

Monthly Update on our work from Healthwatch Kent

This report gives examples of some of the things we have achieved in June 2016

How we made a difference

We received national recognition of our work from Healthwatch England at the annual Healthwatch Awards where we were highly commended for our work with other Healthwatch in the South East and the Care Quality Commission (CQC):

During our meetings with other South East Healthwatch, we have identified shared issues and concerns with the Care Quality Commission. These issues range from relationships through to information and data sharing. Although we regularly invite CQC representatives to our meetings, we were not able to affect the change that we all desired.

So, working in partnership with Healthwatch England, we designed a South East Workshop for both Healthwatch and CQC colleagues to ensure consistency across our patch but also to share the learnings and best practise. Working closely with CQC we invited Inspectors from all CQC Directorates and worked with them to communicate and 'sell' our workshop. Key outcomes from the meeting include:

- Information about Healthwatch will now be part of the Induction for all new CQC Inspectors across the UK. Healthwatch will also be included within the Training Plan - hoping to have a Healthwatch module
- All 6 County CQC Teams agreed to establish quarterly face to face meetings with their local Healthwatch to include representation from all Directorates and these are now getting underway.
- A new briefing for all Senior Inspectors is now in production to encourage all regional teams to operate in our new way of working across the UK
- CQC teleconferences with local Healthwatch is enabling more open sharing of information to help inspectors in their planning of Trust inspection and enhances the more traditional formal evidence submissions made by Healthwatch
- CQC Engagement team will work with all PMS Leads to support them to establish relationships with local Healthwatch
- Regional Teams will be asked to invite local Healthwatch to their regional team meetings to further extend our relationship, which is now being realised
- The CQC engagement team are writing up a case study summarising our workshop to showcase the success
- Senior level discussions are already underway to discuss and agree how our formal power of escalation to CQC can be managed and implemented more successfully
- The CQC CRM system has been adapted to make it possible for information provided by Healthwatch to be tagged and therefore will be trackable. This will hopefully make it easier for CQC to give us feedback
- Improvements in the way Healthwatch can contribute to Quality Summits pre-publication of reports

Trusts and providers are required to ask us to comment on their annual quality account. Reading the accounts and commenting is undertaken by volunteers. Ellenor Hospice added a summary section and put report in chronological order after Healthwatch advice last year.

We undertook a number of Enter & View Visits at East Kent Hospitals University Foundation Trust which we reviewed this month and a number of changes have happened or are in progress as a result:

Following 2 Enter & View visits to A&E - Queen Elizabeth Queen Mother we made the following recommendations	
Healthwatch Recommendation	Response
Staff vacancy rates are concerning. Work needs to continue to recruit and retain staff.	Funding secured to employ an additional 20 nurses from Clinical Technicians through to Senior Sisters. Kent wide issue with recruitment, not unique to EKHFT. We have raised this as HWBB.

Following 2 Enter & View visits to A&E - William Harvey we made the following recommendations:	
Healthwatch recommendation	Response
Wheelchair access to reception was still an issue. Ensure that this is included in the plans for the new reception building.	The building project manager has been asked to incorporate disabled access to the main reception in the building work (completion march 16)
The TV monitor in the waiting area was not working and therefore waiting times were not obvious and the white board was obscured.	Now resolved and so the electronic system does now show the most accurate waiting times along with advertising other NHS services and health promotion material, this television removes the need for hard copy posters etc
A robust system to inform patients about waiting times and other information needs to be put in place.	
Notices within the waiting room need to be re-organised to ensure important information is not lost or obscured	
Baby changing facilities should be provided	These facilities have been incorporated into the design of new paediatric area. Currently baby changing facilities are provided in the main waiting area toilets.
A system to address the waiting time for test results needs to be implemented. This appears to be a cause of lengthy delays	This system is unable to give the waiting time of test results as a whole plethora of tests are ordered within the Emergency Department and samples are distributed to various departments and so the processing of these samples is outside the immediate control of the department. Some tests are quicker and easier to complete than

	others, therefore we can never accurately say how long a sample will take to be processed.
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Following 2 Enter & View visits to **Outpatients at Kent & Canterbury** we made the following recommendations:

