



Monthly Update the work of **healthwatch**  
Kent  
This report gives examples of the things we have achieved in July 2016

## Section 1: How we made a difference

We have had **393** contacts this month via telephone, email and face to face visits.



We have been successful in our application to gain the national accreditation of ‘Investors in Volunteers award’ from NCVO, the National Council for Voluntary Organisations. Great work by the team and especially our volunteers, who gave up their time to assist in collating the necessary documentation, met with us regularly to discuss progress and gave up their time to be interviewed by the assessor.

### You Said We Did

<p><b>We heard concerns about Cancer performance across the county</b></p>	<p>Medway Foundation Trust</p>	<p>We asked each acute trust to about some of the challenges they were facing and to also re-assure us that actions were being taken to try and improve performance</p>	<p><b>Response from the Trust</b>                  There has been a general improvement in performance against the national cancer waiting times standards in 2016/17 which is as a result of more transparent reporting and oversight of pathways and performance within the Cancer Services team and at Directorate and Board level. Performance has also improved due to the development of the Cancer Services team, including improved training and support provided to the multi-disciplinary team meeting coordinators who track patient pathways, chase diagnostic test results and update the cancer patient database.</p> <p>However, the Trust has been unable to consistently meet compliance with all the standards for a variety of reasons, most notably the 2 week wait GP referral which was adversely affected due to Consultant vacancies in Dermatology and the 62 day treatment standard. However, the 2 week wait symptomatic breast standard was met consistently since September 2016 and the 31 day subsequent treatment standards were achieved for the majority of months.</p> <p>The challenges in meeting the cancer waiting times standards are similar to those felt by other regional and national providers but an ongoing focus on reducing delays in patient pathways, improving patient experience and outcomes via remedial action plans developed and monitored by the relevant clinical teams and commissioners are addressing the problems.</p>
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			<p>During 2016/17 the Cancer Services team have appointed a new Cancer Clinical Lead as well as tumour site specific clinical leads with new roles and responsibilities as agreed by the Cancer Board which has continued to develop as the governance and assurance board for cancer services and performance. The Cancer Services team has also been expanded to include a substantive Cancer Compliance Manager, MDT Coordinator Team Leader as well as additional MDT Coordinators and administrative support posts to ensure adequate service cover during periods of staff leave and absences.</p> <p>The Trust has also been successful in appointing substantively to the Lead Cancer Nurse and Lead Chemotherapy Nurse posts which have been vacant for some time. The posts which are jointly appointed with Macmillan will now be able to lead on developments in both chemotherapy and ongoing patient experience and recovery for patients following cancer treatment.</p>
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### Response to Projects

In addition to our initial report on discharge in North Kent back in 2016 we have now published additional recommendations after talking to patients and their families who have had a delayed transfer of care. This means that they no longer needed medical care in hospital but were unable to leave. Following these recommendations we received a response from both Dartford and Gravesham NHS Trust and Kent County Council.

#### D&G Response:

- Information about the patient journey and discharge has now been encompassed into one leaflet Hospital Information for Patients.
- Currently any feedback from Care Homes is made directly to the integrated Discharge Team and they pass on to the ward/ manager or matron for the area concerned.
- We are currently reviewing the physiotherapy provision at Elm Court. The number of beds in use at Elm Court has been reduced by 10. Therapy input for physio and Occupational Therapy is under review.
- A single assessment is the goal but as a health and social economy we are still a way off this. We are developing a trusted assessor and a generic assessor, the discharge to assess model will support this initiative.
- Integration of the hospital and social care team is the aim of KCC and the Trust and will be supported through the estates strategy going forward, bringing the teams closer through a joint environment.

- The issues of equipment and managing adaptations will now be supported by a new role the Health and Housing Coordinator. This post will provide the link between services so that issues which delay discharge can be resolved by one point of contact. This will be funded by Dartford and Sevenoaks Councils and supported by Family Mosaic, with the post holder working under Honorary Contract for the Hospital based Integrated Discharge Team.

