

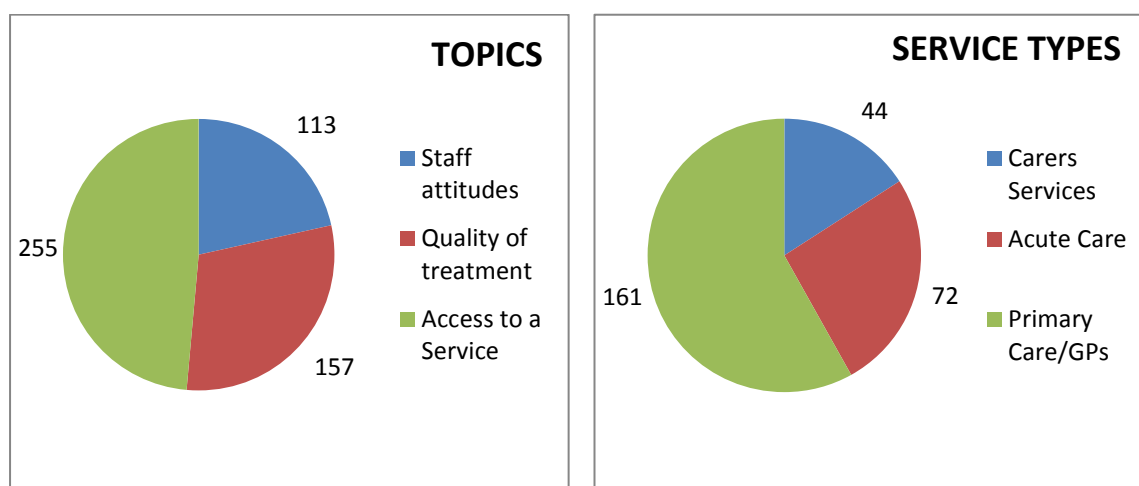
Intelligence Report - Autumn/Winter 2014

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BACKGROUND

Healthwatch Derbyshire was set up on 1st April 2013, as a result of the Health and Social Care Act 2012. Healthwatch Derbyshire is part of a network of many local Healthwatch organisations, and has an important role as consumer champion. In order to fulfil this function, it is crucial that we effectively use patient feedback to have an impact on decision making. This report acts as a tool for doing this 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.

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



WHAT ARE WE HEARING?

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. This data is for all comments received by Healthwatch Derbyshire so far - and covers both positive and negative comments. The service type data has been influenced by our engagement activity - all of these categories have previously been the focus of themed engagement activity, however the topics raised have not been influenced or 'led'.

THE WAY WE WORK

All of the individual comments we receive, as well as a summary of themes and trends is appraised by a committee of staff and Board members on a bi-monthly basis. 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. This group then comes up with ideas and suggestions for future work activity to explore themes as well as gaps in our information. This group may recommend a period of themed engagement activity to collect extra information and feedback.

After a period of themed engagement activity, a summary is drawn up in to either a discussion paper for publication, or a brief summary report to be shared with relevant providers and commissioners. This is in addition to the monthly sharing of individual comments and all reports and papers are published on our website at <http://www.healthwatchderbyshire.co.uk/reports>.

We have produced:

- Carers - discussion paper

This insightful discussion paper summarises the comments and experiences of the carers we engaged with as part of this themed engagement activity, and gives a real and authentic insight in to the experiences of carers when using health and social care services.

- Mental Health - comments summary

On the horizon:

- Acute Care.
- Patient Transport Services.
- Primary Care and Out of Hours Services.
- The Experiences of Children and Young People.
- Acquired Brain Injury Report.

Sometimes we produce other service specific reports to pull together experiences of using a specific service.

We have produced:

- Ashgate Hospice Service Evaluation.
- Barlborough NHS Treatment Centre Service Evaluation.

On the horizon:

- Improving Access to Psychological Therapies (IAPT) report - currently with commissioners.

Other reports to be published:

- The results of a survey to collect experiences of using Homecare services.
- Experiences of using the Autism Pathway (research project).

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. However, sometimes the care plan, at the worst, was 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 and it can be inaccurate and has, on occasion, been 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 and additional feedback about this topic will be sought between October - December 2014 as a piece of targeted engagement.

GP Enter and View

Healthwatch Derbyshire has worked in partnership with four GP practices to trial Enter and View visits and the way in which observations could work in General Practice. These visits have been conducted and the relevant learning will be extracted over the autumn.

NSL Enter and View

This was an observation of NSL, a provider of non-emergency patient transport, in May 2014. This report has now been published and can be found on our website.

The report gives a summary of findings, including many examples of good practice as well as highlighting some practice that did not appear to work so well.

Recommendations:

- Identify and tackle issues that impact on punctuality.
- Identify and tackle issues that result in wasted journeys.
- Develop and improve communication systems between NSL job roles and embed in training.
- Develop and improve two-way communication systems between NSL and other services discharging and receiving patients.
- Develop rigorous two way communication systems for patients regarding arrangements and changes to planned service.
- Develop and expand training and development opportunities for staff.
- Embed systems for staff involvement/engagement.
- Work in partnership with providers to improve systems for locating patients and equipment.
- Identify and tackle issues that result in usage of taxis.
- Develop and embed system of feedback and action as a result of patient feedback/complaints.
- Work in partnership with providers and patients to robustly identify specific patient needs or conditions.
- Consider a higher level/enhanced service for renal patients to take account of their additional needs.
- Very close partnership working with all stakeholders involved to help ensure a seamless system.

This report has been shared with NSL as well as with commissioners and the regulator. Healthwatch Derbyshire will continue to monitor the impact of this report over the coming months.

Perceptions of Residents in Care Homes

This programme involved Enter and View visits to a sample of care homes across Derbyshire to evaluate how perceptions of care relate to CQC judgements made at inspection. These visits were 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.

Going Forward

A programme of visits for the Autumn/Winter period are now being developed and planned.

WHAT NEXT?

Themed engagement topics for October - December 2014 have been selected to further explore emerging topical issues:

- Experiences of discharge from hospital to place of residence.
- Engagement to encourage completion of the Homecare questionnaire.

Themed engagement: January - March 2015:

- Cancer Services
- Experiences of using Child and Adolescence Mental Health Services (CAMHS).

CURRENT RECOMMENDATIONS

Executive Summary 'What Good Looks Like'

- All agencies to note the issues stated regarding admission and discharge from hospital, as this is an area of high risk and concern. In order to develop a wider evidence base this has been set as a work priority for October - December 2014 and care home staff will be invited to share their experiences of discharge, both good and bad. We appreciate that this is a complex area that needs commitment from all agencies involved to achieve resolution, hence our commitment to further explore the issues and experiences to help identify solutions.

Carers Discussion Paper

- All agencies to note this paper and its recommendations, which are:
- That service providers and commissioners take into account the intelligence in our Carers Discussion Paper, alongside their own and discuss their commitment to change and provide a response for Healthwatch Derbyshire to feedback to carers in Derbyshire.

- Establish consistency in the support available to carers, from all providers. Short-term support was extensively criticised.
- Address the need for more information and signposting. Consider the need for a one stop shop for information for carers, i.e. one phone number or pack of information covering all services.
- Address the lack of earlier intervention, as many carers feel they have to reach crisis point before support is offered or available.
- Raise awareness of carers needs amongst all professionals, e.g. GPs, teachers, hospital staff.
- Respect and recognise carers so they are involved in the treatment and care decisions made about the people they care for.
- Ensure carers assessments are completed in line with current legislation.

Helen Hart
October 2014