

Intelligence Report - Summer 2015

Please direct all enquiries to Helen Hart, Intelligence and Insight Manager,
helen@healthwatchderbyshire.co.uk or 01773 880786.

Background

Healthwatch Derbyshire is part of a network of local Healthwatch organisations that hears what children, young people and adults have to say about health and social care services. We share these experiences with providers and commissioners, encourage responses and appropriate action, and then share feedback with the individuals that have spoken to us and to the general public through our 'speak out' reports.

This intelligence report acts as a tool for using the patient feedback that we collect to have an impact on decision making by highlighting our work activity past, present and future and summarising our key findings and recommendations for the health and social care community in Derbyshire.

A Comment's Journey ...

Healthwatch Derbyshire gathers together individual comments from patients and the public about their experiences of using health and social care services. All comments are shared on a regular basis through our information sharing arrangements with service providers and commissioners.

The diagram on the following page shows how each comment we receive travels through our information sharing system. Many organisations we share comments with triangulate what we send them with information they have from other sources to see a fuller, more complete picture of patient experience.

We check the comments we have received, and also look for gaps in the comments we have to help us decide what we should focus on next as priorities for action. One way in which we might do this would be to undertake a period of themed engagement activity to collect extra information and feedback.

After a period of themed engagement activity, a summary is drawn up as either a discussion paper or report for publication.

All our reports can be found at www.healthwatchderbyshire.co.uk/reports.

A Comment's Journey with... **healthwatch** Derbyshire

1.

Healthwatch Derbyshire receives comments from the public.

An example of a comment received from a patient:
“I was a patient in hospital for about a week. Nobody had talked to me about going home all week, until 6.30pm one evening I was told I could go. By the time I left hospital it was 10.30pm, which wasn't ideal”



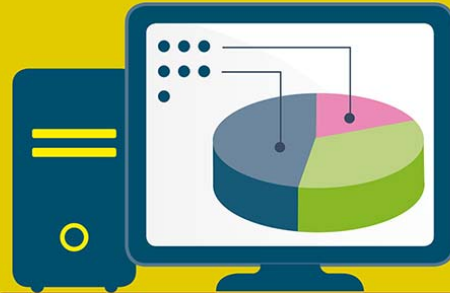
We may refer you to other organisations where appropriate (ie. complaints department)



We will take immediate action over comments causing serious concern (ie. safeguarding)

2.

The comments are put onto our database and each month a report of all new comments is sent out to service providers, and to those who buy services, i.e. commissioners.



We check the comments on the database and look for areas where people are experiencing problems and that need improvement. This sometimes leads Healthwatch to do additional work to get more information.

Once we have done this additional work we may put a report together to show what we found, and sometimes these reports will make recommendations about how services should be improved.



5.

When action is taken we publish the results in the 'You Said, We Did' section of our quarterly 'Speak Out' Newsletter, as well as online, so more people can see why they should talk to us.



4.

People can talk to Healthwatch Derbyshire anonymously, but we will send feedback to anyone who has submitted contact details, i.e. the response a service provider makes to a comment.



3.

Service providers and those who choose and buy services may take action and will tell us what they have done as a result.



To find out more about Healthwatch Derbyshire or submit your comments, please contact us:
 Telephone: **01773 880786** Email: **enquiries@healthwatchderbyshire.co.uk**
www.healthwatchderbyshire.co.uk

Reports recently published:

Primary Care Report

This report gives a useful insight into the most prevalent positive and negative themes regarding primary care services in Derbyshire.

The aim of theming the comments in this way was to gain a better understanding of what matters most to Derbyshire residents regarding the care and treatment they receive at a variety of primary care services. These themes may in turn influence our future engagement activity.

The report provides a numerical summary of comments by topic and sentiment, and a selection of comments from each theme, to illustrate the type of comment themed under each heading. Information is also organised by the relevant Clinical Commissioning Group (CCG). The most common topics are quality of clinical staff (64 positive, 17 negative) and appointment system (45 positive, 26 negative).

Within the 232 comments received, there were 352 sentiments identified - 198 of these sentiments were positive, whilst 154 were negative.

Acquired Brain Injuries Service Evaluation

This report has not been published due to the sensitivity of the information in the report, i.e. the majority of information is provided through detailed patient stories which could lead to people being identified.

This has been shared with providers and commissioners and a formal response has been requested to the recommendations made. These were:

- Our findings support the guidance outlined in NICE QS74, in particular that there needs to be more work done to prevent head injuries falling through the net. This will undoubtedly involve the engagement of GPs in education and training to recognise and diagnose head injuries, but also more timely investigations and treatments by A&E departments.
- The NICE guidelines and this report also identify the need for better co-ordinated services, in particular in relation to this report between health, social services and benefits agencies, to ensure positive outcomes for people with head injuries which should include any rehabilitation/support package post discharge.
- Our report also evidences the need for families and carers to be recognised and, if appropriate, involved in the investigation, treatment and care of someone with a head injury, which is also in the NICE guidance.
- Finally, that the availability and accessibility of information and support around brain injuries also needs to be evaluated to see if it is adequate to meet the needs of both the patients and their carers, and should encourage self-referral. Information should be transparent about waiting times.