- The Rapid Improvement Event brought together a number of organisations, there is also the Urgent Care Board and the A&E Delivery Board

During a follow up meeting with the Trust we discussed that in our report we highlight lack of OT at Elm Court, This had also been raised by the Medical Director and is being looked in into

Medically fit ward being created so they can group patients together and focus rehab services on them

Real discharge focus continues. Daily meeting on the ward to discuss each patient. Try for regular 'green days' where they progress the patient towards discharge. Red days show no progress. if a patient has 2 red days in row they are flagged

## **Kent County Council**

### **Integrated Discharge Teams**

- KCC continues to invest in whole health and care system work to drive improvements both for the system and for patients. This includes continuing to support the development of Integrated Discharge teams, to support closer team working with some very positive discussions and plans now in place.
- The joint management of the Integrated Discharge Team (IDT) is under discussion, with the IDT Lead currently sitting with a Matron at Darent Valley Hospital. The team have visited East Kent IDTs to enable learning and are keen to mirror the approach.
- Work on co-location is progressing slowly, but construction work is now being progressed in the IDT area so health and social care can co locate and work together.

### **Home First**

- KCC is supporting Darent Valley Hospital to develop a Home First approach, helping them to consider how communication with families can be better managed so patients and families understand the impacts on a patient of staying in a hospital bed and the benefits of receiving this care outside of hospital.

### **Care Packages**

- KCC continues to support Darent Valley Hospital to better understand the resource, capacity and service picture across Health and Social Care. Healthwatch Kent have helpfully drawn attention to the issues in relation to double handed care package discharges from Darent Valley Hospital (DVH), which KCC continues to work with DVH to resolve.
- The Healthwatch Kent report doesn't however explore reasons for high volumes of double handed discharges from DVH in comparison to other Kent hospitals and how earlier deployment of NHS physiotherapists and Occupational Therapists (OTs) within the hospital may enable people to be discharged with a single handed care package
- KCC is working with the NHS OTs in the hospital to ensure the work they do is aligned to OT practice in the community. The North Kent Senior Practitioner OT (SPOT), County OT and other local managers within KCC are meeting with the OT lead for DVH to better establish collaborative working to reduce the demand for double handers at point of discharge. There are currently only four Double Handers in DVH and none have been waiting longer than 12 days.
- KCC continues to work to improve Home Care capacity and availability and meet with relevant decision makers in Health regularly to share issues and seek solutions. KCC would welcome a facilitated learning and improvement session to share issues, learn about good practise and develop plans with DVH, Bexley and others in relation to all of the above.

### **Care Home Work**

- KCC would be very happy to work with the Clinical Commissioning Group (CCG) to support them in establishing better relationships with local Care Homes. We are happy to support the CCG to develop clear processes that enable Care Homes to share any concerns they have, establish clear feedback mechanisms in relation to client discharge and agree a Discharge curfew (with some flexibility at times when there are extreme cases)

### **Carers**

- KCC and the CCG commission and fund a Carers First service. A Carers First co-ordinator and Care Navigator are co-located in the hospital, working with the Integrated Discharge Team to support patients and families be routinely involved in discussions around option available to them on discharge and care plans.
- We are currently reviewing the Carers Commissioning Strategy and will ensure we

explore what support and when the carer themselves are or become ill and would welcome further information Healthwatch Kent might have in relation to this to support the commissioning review.

### **Equipment**

- We are working with the equipment provider to improve the speed of delivery and are happy to work with our health and provider partners to develop a better system in relation to preparing for large pieces of equipment.

### **Other comments**

- A cohort of only 20 patients seems to KCC a very small sample to extrapolate out to the patient population, high numbers of individuals are discharged promptly from intervention will best support carers when a loved one is discharged, particularly when the carer themselves are or become ill and would welcome further information Healthwatch Kent might have in relation to this to support the commissioning review.

## **Section 2: How we influenced and worked with others**

### **How we influenced the key strategies across Kent:**

We attended the DGS Health & Wellbeing Board and heard about the draft Health & Wellbeing Strategy and the work of Headstart, to look at how we can share with HWK volunteers

We chaired the Patient & Public Advisory Group which looked at the activity happening to address workforce issues.

We attended the STP Programme Board on behalf of the PPAG to discuss any relevant issues raised by PPAG members.

## How we worked with and influenced providers and commissioners (stakeholders):

### Sharing intelligence

This month we shared briefing papers with Maidstone and Tunbridge Wells Trust and Dartford and Gravesham which summarise the feedback we have heard about the services they provide in 2016-17.

