

## Healthwatch Kent CEO Monthly Report April 2015

The following report outlines the activities that we have undertaken during the month of April. It is designed to be a brief snapshot of some of our key priorities and progress. Our activities have been categorised according to our Outcomes Framework which Kent County Council uses to ensure we are meeting our contractual obligations.

If you would like any further information or detail, do get in touch via email on info@healthwatchkent.co.uk

## Our Impact

## We published our report on dentists; 'The Tooth be Told'

We are working with NHS England and the Local Dental Practitioners Network to:

- 1) Ensure that Kent Dental Helpline provides up to date and accurate information
- 2) Provide clear, easy to understand information to the public about Kent Dental Helpline, and DentaLine Out of Hours Emergency Dental Service provision: Healthwatch Kent has created two new leaflets to help the public better understand dental prices and how to find an NHS dentist. These should be used by all Kent dentists and shared in other health and community venues, such as GP practices and children's centres.
- 3) Ensure the views of patients considered when assessments and decisions about dental provision are made.
- 4) Ensure all dentists clearly display Healthwatch Kent information to explain how people can share confidential feedback on their experience, whether good or bad.
- 5) Improve access to NHS dentists, particularly for those that are least able to access or afford private dentists
- 6) Work with dentist practices to listen to local people's concerns so that current differences in terms of access, getting an appointment, information about charges and how people can find an NHS dentist are addressed
- 7) Ensure the needs of and best clinical dental care provision options for older people living in care homes are addressed; we are linking with the Kent Integrated Care Alliance so that care homes and their residents are engaged in this conversation with providers and commissioners
- 8) Ensure accurate information is shared with the public, including care homes, about accessible dental facilities and domiciliary provision. The Community Dental Service can provide domiciliary care where clinically appropriate, and its clinics have ceiling hoists in their premises; patients can be referred to this service.
- 9) Examine the public views of these services in order to address any barriers, such as distance, to accessing this provision

We have also created two new leaflets to help people understand how they can find an NHS dentist and what the charges will be.

## We also published our report on Patient Participation Groups in Kent

Much of the feedback from PPGs centred around lack of support, guidance and information. However, every Group and Practice had very different and unique challenges. There is not a one size fits all solution. **Healthwatch Kent** will undertake the following:

- 1) Develop a PPG Good Practice Framework which is based on best practice and guidance. We will share this with all Kent Clinical Commissioning Groups (CCGs) and PPGs
- 2) We will train our volunteers in the Best Practice and facilitation

- 3) Using our knowledge and intelligence we will work with the CCGs and PPG Chairs to identify which PPGs may be in need of support
- 4) We will offer support to three PPGs in each CCG area at any one time
- 5) Our volunteers will meet with the PPG and the Practice and work through the Good Practice Framework.
- 6) Healthwatch volunteers will produce a short action plan outlining the areas the individual PPG and Practice may need
- 7) We will discuss these findings with the CCG to determine what support they can offer too.
- 8) The progress of this support will be monitored through 6 weekly meetings with volunteers
- 9) We will review what outcomes have been achieved after 12 months

# In addition, PPGs expressed a desire to get more involved with the day to day activity of Healthwatch Kent. We will Involve PPGs in core Healthwatch Kent through the following ways:

- a) Local projects: where Healthwatch Kent is conducting relevant work in a particular area, we will share information with local PPG groups. PPGs may be involved where appropriate, for example, in sharing feedback about particular local services. For this to succeed, PPG groups will need to share their contact details with Healthwatch.
- b) Gathering and acting on public feedback: PPGs should feel encouraged to share all feedback about any health and social care service to Healthwatch Kent. We can then amplify your voice and escalate the issues PPGs have identified. We will ensure our communication channels remain open with feedback on developments to PPGs and practices.
- c) Information provision: We will collate all the existing resources available to PPGs. Groups can contact our central Freephone line to assist with future queries.

#### **Next Steps**

Share our report and our recommendations with all Kent CCGs and PPGs Secure support for our recommendations from all CCG and PPG Chair of Chairs Launch the PPG Good Practice Framework and support mechanisms

#### Enter & View

We published our reports from Enter & View visits to three Accident & Emergency Departments to talk to patients and their families about their experience. We are keen to understand how A&E is coping during the pressures of the Winter season and how the experience of patients is affected. We will meet with the hospitals involved to discuss how our recommendations can be addressed.

