

CQC Engagement Summary Report

In total, we collected feedback from 32 people who are homeless/ no fixed abode. We received 48 different experiences of health and social care and entered 35 'Give Feedback on Care' CQC Webforms (73%). The CQC Webforms that were not completed (13, 27%) were because people either wanted to give their feedback but could not name the service they used, or they did not wish to name the service. This prevented the data from being entered in the 'Give Feedback on Care' Webform. Not knowing the name of a service or not wanting to name a service is a barrier to completing the Webform. It should also be noted that the 'Give Feedback on Care' Webform does not provide participants the space to elaborate on some of their answers (e.g. why they have not told a service about their bad experience), which may mean that some insights into people's feedback may not have as much depth or insight as it could do.

We gathered experiences relating to a wide range of health and care services.

We worked with two different organisations (Sanctuary Supported Living and The Salvation Army) to gather feedback and visited five different sites across Norfolk: Norwich (two sites), Dereham, Costessey and Cromer. We also received feedback from one individual who contacted us independently. Whilst both the organisations we worked with help people who are homeless and either at risk of homelessness or vulnerably housed, we may not have reached some people who are 'sofa surfing' or people that may not feel comfortable approaching these services.

Demographic Data

People told us they were:

- White British/ English/ Northern Irish (27, 84%)
- Other White background (3, 10%),
- Any other Black/ Black British background (1, 3%)
- Caribbean (1, 3%)

This is broadly in line with the Norfolk population.

Eight people told us they have a long-term condition (8, 26%) and seven said they have a disability (7, 22%).

Most participants we received feedback from were male (28, 87%) and four (13%) were female, which is slightly less representative of the numbers of women that data would suggest.

We collected feedback from people aged between 18 and 73. A breakdown of ages can be found below:

- 16-25 (4, 13%)
- 26-35 (6, 19%)
- 36-45 (7, 22%)
- 46-55 (11, 43%)
- 56-65 (3, 9%)
- 66-75 (1, 3%)

Experiences of using services

Overall, most experiences of using a service were rated as good (32, 70%). Many people commented that services were quick and that staff were good and kind. Some people specifically mentioned how staff had helped them, for example, one person told us how staff at their GP practice helped to calm their nerves when having a blood test, whilst another mentioned that hospital staff helped them to find a shelter to stay in whilst they healed.

Only three experiences of using a service were rated as bad (6%). One person commented that they felt like they got a 'grilling' when they went to A&E which made them feel like a burden. Of people who rated their experience as bad, none had told the service about this.

Eleven experiences of using a service were rated as both good and bad (11, 24%), with some participants commenting that they had difficulties making an appointment, whilst others told us that they did not get what they wanted or needed from their GP practice. For example, one person told us that whilst it was good that it was quick to register at their GP practice, they told staff that they did not want to go on medication, but staff still suggested medication.

Most of the feedback we received focused on individual services rather than the integration of care across services. However, one participant told us that Change Grow

Live (GCL) and their GP practice should liaise more as both send prescriptions to the same pharmacy, but the prescriptions differ when they should be the same.

Accessing services

The majority of participants told us they found it easy to access services, although it should be noted that most of these positive experiences related to GP practices, hospitals and ambulances. We received 36 (76%) pieces of feedback saying that services were easy to access, for example, some people told us they found it easy to register at their GP practice and book appointments and that staff are helpful. Other comments include staff responding quickly to a participant's needs in prison and having help from a support or probation worker. A few people also mentioned that it was easy to access their GP practice as it was easy to travel to, for example one person told us it was easy to access because they walked there.

Despite some services being easy to access, there are difficulties in accessing NHS dentists and mental health services. A few people also found it difficult to access their GP practice. Overall, we received six pieces (13%) of feedback from people who had used a service but found it difficult to access and we received 28 (58%) pieces of feedback from people who had tried to access a service in the last twelve months but were unsuccessful. Of participants who have unsuccessfully tried to access a service, the majority (21, 75%) related to NHS Dentists. One participant told us they had been trying to access an NHS dentist for the last four years. Five experiences were from people who had tried to access mental health services (18%) and two (7%) were from people who had tried to access their GP and doctor's surgery.