So far I can report that:

The Acquired Brain Injuries report has received a response from Chesterfield Royal Hospital NHS Foundation Trust, NHS England, and a combined response from the 4 Derbyshire CCGs. Outstanding responses are being chased.

All unanimously welcome the report and explain the nature of provision or commissioning for acquired brain injury within their service or organisation.

Several recommendations from the report are picked up in the CCG's responses as requiring further development. These are information and signposting on discharge from hospital and training for GPs to be more readily able to recognise signs of brain injury. The response concludes by saying that the, "Healthwatch Derbyshire report offers evidence to support Health and Social Care Commissioners to revisit the current structure and function of acquired brain injury services in Derbyshire, with an aim of developing a more coherent service which supports a person and their families to better effect."

The NHS England response also makes practical suggestions regarding the issue of GP training surrounding acquired brain injury.

Subsequent actions in line with these responses will be followed up by Healthwatch Derbyshire with the CCGs and NHS England.

Children and Young People's Report

This report highlighted what Children and Young People have to say about health and social care services. The most common themes included:

- The Environment - this played the largest part in the comments made by Children and Young People e.g. the waiting room is often considered boring, and they would like more to do while they wait.
- Waiting - children feel frustrated about waiting for appointments.
- Staff Attitude - Children and Young People have mixed experiences but where they are negative, they report feeling intimidated, judged, awkward, and nervous. Where they are positive they report being made to feel calm, listened too, and respected.
- Access to Services - again Children and Young People had mixed experiences but where they were negative it was due to difficulty making appointments, and appointments being at inappropriate times.

We have so far received 14 responses to the report recommendations, which includes 11 GP practices, NHS England, Chesterfield Royal Hospital NHS Foundation Trust and Derby Teaching Hospitals NHS Foundation Trust.

Responses to the report were really encouraging, with services considering recommendations and making a conscious effort to apply the feedback.

It was suggested by one of the services that we open up a discussion with the Care Quality Commission (CQC) about the provision of toys and books in waiting rooms to see if some balance can be made between infection control risk and the provision of a suitable waiting environment for Children and Young People. This was an area of concern for a number of

GP Practices who had been advised to remove toys and books from waiting areas. We are in the process of doing this.

A draft summary of the responses has been collated, and is available on request from Karen Ritchie karen@healthwatchderbyshire.co.uk

Carer's Discussion Paper

We continue to work proactively with, and monitor the impact of, this discussion paper which was published in 2014. The Discussion Paper summarises the comments and experiences of the carers we engaged with as part of a themed engagement activity, and gives a real and authentic insight into the experiences of carers when using health and social care services. Since the report has been distributed we have received responses from a number of service providers and commissioners regarding the report. Most have welcomed it and triangulated it with their own data and all have welcomed the opportunity to discuss the needs of carers.

For a summary of responses to the paper and to assess the impact it has had, please go to: http://www.healthwatchderbyshire.co.uk/sites/default/files/carers_discussion_paper_-_summary_of_actions_0.pdf

During Carers week, 8th - 14th June 2015, we sent a letter to all GP practices in Derbyshire, highlighting the experience of carers and encouraging GPs to sign up to the carers pledge. We are awaiting replies, but have already received one reply to say that they will be signing up.

Homecare Services Report

This piece of work was designed to engage with users of domiciliary care services and their carers, friends and family in order to strengthen their voice and to play an active part in how domiciliary services are delivered and designed in the future. It was published in June 2015.

Overall respondents were positive with the majority indicating that they were very satisfied/satisfied with the care they, or their loved one, received.

Of the three main negative themes identified the lack of consistency with the carers visiting the service user was the most common issue.

Some dissatisfaction was reported with either administrative functions or poor communication with managers. There was also some dissatisfaction with lack of consistency with the timings of the home visits.

On the whole, the findings were mainly positive. However, we would ask that providers of Homecare Services take into consideration the main negatives of the service and look at ways of addressing these concerns.

The full report can be found here: <http://www.healthwatchderbyshire.co.uk/homecare-services-service-user-experience-report>

Enter and View Reports are available for:

-Canal Vue Care Home

http://www.healthwatchderbyshire.co.uk/sites/default/files/canal_vue_care_home.pdf

-Whittington Care Home

http://www.healthwatchderbyshire.co.uk/sites/default/files/final_report_whittington_care_home.pdf

-Chesterfield Royal Hospital NHS Foundation Trust Eye Clinic (to be published by the end of June)

Upcoming Reports

Experiences of parents and carers using the Autism Pathway in Derbyshire - report is ready as a draft and will be circulated for responses in July 2015.

Summary report - the experiences of using Child and Adolescent Mental Health Services (CAMHS) to be sent to the providers for a response end of June 2015, published July 2015.

Summary report - experiences of using cancer services - to be published July 2015.

Brimington Care Centre Enter and View Visit, planned for late July 2015.

What Next ...?

We are currently exploring through themed engagement (to finish July 2015):

- Learning Disabilities and reasonable adjustments in universal services
- Physical Disabilities and reasonable adjustments in universal services

New priorities for Sept -Nov 2015 will be agreed on the 2nd July 2015 at the Intelligence, Insight and Action Sub-Group.

Helen Hart, July 2015