## Our Recommendations for Maidstone & Tunbridge Wells Hospitals:

- Ensure that all staff are aware of the "Hello my name is "policy and keeping patients informed about their care.
- Remove the prescription machine from reception area as it appears to be confusing patients.
- Ensure that waiting times are clearly displayed manually on the display board if the electronic screen is not working.
- Add a display board /banner informing patients about the 111 service, nearest minor injuries unit, out of hours GP service and a reminder that department is an Emergency service.
- Evaluate why patients are returning to A&E with the same issue. Is there another pathway for them?
- Ensure the new GP triage system gets up and running as soon as possible to provide extra support for A&E. This system must integrate well with the current A&E pathways

## Our Recommendations for Darent Valley Hospital:

- All staff are reminded about the need to introduce yourself, explain clearly what is happening and be aware of respecting people's privacy.
- Although the majority of patients we spoke to had positive experiences some felt their privacy hadn't been respected at all.

- Patients who need to provide urine samples should be offered something to conceal the same when they are walking through the waiting area. (this has already been addressed)
- A large banner/display board should be placed in the waiting area with information about 111, local
  minor injury clinics and other places for treatment. This could also show the waiting times at the
  minor injury clinics.
- Patients need to be better informed about waiting times. There needs to be an easy to understand system to display information.
- Where patients are waiting for excessive times, these patients need to be identified and provided extra support and information. No patient should have to wait for over 15 hours.
- Develop a contingency plan for times when patients have to remain in the department for long periods due to lack of beds.
- Identifying patients with long term conditions who could perhaps be directed to the Ambulatory Care pathway rather than coming to the ED
- Provide information about local Crisis Centres to organisations who may have may have contact with people with mental health issues.
- Ensure that handwash stations are clearly visible in all areas.
- Privacy at reception should be reviewed as many patients felt it was not acceptable.
- Ambulance handovers needs to be urgently reviewed.

#### Other

We discussed the feedback we had heard from patients about the X-Ray department at Maidstone Hospital about the lack of privacy and dignity in the X-Ray dept. The Trust has explored options but many of them are not possible due to space restrictions. The gowns provided are double wrap around gowns which when applied correctly do protect dignity. However, the Trust agreed they would write to patients inviting them to bring a dressing gown with them for appointments.

## How are we raising awareness of Healthwatch and listening to the public?

Raising awareness of Healthwatch is a key priority for us. This month we continue to communicate with the public through our newsletter, our Twitter page which has 1,025 followers and Facebook which has 373 likes.

We've issued two press statements to local media this month

- Our concerns around MRSA levels at Darent Valley Hospital
- Our disappointment to hear the shocking stories of abuse at Westgate College in Margate

The Healthwatch Big Bus Tour is back! From June 12<sup>th</sup> we will be travelling around all Kent districts talking with people about their experiences of services. We have completed the branding of the bus and we are now inviting MPs, local Mayors, Councillors and stakeholders to join us on the bus to hear directly from people about their experiences.

This month we have spoken directly to 183 people about their experiences of local services and offered them information and signposting.

## What have we progressed this month?

We currently have 75 active volunteers across the county although these are not evenly distributed and we have some districts where volunteer numbers are very low. In order to ensure that we are reaching communities in all areas of the county we have started an active recruitment drive in those areas where volunteer numbers are low. This appears to be reasonably successful with two new people interviewed this month and six new volunteers (and one new member of staff) attending Induction Training. Our volunteers continue to represent Healthwatch Kent at a variety of meetings, events and venues where we can gather public feedback. These included West Kent Health and Well Being Board, East Kent Strategy

Board, Locality and Community Network groups, Care Home and Older person forums, Clinical Commissioning Groups events, specialist groups such as Diabetes support, a Volunteer Fair, meetings with Hospital trusts and a Chinese Family group. We continue to run Information stands in some hospital foyers. We are looking to extend this to other hospitals in the county.

## **Our Priorities and Projects**

### **Projects**

- Our report into the Children & Adolescent Mental Health service is nearing completion and will be shared with the organisation that provides that service for their comment before we publish it. We heard from over 300 patients and families as part of this work
- Similarly our report detailing people's experiences of being discharge from **Darent Valley Hospital** is nearly finished. Again this will be shared with the Hospital prior to publication.
- A new project is about to start which will record patients who have difficulty accessing their
  General Practitioner (GP) this includes how appointment systems are triaged, experiences of
  waiting for a GP call back, and how complaints against a GP practice are dealt with. Three GP
  practices have been identified for the project on the South Kent Coast and letters have been sent to
  them inviting them to take part in our work.
- Our report summarising the experiences of **End of Life Care** will soon be published as will our report on **Out of County beds** for mental health patients.
- Work is continuing to establish our **Physical Disabilities** Forum
- Our report looking at the provision of **Dentists** in Tunbridge Wells has been published. As part of this we have created an action plan to drive forward our many recommendations
- Our report on the challenges that **Patient Participation Group**s (PPG) face has now been published and an action plan has been drafted.

#### Healthwatch Kent Governance

We continue to update our website with news and minutes of the Deliberations & Directions (DaDs) and Intelligence Gathering (IGG) groups which can be found here: <a href="http://www.healthwatchkent.co.uk/how-we-work-0">http://www.healthwatchkent.co.uk/how-we-work-0</a>

We ensure all community groups are aware of opportunities to undertake projects with us.