We shared the feedback we received with Ashford and Canterbury Clinical Commissioning Group (CCG)s about the following:

- East Kent Hospital Surgery
- G4S patients transport service
- Primecare

The CCG was very positive about the quality of intelligence HWK can now produce. We also attended their patient reference group which gave an update on reorganisation of the CCG, Encompass and STP engagement

We met with Virgin Healthcare to talk about their patient engagement, they are creating a citizen's panel and discussed a project to speak to patients receiving care at home. We also asked for an update on how they are meeting the NHS Accessible Information Standard.

We met with Darent Valley Hospital who reported they continue to be under pressure in A&E and discharging effectively. Particular issue with finding carers in Swanley. We discussed our recent discharge report which was seen as useful to the Trust We shared our patient feedback for the financial year which will be shared with the Patient Experience Committee (PEC) this week and we asked for our regular Healthwatch slot at the PEC to be reinstated. The trust is looking at making the committee more diverse, we suggested a range of contacts and that they contact the CCG to write out to the Health network of PPGs and members.

We attended the East Kent Hospitals University Foundation Trust (EKHUFT) PEC and amongst other things discussed national Emergency Department survey results

#### Actions to improve

- Set up working groups on each site to draw up an action plan
- Patient forums/focus groups to look at some of the issues.
- Work with other teams who impact Emergency Departments, specialities, facilities.
- Display actions so that the patients and relatives can see what the trust are doing

We met with the Director of Nursing at EKHUFT and shared last year's intelligence with her. We discussed the impact of moving junior doctors. Both emergency departments are very busy but not seeing a higher than expected number of Canterbury patients. The trust has identified a bank of patients who have had bad experiences in A&E and will be doing a co-production exercise with them to improve the services.

We met with Kent County Council accommodation services team to discuss how we can work together on upcoming projects re hospital discharge and neuro rehabilitation

We had a quarterly update with Dartford, Gravesham and Swanley CCG to share intelligence and discuss plans for redesigning urgent care

We attended the Mental Health Action Group to discuss plans for reviewing the groups over the next few months

### Section 3: How we reach out to the public, listen to them and work with volunteers

**This month we had 393 contacts with the public.**

We have a programme of engaging with the public and hard to reach groups face to face. In July we visited:

Coffee Caravan	High Halden	07/17
Tunbridge Wells Hospital - Information Stand (with library service part of Health Awareness Week)	Tunbridge Wells	05/07/2017
Gypsy / Traveller Community Visit	Hawkhurst	05/07/2017
Coffee Caravan	Dartford	06/07/17
Coffee Caravan Visit	Hawkhurst	10/07/17
IASK Team Meeting Presentation	Maidstone	10/07/2017
Coffee Caravan Visit	Ulcombe	11/07/17
Darent Valley Hospital - Info Stand	Dartford	12/07/2017
East Kent Mencap District Partnership Group	Margate	11/07/17
Early Year's Project Grand-parents/ Kinship Group	Canterbury	13/07/17

The Rural Kent Coffee and Information Project, partly funded by Engaging Kent, the organisation that holds the Healthwatch Kent contract, sends the Coffee Caravan out to rural communities. Please follow this link <http://www.ruralkent.org.uk/coffeeproject> for more information including dates and locations.

#### **Gathering intelligence.**

This month two of our volunteers went to the Thanet practice Managers meeting. We wanted to get feedback from them on how translation services were being used and specifically how the needs of the Eastern European population were being met. We also asked them about how they felt discharge from hospital was working.

We also visited AGE UK coffee morning in Thanet, Key issues were:

- a) Difficulty in getting appointments at GP surgery
- b) Getting hospital appointments miles from Thanet such as Dover

We also discussed and left a copy of KCC questionnaire - Older Persons and People Living with Dementia Wellbeing Core Offer

## **Section 4: How we use public and stakeholder views**

### **Kent wide**

All public facing organisations were legally bound to offer accessible information to all people with additional communication needs by 1st August 2016. We have a meeting with East Kent Mencap on Tuesday 8th August to discuss our plans, to utilise people with a Learning Disability to assist with some mystery shopping visits, to find out how the Trust's in East Kent are performing in terms of providing information in the new formats.

