

Intelligence Report

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BACKGROUND

Healthwatch Derbyshire was set up on the 1st April 2013, as a result of the Health and Social Care Act 2012.

Healthwatch Derbyshire, as part of a network of 152 local Healthwatch organisations has an important role as consumer champion and, in order to fulfil this function, it is crucial that we effectively use feedback to impact on decision making.

The purpose of this report is to share relevant public opinions and experiences in an evidence based way to inform and influence key stakeholders from across the health and care community in Derbyshire.

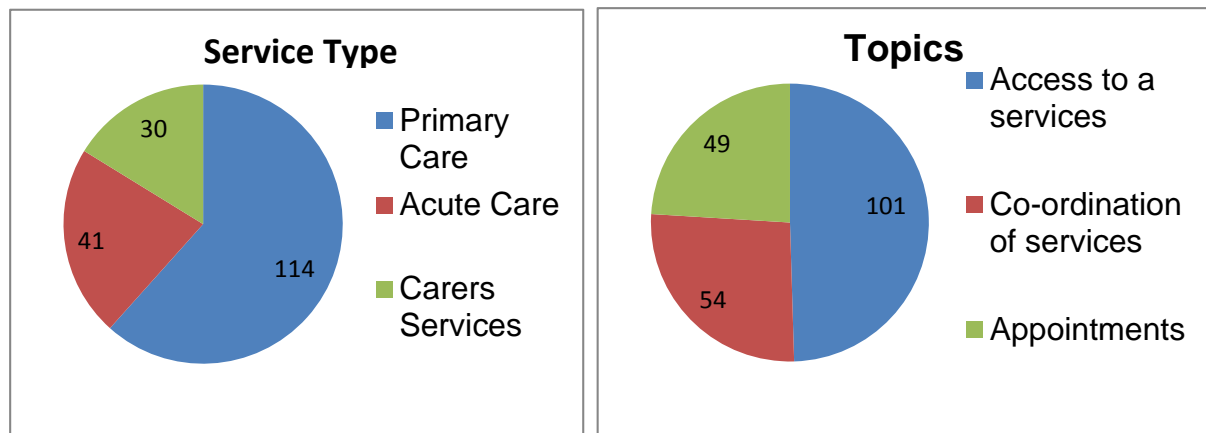
Healthwatch Derbyshire gathers together individual comments from patients and the public about their experiences of using health and social care services which are logged onto an internal database. This allows us to link all individual comments together to show emerging issues, trends and themes and so strengthens the collective voice of patients and the public. We can then take appropriate action in response, in line with the principals set out in our escalation policy, available at <http://www.healthwatchderbyshire.co.uk/policies>

This is not a substitute for making an individual complaint about a service if individuals are dissatisfied. Signposting to other services as appropriate is an important part of the function of Healthwatch Derbyshire.

All individual comments are routinely shared on a monthly basis through our Information Sharing arrangements with service providers and commissioners.

Our information sharing systems also encourage providers and commissioners to triangulate their patient experience information with Healthwatch Derbyshire. We use this information, along with other sources of publicly available data to triangulate with our information to help inform our priorities and actions.

ENGAGEMENT ACTIVITY



The pie charts above show the three 'Service Types' we hold the most information on along with the three 'Topics' that are the most talked about.

- The Service type data has been in some way influenced by our engagement activity, which focused on carers and mental health service receivers until February 2014, when it moved to Acute Care and Patient Transport Services.

We are planning to produce two discussion reports that will highlight the issues raised during these two pieces of engagement this Summer. The Mental Health Report is waiting for the results of a questionnaire which is currently in circulation, looking at the use of Improving Access to Psychological Therapies (IAPT) services, which we are conducting in partnership with Hardwick Clinical Commissioning Group (CCG).