Area	Update
Enter & View	We released our reports on our visits to A&Es during winter and the
	visits that were part of the project re dentists.
Consultation Working Group	We attended the Stroke Review Challenge Event and contributed to
	the discussion on models to be consulted on.
Intelligence Gathering Group (IGG)	The future of anti-coagulation clinics was discussed and the group decided they wanted to talk to each Kent Clinical Commissioning Group in Kent to be reassured about patients having access to these services.  The group were keen to be involved in the information leaflet that Kent Community Health Foundation Trust are producing on Continuing Healthcare  Maidstone Hospital had responded to a concern Healthwatch Kent had raised about the dignity of patients waiting for an X-ray. It was decided that the measures put in place were satisfactory but we would recommend the X-ray department would be looked at as part of the next PLACE assessment.  The group looked at contacts recorded by our Helpline which related to Carers. Data from the 2014-15 Personal Social Services Survey of Adult Carers in England and notes from a round table event led by Kent Community Health Foundation Trust was also discussed. From this the team highlighted themes which will be used to inform a
	project plan on Carers.

A talk from Howard Lewis of the General Medical Council was fed back to the Information Gathering Group and they felt more reassured about the process of Doctor Revalidation.  Issues around Social Prescribing were also deliberated and it was decided to check the Helpline data and to review Quality accounts
to see what Trusts have in place to look after the health and wellbeing of their staff.

# Our Relationships and Representation

Stakeholder	Update
Maidstone & Tunbridge Wells NHS	We had our regular liaison with the Trust and discussed
Trust (MTW)	feedback re privacy & dignity as in section 1. We also discussed
	hosting our public information stands in different areas around
	the Hospitals to reach more people
Kent Community Health Foundation	We had our quarterly liaison with the Trust and discussed how
Trust (KCHFT)	we can support the community around the potential changes to
	the GP practice and community hospital in Edenbridge.
Kent & Medway Partnership Trust	We attended the monthly monitoring meeting of the
(KMPT)	improvement plan in pace following the Care Quality
	Commission inspection last year. We are awaiting the new CEO
	and Director of Nursing to start, we are part of their induction.
Clinical Commissioning Groups (CCG)	We attended the Ashford Strategy Day to understand the issues
	in the area. We discussed the need for further public
	engagement and how we can share intelligence on services.
	The Dover Local Working Group discussed that some Patient
	Participation Groups in the area are struggling.
	In Dartford, Gravesham & Swanley we heard that the CCG will
	break even but faces a challenging budget next year. There are
	increasing concerns about Darent Valley Hospital which we will
	discuss when meeting with them.
	We are part of the engagement group of the East Kent
	Programme Board, looking at the strategy for East Kent services,
	we attended the first meeting and are closely linked in with the
	development of the strategy.
	We met with Thanet CCG to discuss our concerns re the number
	of GP closures in the area over the last year. We will be
	attending the decision panel meetings and working closely with
	NHS England re the impact of the closures.
	We met with Ashford & Canterbury CCG to discuss the need for
	them to improve their communications and engagement work
	within their patch particularly surrounding the new models of
AUIC Familian d (AUICF)	care in Whitstable (also known as a Vanguard).
NHS England (NHSE)	We attended the Quality Surveillance Group where information
	is shared about provider performance. Concerns were raised
	about East Kent Hospitals and Darent Valley, but Medway
	Hospital seemed to be showing signs of improvement.
	We met with pharmacists from across the county who are concerned about upcoming budget cuts and potential reductions
	in services. We are discussing whether we can do a project on
	this asap.
Public Health (PH)	No meeting this month
Kent County Council Social Care (KCC)	No meeting this month
Voluntary Sector	We met with Action with Communities in Rural Kent who agreed
Votantally Sector	to act as a community champion
	to act as a community champion

Healthwatch	We met with the South East network of Healthwatches. Collectively we have submitted an award application to Healthwatch England Awards for our collective work with the Care Quality Commission. The award ceremony is in June.
Health & Wellbeing Boards/ Health Overview Scrutiny Committee	We attended the West Kent Board, contributing a public perspective on new planning arrangements, welfare and housing reforms and plans to address obesity.  We represented the public perspective at the joint HOSC re stroke and vascular services. We have monitored these consultations closely to ensure they are engaging with the public effectively.
Other	We have had several new providers starting work in Kent. As part of our relationship strategy it is important for us to develop new relationships with these providers. Part of that is also ensuring that our volunteers are up to date with the new systems in place. With that in mind we organised for representatives from G4S, NRS Healthcare and The Shaw Trust to come and talk with staff and volunteers about the new services they provide in Kent (patient transport, community equipment and community mental health).