Healthwatch recommendation	Response
<p>We highlighted issues with external signage during our previous visit. This still needs to be addressed as it is still causing issues for patients.</p>	<p>Kate Barrett (facilities manager) away on long term sick at the minute, staff very much aware this needs addressing. List of snags and sign changes being put to Kate's cover.</p>
<p>Although improved since our first visit, the new appointment system is still double or treble booking appointments. This still needs to be looked at to ensure the system is efficient for the clinics but also satisfactory for patients.</p>	<p>Aware there are still some issues, more to do with other Outpatient specialities. New Patient Appointment System due to be operational in December 16. This will allow more control over who can log appointments. Also work has been done to reduce unused appointment slots and therefore increase capacity,</p>
<p>Information for patients in the waiting rooms needs to be improved. For example, a central visual central screen could display clinic details, alert the next patient and give information about waiting times.</p>	<p>Will investigate the possibility of putting more info onto electronic boards- this is done at Buckland. Clinic info is also displayed on whiteboards</p>
<p>Investigate the feasibility of radio contact with patient transport to alert the clinics of any delays. Could this be built into the new patient transport contract with G4S?</p>	<p>Key Performance Indicators much more stringent. G4S will need some bedding in time but hopeful where there is a physical presence this will help. Could look at radio contact where there isn't. Hopeful that patients will have to wait a much shorter time after an outpatient appointment too.</p>
<p>During our last visit, we highlighted the lack of provision within waiting areas such as litter bins to prevent the build-up of rubbish on the floors. This has not yet been implemented.</p>	<p>There are now more litter bins within the waiting areas.</p>
<p>We did not actively review disabled parking facilities during our visit, but it was mentioned several times by patients.</p>	<p>Lots more disabled spaces now since visit took place</p>
<p>Improved training for reception staff so that people are given clear directions to the correct clinic.</p>	<p>Awareness that reception staff need to be trained. Training currently taking place to bring all reception staff up to same level.</p>

<p>As per our initial report, produce a simplified map so that patients can access different areas without having to ask staff for help.</p> <p>Confirm whether the one stop clinic (Clinic D) we were shown on our first visit is being used for ENT or other outpatient clinics.</p>	<p>Slow process as only capacity to train a few at a time.</p> <p>Already have maps that are given out, plus a large map on the wall opposite reception and the self check in has a map for patients. Used to send out with appointment letter but cost more money and patients didn't seem to use it. Volunteers that take patients to the areas when they are lost. Healthwatch Kent saw this in action- looked great also helping people use self check in to reduce queue at reception area.</p> <p>Clinic Area D is being utilised with a selection of clinics.</p>
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<p>Following 3 Enter & View visits to Outpatients at Buckland Hospital we made the following recommendations:</p>	
Healthwatch recommendation	Response
<p>Disabled access must be reviewed including facilities such as disabled toilets and internal doors.</p> <p>Parking still seems to be an issue for some patients although fewer patients mentioned it to the Healthwatch Kent team on this visit.</p> <p>Paperwork sent to patients could be clearer to ensure patients know exactly where to go. Healthwatch Kent would be happy to review appointment letters and supporting information.</p> <p>Make sure Reception staff are aware of where clinics are taking place that day and where patients should wait.</p>	<p>Internal doors are still an issue, which has now been put on our "Risk Register" but due to funding this is not going to be "an easy fix". Are going to use this report and check F+F comments to try and secure funding to get swing out doors, which will be more accessible.</p> <p>Parking is still an issue but a "new" staff car park as been completed freeing up more Patients Spaces and the contractors are, as we speak making the Patient area larger</p> <p>Planning to review appointment letter content. Would welcome Healthwatch input.</p> <p>Awareness that reception staff need to be trained. Training currently taking place to bring all reception staff up to same level. Slow process as only capacity to train a few at a time but it is happening.</p>

Signage should be reviewed and improved	Signage is still an issue but temporary signs have been put in place especially into "Waiting Area 2". These have been put on list to go to Kate Baretts Cover. Authorised signs for reception, new signs in xray. Trust Will chase sign for Waiting area 2.
Better promotion of Self Booking system	People would rather talk to someone on reception, personal touch. All about confidence to use for the first time. 95% of those who have used it said they would use it again. Much more usage since Healthwatch Kent last visited.