A further meeting on the accessibility of each of the Trusts and KCC websites with regards to making a complaint will take place on 15th September. We will discuss with them about finding members of the public who may wish to attend a focus group, run by us, to find out from the them what makes a 'good complaint' experience. We will compile the information into a report and share with the Trust's and KCC.

Further to the feedback from KCC and the carers organisations about our draft report, we agreed to meet with the care organisations to discuss in more detail. The Operations Manager attend a 'carers assessment' appointment, but the carer did not want another person present, so time was spent with a carer assessor to gain a firmer understanding of what is involved. A second project plan needs to be drafted for the Steering Group for agreement.

The Physical Disability working group met on 20th July to discuss sections to be included in the KCC tender for a new information service. The money for this new service is coming from various existing pots of money which are not offering Kent wide services.

We shared the feedback from our volunteer survey with the volunteers this month. A timeline has been drafted to take some of the comments from our volunteers forward.

We published our Gypsy and Traveller report this month on our findings from a programme of visits to KCC managed permanent sites. Aligned to this work we have invested in two NHS Help Cards, one for the Gypsy & Traveller community and one for the general public that can be presented to any health or social care facility if people have individual or specific additional communication needs.

### **West Kent**

We have completed our second phase of the discharge project. We have received more than 80 completed questionnaires and have drafted our report. It was sent to MTW for comment which we have received. We have agreed to do two further visit to gain further feedback

## **East Kent**

We published our access to GP appointments and Thanet GP closures reports last month. Following the publication, we sent a copy of the report and a letter to all GP surgeries in the South Kent Coast area to find out what they had progressed since our preliminary work, we are currently collating this information. Further work is being planned on how we take the recommendations forward

## **August activity planned**

### **Kent wide**

We are awaiting our plaque and certificate to say that we have been successful in our work to be awarded the Investors in Volunteers award. Once received we will organise a press release

The Physical Disability Forum Working Group will meet on 24th August. This will be the final opportunity to discuss the KCC tender process for the pot of money they are looking to re-allocate to an Information and Signposting service. The tender is due to go live in September 2017.

We have a project planning meeting with East Kent Mencap on 8th August to take the Accessible Information Standard project forward.

Further to the feedback from KCC and the carers organisations about our project draft report, we agreed to meet with the care organisations to discuss in more detail. This has happened to some degree, and has highlighted that the content of our draft report is lacking in some areas of carers assessments. Our managing director is holding a review of the project and has requested that some of the care agencies involved in the initial project give feedback in terms of lessons learnt

We are currently mapping all the Forum activity that takes place around Kent, with a view to ensuring Healthwatch Kent has visited all the relevant forums to raise our profile. This work is ongoing

We have still not heard from the equipment store about a visit to Aylesford. We will repeat the request

We are organising dates for volunteers to attend patient transport across all three areas of the county, it will be a 'day in the life' of those working directly on the front line, to gain patient feedback and experience first-hand the service offered. G4S the company providing this service is currently telling us that our volunteers need to be trained prior to any visits taking place. We are currently challenging this as we would use the enter and view trained volunteers.

We are collating feedback from the Care Home Managers survey which closed on 21st July. A draft report sharing the data from the survey will be sent to our working group for a discussion on how we will approach phase 2 of the project. The working group is due to meet on 17th August. KCC have been alerted that we will be doing some enter & views to a sample of care homes across the County, and they have agreed to supply a list of homes for us to potentially visit.

Due to annual leave we are awaiting another date to meet with EKHUFT about their neurological services.

We are planning to ask up to 100 members of the public a series of questions about how they find the right service for them, is information readily available? what do they do if they are unsure? and how is the best way to communicate with them? We will also be asking the providers and commissioner how they communicate with the public

Getting 'buy in' from all the Trust's and KCC to display our [NHS Help Cards](#) which people can use if they have [individual](#) additional communication needs

Our Big Red Bus replacement is currently being planned by our sister company 'Engage'. This will not now take place until the Spring of 2018.

#### **West Kent**

We will attend final visits to both Maidstone & Tunbridge Wells Hospital on 15th and 17th respectively - the outcomes of this will be added to our draft report

#### **East Kent**

We are meeting EKHUFT on 7th August to discuss our discharge project in East Kent.