- **Acute Care and Patient Transport Services Engagement:** These two engagement topics will continue until July 2014. Corresponding discussion papers will be produced, and the Patient Transport discussion report will include data from the recent Enter and View observation of NSL (a provider of non-emergency patient transport in Derbyshire) carried out in May 2014.
- **General Practice, Out of Hours and Dentistry Engagement:** These are the engagement topics we have chosen for the summer. These widely used services have been selected to start a conversation with the public at a wide range of summer engagement events.
- **Children and Young People Engagement:** Engagement with Children and Young People became a priority from April 2014. Consequently, engagement activities will also be developed and extended throughout 2014.
- **Experiences of using Homecare services :** A piece of work capturing experiences of using Homecare services will be taking place from July - October 2014. We have relatively few comments to date about this service type. However, the inherent risk presented by this type of service is high, which was the rationale for the work. A report will be published in Autumn 2014 to show the findings.
- **Experiences of using the Autism Pathway:** A piece of work looking at the experiences of parents and carers using the Autism Pathway is being conducted over the Summer, involving open non-structured interviews with parents and carers who

have been through the pathway to diagnosis in the past year. We are currently in the process of identifying parents/carers to take part in the study.

ENTER AND VIEW

Enter and View is a way of seeing and hearing for ourselves how services are being run and collecting the views of users at the point of service delivery. Authorised Representatives for Healthwatch Derbyshire are trained to enter a service, either announced or un-announced, to observe a provider's practice in action. Healthwatch has the power to Enter and View any publicly funded place where health and social care services are delivered.

- 'What Good Looks Like' Enter and View Programme

This programme had the aim of observing 'What Good Looks Like' within a care home setting. Hence 10 care homes were randomly selected who had been awarded the Derbyshire County Council Bronze Dignity Award. The purpose of the Enter and View visit was to:-

- Identify examples of good working practice.
- Observe residents and relatives engaging with the staff and their surroundings.
- Capture the experience of residents and relatives and any ideas they may have for change.

The individual Enter and View reports and a corresponding Executive Summary have been published at <http://www.healthwatchderbyshire.co.uk/reports>.

Unsafe Discharge: A theme emerged as part of this programme which involved the discharge process from hospital back to care home, with many examples of unsatisfactory and unsafe discharge being highlighted as a concern by many homes involved.

Examples include:

- Some homes sent care plans with residents and felt that this was a useful resource being at worse lost, or at best not used to its full potential.
- Other useful information about the resident does not move between wards and gets lost, as can medication, personal possessions and aids.
- Discharge information is often poor, sometimes it lacks detail about future care needs, it can be inaccurate and has been on occasion for the wrong person.
- Provision of the correct medication at discharge is variable.
- Communication about discharge arrangements is often poor.
- On occasions residents are inappropriately dressed for discharge.

Some of these issues simply present an inconvenience to the home, but certain instances were highlighted that have caused distress to the resident and, at worst, have presented a risk to patient safety.

One incident highlighted involved a resident who was returned to the home in an unfit state and had to be returned to hospital because appropriate actions had not been taken to control their diabetes during the discharge period. The resident was found to be in a diabetic coma when they arrived at the home and the Manager had to insist that the Ambulance Crew took the patient back to the hospital. This is clearly now a priority for Healthwatch Derbyshire.

- **NSL Enter and View**

This was an observation of NSL, a provider of non-emergency patient transport, in May 2014. The results of this will be published in July 2014.

- **Perceptions of residents in care homes**

This programme involves Enter and View visits in a sample of care homes across Derbyshire to evaluate how perceptions of care relate to CQC judgements made at inspection. These visits will be conducted over the Summer of 2014 and a report will be published in Autumn 2014. This work has been developed with support from the University of Derby.

IN SUMMARY

Engagement work completed (reports pending):

- Carers Report July 2014

Engagement work in progress:

- Acute Care Report August 2014
- Patient Transport (including NSL Enter and View) Report August 2014
- Mental Health Service Receivers IAPT Questionnaire Report August 2014
- Children and Young People

Engagement work planned:

- GPs, Out of Hours and Dentistry Report Autumn 2014
- Homecare Services Report Autumn 2014
- Autism Pathway Report Autumn 2014
- Perceptions of Residents in Care Homes Report Autumn 2014

Healthwatch Derbyshire reports draw together the evidence received from our engagement activity and present a summary of findings and any recommendations that we feel are reflected in the findings. They are a key mechanism for sharing relevant public opinions and experiences in an evidence based way.

All papers are published on our website at
<http://www.healthwatchderbyshire.co.uk/reports>.

CURRENT RECOMMENDATIONS

Healthwatch Derbyshire recommends that theme regarding poor discharge from Acute Trusts to Care Homes is noted and any appropriate actions from this group are given consideration. This is in the Enter and View section of this report.