Following 2 Enter & View visits to Outpatients at Royal Victoria we made the following recommendations:	
Healthwatch recommendation	Response
Signage needs to be urgently reviewed including external and internal signs. Signs should also include lift access, information about Outpatients and the individual clinics. We made these recommendations during our first visit.	Signage has been improved. There is now a sign in large letters as you come in the main doors which clearly points you towards Outpatients Clinics A & B. Plus there is also a sign again in large letters over the Outpatient Department doors saying clinics A & B.
The arrangement of the waiting room could be re-assessed to make the best use of space and avoid over-crowding.	Unfortunately, the waiting room in clinic B is very small. They have tried seats in all sorts of layouts several times. The current lay out gives the maximum amount of seats. We do try to move the patients in order to free up waiting room space up the corridor as quickly as possible. Floor has been levelled to improve accessibility/safety.
The appointment system is clearly much improved from our first visit. Patients did comment that the system could be improved further around follow up visits.	Aware there are still some issues, more to do with other Outpatient specialities. New Patient Appointment System due to be operational in December 16. This will allow more control over who can log appointments. Also work has been done to reduce unused appointment slots and therefore increase capacity
Ensure patients are given clear and concise information about their appointment. Those who only receive a text notification don't receive the additional information they need. Healthwatch Kent would be happy to review patient communications.	Text message has link to map and directions on the web site. More than one message is sent to patients attending a clinic when they might need more information.

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How we influenced and worked with others

Stakeholder	Update
East Kent Hospitals University Foundation Trust (EKHUFT)	We had an information stand in the reception of the Queen Elizabeth the Queen Mother hospital to capture feedback from patients about services
Maidstone & Tunbridge Wells NHS Trust (MTW)	We attended the Patient Experience Committee where we shared the feedback we have had about the Trust and relevant projects we are undertaking. We also met to plan Enter & View visits to the Outpatient departments in September
Dartford & Gravesham NHS Trust (Darent Valley Hospital) (DVH)	We fed back the findings of our discharge project and have agreed next steps.
Kent Community Health Foundation Trust (KCHFT)	We attended the Patient Experience Committee. The Trust's Health Trainers joined us every day on the Big Red Bus Tour to offer health checks to the public.
Kent & Medway Partnership Trust (KMPT)	We participated in discussions about implementing the Triangle of Care assessment tool with a view to monitoring how it is implemented.
South East Coast Ambulance Trust (SECamb)	South East Healthwatch met with the Trust to get an update on recent negative media coverage. We are all reviewing their improvement plan with them.
Pharmacies	We attended the Kent Local Pharmaceutical Committee and agreed to look at a project re pharmacies
Clinical Commissioning Groups (CCG)	We met with the company secretary for Dartford, Gravesham & Swanley and Swale CCGs, where we agreed to do more joint work in Swale. We attended the Ashford & Canterbury CCG Comms and Engagement Committee as a core member, which was instigated after feedback from Healthwatch about our need to improve engagement. We met with West Kent CCG and Sussex Partnership Foundation Trust to discuss how to progress our project on the Children & Adolescent Mental Health Service
NHS England (NHSE)	We attended the Local Dental Network and agreed attendance at the All Health Promotion Network to progress the recommendations from our dentists report. We also agreed the process for distributing leaflets to dentists.
Voluntary Sector	We attended the Thanet Volunteer Bureau Volunteer Fair in Margate. A number of voluntary organisation joined us on the Big Red Bus tour such as; Carers Support, Rethink, SEAP and Home Start.
Health & Wellbeing Boards (HWBB)	We attended the South Kent Coast board, we asked if there would be consultation on the super district proposal, he was assured there would be.