Following our interim update on access to health and social care focusing on the Eastern European population in Thanet, we are talking to Thanet CCG this month about how things can move forward

#### **North Kent**

We are planning our Virgin Healthcare project about the nursing care people are receiving at home which is provided by their company in the North of the County. We have recently met with them and drafted a questionnaire to use, this is now with them for comments. We are still in discussions about the number of patient packs to send out. These will be posted by Virgin with responses coming back directly to Healthwatch Kent.

## Section 5: Providing Information & Signposting

<p><b>Number of Contacts</b> This month: <b>393</b></p> <p>Accumulative Year 4 To month end: <b>4928</b></p> <p>Total accumulative: <b>9330</b></p>	<p><b>Public Enquiries:</b> Telephone: <b>26</b> E-Mail: 1</p> <p><b>Public Voice contacts to Helpline:</b> Telephone: 19 Email: <b>21</b> Texts: 0 Forms: <b>157</b> Webform: 15</p> <p><b>HWK General Contacts:98</b></p>	<p><b>Provide a quality service that meets range of needs using a variety of formats.</b></p>	<p>1: Provision of contact info: <b>6</b> 2: Research information: <b>13</b> 3: Referral: <b>26</b></p> <p>: Out of <b>26</b> clients who were invited to comment <b>19</b> responded and were very satisfied with the service they received.</p> <p>:Case Study (attached) Access to Medical records (Ophthalmology)</p>
<p><b>Public contacts response rates:</b></p>	<p><b>Telephone:</b> Same Day: <b>25</b> 1 day : 1 2 day+: 0</p> <p><b>Email:</b> Same Day: <b>20</b> 1 day : 2 2 day+: 0</p>	<p><b>Provide A Quality Service Accessible to All:</b></p>	<p>Route to the Helpline (Chart attached)</p>
<p><b>Signpost and advise the public to assist navigate the health &amp; social care services in Kent.</b></p>	<p><b>Enquiry Themes (Multiple topics can arise per contact)</b> A: Local Health/Social Care Services: 9 B: Rights/responsibilities: 4 C: Complaints: 7 D: Complaints Advocacy: <b>26</b></p>		

<b>First point of contact service activity:</b>	<b>HWK General: 98</b> (volunteers/engagement/invitations/info-sharing by external organisations):  <b>Admin Tel &amp; Email: 46</b> (internal signposting/info sharing)	<b>Public Voice:</b>	Your Comment Counts Forms (incl. Web): <b>172</b> Events/visits Attended: 5 Total number of individual feedback contacts collated: <b>218</b> (Incl. Letters/Tel/Email/Texts/Feedback from External visits and YCC Forms)  (Engagement Chart attached)
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### **Client Story: Transfer of Medical records**

Client contacted Healthwatch Kent via Your Comment Counts form, he moved to Folkestone from Norfolk in February 2017. He is a type 2 diabetic and has annual Diabetic Retinography screening. This was done in Norfolk before moving. He now must attend a centre in Medway who can only access the results and not the images (they need to see pictures to make a judgement).

Client states the issue is lack of continuity in the transfer of records and accessibility of those records across relevant NHS services.

#### **Healthwatch Kent responded:**

Acknowledged the feedback by email and informed him that he can contact the hospital where the screening was completed via the Patient Liaison Service and ask for their help in getting the records transferred or you can state that you are making a complaint because of the lack of accessibility of those files which is delaying treatment.

As the hospital was not named, client can find details of how to contact / complain via the hospital website.

Client may also want to contact Healthwatch Norfolk and inform them of the issue and they may have details of the hospital PALS details available. <http://www.healthwatchnorfolk.co.uk/>

**Client responded later that day:**

“Good idea. Think I'll speak to the unit in Norfolk that do the screening to see if this is a local or national problem. I'll keep Norfolk and yourself informed”.

**Next morning client sent email:**

“Well I spoke to the Norfolk Screening Service this morning and they say that on request from another unit they would be able to transfer images, but it’s not done as a routine process. Clearly Kent and Medway are unaware of this, but in the circumstances, as neither my wife or I have any retinopathy, I’m not going to take this any further. However, when we go for our screen in September I will mention it to the staff. Thank you for your help”.