When asked if there is anything else they would like to say about health and social care services in Norfolk, a few people mentioned that they understand that there is a lack of staff at the moment, whilst others commented on long waiting times at their GP surgery. Some people also used the space to tell us that their experience of care has been good overall.

Providing feedback on health and social care services

We asked people whether they have ever provided feedback on health and social care services. Most people told us they have never provided feedback on health and social

care services, with only nine people (28%) saying they have. Most participants said they have never been asked to provide feedback.

Many people told us they would be more likely to provide feedback if they were asked to. A few people also commented that they would be more likely to give feedback if they'd had a bad experience, if they were in the right mood or if they could provide feedback via text.

Overall, the findings from this engagement suggest that most people have had a good experience of health and social care services and have found services easy to access; however there are difficulties accessing NHS dentists and mental health services.

Formal Response

Official response from the Care Quality Commission (CQC)

In 2023 the Care Quality Commission (CQC) initiated a series of pilot projects. These pilots focused specifically on population groups known to experience poorer care outcomes.

Among the successful bidders for the CQC project was Healthwatch Norfolk, who chose to concentrate on people who are homeless/ no fixed abode. We asked Healthwatch Norfolk to use CQC's 'Give Feedback on Care' webform to share the individual pieces of feedback they heard during their engagement work.

Healthwatch Norfolk gathered over 48 experiences of feedback on a wide range of services. This demonstrates a significant effort to capture the perspectives of this specific population group and feedback that CQC would not always have access to without the expertise of our trusted local partners.

We acknowledge that 73% of the feedback was submitted through the 'Give Feedback on Care' webforms, while 27% of the entries were incomplete due to difficulties in naming the service or privacy concerns.

We understand the limitations highlighted regarding the CQC webform. Not knowing the name of a service or reluctance to name it can be barriers to providing comprehensive feedback. Additionally, the lack of space for participants to elaborate on their answers may have impacted the depth and insight of the feedback received. We appreciate your attention to these limitations, which will be considered for future improvements in data collection methods.

Experiences of people using services in Norfolk:

We note that the majority of people's experiences were rated positively, with 70% of participants reporting good experiences. The feedback highlighted quick service, kind staff, and helpful assistance as positive aspects. However, we take note of the few experiences (6%) that were rated as bad, where individuals did not inform the service about their negative experiences. It is essential to encourage and create channels for individuals to voice their concerns directly to the relevant services. We will use this

feedback to support our pilot work which aims to ask providers to share the Give Feedback on Care webform using the provider's patient communication channels.

Focus of Feedback:

The report indicates that the feedback primarily focused on individual services rather than the integration of care across services. This insight raises awareness of the need to expand the scope of feedback collection to encompass a more holistic view of the care journey. This feedback will be incorporated in the development of our [new approach to assessing integrated care systems](#).

Accessing Services:

It is encouraging to learn that most participants found it easy to access services, particularly GP practices, hospitals, and ambulances. However, we note the difficulties highlighted in accessing NHS dentists and mental health services, 75% reporting they had unsuccessfully tried to access NHS dental services.

Additional Feedback:

We note that people sharing their experiences expressed understanding of staff shortages and long waiting times. These factors are indicative of existing challenges within the healthcare system and should be considered in efforts to improve service delivery. It is encouraging to note that overall, participants expressed satisfaction with their experience of care.

Providing Feedback:

The report indicates that a significant number of participants (72%) have never provided feedback on health and social care services. The willingness expressed by many to provide feedback if asked demonstrates the importance of actively seeking input from people using services. Considering alternative feedback methods, such as text-based options, may also increase participation and provide valuable insights into individuals' experiences.

We would like to offer our thanks to the staff and volunteers at Healthwatch Norfolk for their expertise in supporting CQC to hear from this specific groups of people using services. Healthwatch have enabled us to gather vital feedback that we might not have otherwise been able to access.



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