	We raised an example of lack of integrated working in North Kent where a successful service was not recommissioned due to funding arguments. Hopefully this reminded the meeting the purpose was to ensure the right services come into being without arguments over who funds.
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Quality account Update:

Trusts and providers are required to ask us to comment on their annual quality account. Reading the accounts and commenting is undertaken by volunteers.

MTW	Completed and published
Ellenor Hospice	Completed, they have added summary section and put report in chronological order after Healthwatch advice last year.
KMPT	Published without HWK comment
EKHUFT	Not shared with Healthwatch
DVH	Completed
Sussex Partnership	Completed
SECAMB	Joint Statement with other SE HW- not given enough time to form a response.
KCHFT	Not shared with Healthwatch

How we reach out to the public, listen to them and are using their feedback

We continue to increase our contacts with the public in a number of ways:

Twitter : 1093 followers (1071 in May)

Facebook : 691 likes (575 in May)

Newsletter : 837 subscribed (836 in May)

We also have a programme of 'Public Voice' visits which ensure we engage with people face to face. We focus visits in a different district every month as well as events elsewhere in the county. This month we had our Big Red Bus tour, an annual event where we visit the whole county and finished its journey on Sunday 19th June. For the second year all the team and our volunteers worked hard to make the event a success, which it certainly was, despite the damp weather!! Members of the public cast votes against a choice of ten health and social care issues were important to them.

Here are a few of the places we went in June

Dates	Morning	Afternoon
Monday 6 th June		Information Stand QEQM Hospital
Sunday 12 th June	Ashford Town Centre	
Monday 13 th June	Gravesend, Windmill St	Sheerness, Tesco

Tuesday 14th June	Dartford High Street	Swanley Town Square
Wednesday 15th June	Tunbridge Wells by the Library	Tonbridge High Street
Thursday 16th June	Dover Market Square	Margate Cecil Square
Friday 17th June	Canterbury, Rose Lane	
Saturday 18th June	Folkestone Precinct	
Sunday 19th June	Maidstone Jubilee Square	

During the Big Red Bus Tour:

- We distributed 3,346 leaflets
- Completed 314 Your Comment Counts forms - further analysis of these is continuing by the I & S team which will be completed during July
- 22 helpline contacts have been made, with call backs agreed and outcomes still being processed
- Media output was significant with many sources promoting our whereabouts
- Approximately 40,000 members of the public stopped or came to look at what we were doing and find out more about us

How we use public and stakeholder views

One way we ensure the public is involved at every level is working closely with volunteers:

External reps: 15 volunteers attended meetings and events including Hospital trusts Patient Experience Groups, redesign of Kent & Canterbury hospital emergency care, Hospital information stands, Thanet Volunteer Fair, Kent & Medway Partnership Trust triangle of care assessment workshop

17 volunteers helped with our Big Red Bus tour including behind the scenes preparations.

10 volunteers took part in internal working groups

Area Teams: 17 volunteers took part in the 3 area meetings of volunteers that happened in June.

Readers/Researchers: 4 volunteers read and helped form comments on the Dartford and Gravesham Quality Account, Ellenor's Hospice Quality Account, researched what other Healthwatch had done when they looked at discharge from Hospital to help inform the methods we use, and researched use of the e-referral system to help with the background for our Patient Choice project.

During the Big Red Bus Tour, we gave members of the public the opportunity to vote for which health or social care issue was of most importance to them, asking them to cast one vote from a possible list of ten. A total of 581 counters were put into the ballot boxes during the tour - a summary of the results is shown below.

1. GP - getting an appointment - 144 = 24.7%
2. Referrals and waiting times - 96 = 16.5%
3. Community Mental Health Services - 80 = 13.7%
4. Accident & Emergency - 64 = 11%
5. GP's - Quality of treatment - 54 = 9.2%
6. Dentistry - 49 = 8.4%
7. Cancer services - 45 = 7.7%
8. Residential & Nursing care homes - 25 = 4.3%
9. Getting a Care Assessment - 22 = 3.7%
10. Access to information- 2 = 0.3%

We also undertake bigger projects:

Our project on the **Children & Adolescent Mental Health Service** is almost complete. We are working with both the commissioner and the provider of the service to agree our next steps.

Our work around hospital discharge from **Darent Valley Hospital** discharge is now also complete. We have agreed to do some further work to gather more feedback from patients and families which will start in August.

We'll be visiting three **GP practices** in July and August to talk to patients about how they make an appointment and how these appointments are successfully triaged. All these visits are on the South Kent Coast.

We've finished our initial work around **End of Life Care** services which has raised more questions than answers so we have agreed to do some further work to gather more feedback from people.

Our report on **out of county beds** for mental health patients will soon be published. It contains a series of recommendations which will be shared with the organisations shortly.

A date has been set for the first meeting of our new **Physical Disabilities forum** in Kent. It will take place in Maidstone on 5th October 2016. A Kent County Council commissioner will address the meeting briefly and then the attendees will have a chance to network and have their say in how they would like the forum to run in the future.

We are finalising our Framework for **PPG groups** as part of our PPG project. We also recommended that all groups should be offered training so we are developing a training package to support this.

Healthwatch Kent have just asked the five NHS Trusts and Kent County Council (KCC) how they are progressing against the '**Five step Plan to Complaints**' which all have signed up to. This information will be used as a bench mark for the Trusts and KCC to see how each is doing against each step. The findings will be incorporated in to the second phase report on complaints.

Healthwatch Kent are about to start on a project to find out how successful the **British Sign Language** 'I need a BSL interpreter' cards have been in terms of accessing interpreters. We will be talking to members of the deaf community to gain their views.

The **Care Act 2014** came into effect on 1st April 2015 which entitles all main carers of those who have caring responsibilities to request a Carers Assessment. This assessment is a key gateway for accessing help and support services to assist carers with their caring duties. Healthwatch Kent will be talking to a variety of carers group to see if people know about this entitlement, if they have been offered a Carers Assessment and if so how useful has it been for them.

Providing Information & Signposting

We have had contact with 253 people this month via telephone, email and face to face Public Voice visits.

People received information or signposting about:

- Local Health/Social Care Services: 19
- Rights/responsibilities: 6
- Complaints: 8
- Complaints Advocacy: 19

- Healthwatch: 119

Number of public feeding back on services: 81

We responded to all telephone queries within 1 working day

Below is an example of a recent call:

Client is male, in his 70's, diabetic, also has heart problems and arthritis. Describes himself as having a 'dodgy' left knee and his joints are not getting any better.

Enquiry:

He has handles fitted to his bath to assist him but is finding it increasingly difficult to get in and out. He has been trying to get help with his situation and feels he has been passed from pillar to post. He was trying to contact an Occupational Therapist to assess his situation. One telephone number he was given (via GP surgery?) would not connect and when he queried this he was told that the number was correct.

Route to the Helpline: He found the Healthwatch Kent business card in a bag from his local Pharmacy and he contacted the Helpline (May 2016).

Service response: Signposted and Assisted with Information:

Client was given contact details for KCC Adult Social Services and informed he can request a Care Needs Assessment which would look at his situation including personal care needs and see if equipment and/or adaptations could be made also if there are services available to help him.

It was also suggested that he visit his GP and ask about a possible knee replacement, and was provided with information on patient choice, so if he is referred by a GP for knee surgery he can have a choice as to where he has the surgery.

Outcome: Client was very happy with the information and pleased to be given the correct details of who to contact and what he can ask for. Client will contact help line again if need arises.

Working with Healthwatch England and other local Healthwatch

We attended the national Healthwatch Conference where we received a highly commended award as described above. We also delivered a workshop at the conference on our work around consultations. A number of other local Healthwatch are now using our approach in their own local consultations.

We shared our new performance management framework, based on the Healthwatch England Quality Statements, with Healthwatch England and other local Healthwatch.