



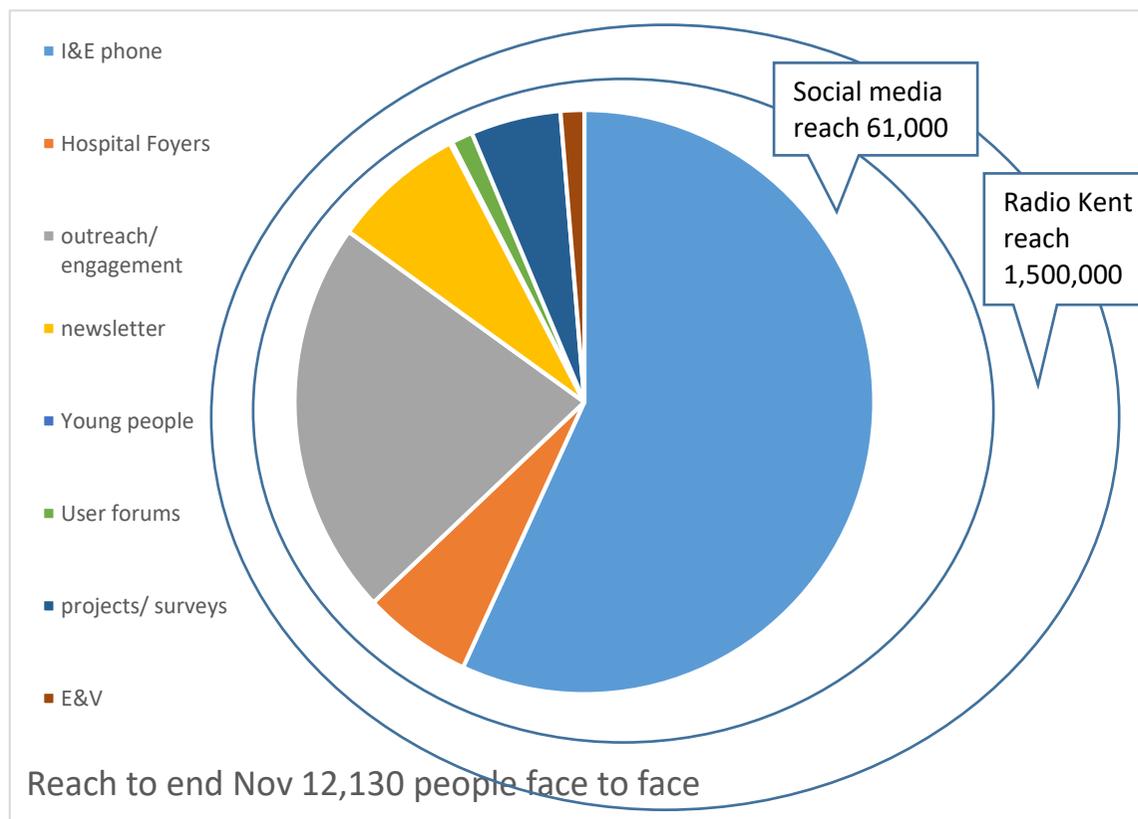
Monthly Update the work of **healthwatch**  
Kent

This report gives examples of the things we have achieved in November 2017

## Section 1: How we made a difference

### Our Reach with the public this year so far

Information & Engagement phone	6899
Hospital Foyers	739
Outreach/engagement	2661
Newsletter	900
Young people	16
User forums	145
Projects/ surveys	610
E&V	160



**Impacts:**

What was the issue?	What did we do?	What happened?
We worked with KCHFT to help produce a card letting services they know they needed a British Sign Language Interpreter.	Taunton and Somerset NHS Foundation Trust wanted our permission to use them in there area	KCHFT also gave their permission and these are going to be used by the Trust to help people using their services.
People told us about their thoughts and experiences of changes to repeat prescription systems in the South Kent coast area	As well as being used in Kent the report has also been used with two Sussex CCGs.	What the CCGs said “On reading Healthwatch reports for Kent it is noted that of those asked, 63% reported that it would be a mild inconvenience/no adverse effects. It is important therefore to identify those groups who are disproportionately affected so that that some exceptions can be identified and to understand the impact on carers as well as understanding patient’s preferences to either order prescriptions in person, by phone or via the internet”
We heard concerns from people about rumours of Direct Payment Cuts	We raised this with KCC	While the people we spoke to at KCC were unaware of any cut, what they did say is that there is some concern about how Direct Payments are used and If it actually benefits the user. They had evidence that for some people they end up being charged more because they are deemed to be a private payer and so are charged a rate higher than what KCC could negotiate. This is particularly for people who are in Supported Accommodation and Extra Housing in their view. We also organised KCC to come and talk to the Kent Physical Disability Forum about Direct Payments.

What was the issue?	What did we do?	What happened?
We were told people were finding it difficult to make a complaint against G4S. We couldn't find any information about how to make a complaint on their website	In the first instance we talked to G4S who agreed to take action. However with no action taken after several weeks we brought this up with the commissioners (West Kent CCG)	West Kent CCG have given us assurances that complaints information will be on their website.
We assisted Darent Valley Hospital to create an improved patient information leaflet		Approximately 11,000 have now been given to patients.

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

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

We attended the Programme Board of the Kent & Medway Sustainability & Transformation Partnership (STP) as chair of the Patient & Public Advisory Group. We got updates on the proposed medical school and discussed the progress of the Productivity Workstream where millions have already been saved by negotiating better contracts with suppliers and coordinating resources.

We attended the STP Communication & Engagement Group and got updates on the communication for winter and shared concerns about the number of consultations planned for the new year.

We were part of the Kent Health & Wellbeing Board where we heard about progress on creating a joint Kent & Medway board and how it can have closer links to the prevention agenda

We attended the Kent Health Overview & Scrutiny Committee to present our annual report and contributed to discussions about East Kent Hospitals, Winter Preparedness and IVF Fertility treatments

We took part in the Inequalities Steering Group which is overseeing the impact assessment of the proposed changes on seldom heard communities in Kent & Medway.

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

We met with Kent & Medway Partnership Trust to discuss outstanding actions with the mental health trust and shared the feedback we had from patients. We agreed to undertake an engagement healthcheck with trust in the new year.

We discussed with South Kent Coast Clinical Commissioning Group how patients can be an integral part of the new Local Care arrangements and agreed to do an engagement healthcheck in the new year.

We shared intelligence with commissioners at the Quality Surveillance Group where we all pool our knowledge and take action on concerns.

We attended the Canterbury Patient Reference Group where we updated Patient Participation Group members on our role in the Sustainability & Transformation Plan, and addressed concerns about our independence.

We met with Ashford & Canterbury Clinical Commissioning Groups to share our feedback from patients and share intelligence

We attended the West Kent Clinical Commissioning Group to discuss their communications and engagement for local care plans, prevention and shared about the number of consultations planned next year. We also attended the Quality Group where we shared patient feedback and intelligence on services

We met with representatives of Older Persons Forums across Kent to discuss how Healthwatch Kent can help support and coordinate their work, to ensure they are engaged with on key issues.

Our volunteers reviewed the draft specification for a new Kent & Medway Urgent Care Service. We helped ensure the specification was patient focussed and had a clear pathway.

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

This month we had 569 direct contacts with the public via telephone, electronic and face to face

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

06 November 2017	Voluntary Community Sector Focus Group (VCS FG) - Preventing Homelessness	Maidstone Community Support Centre
07 November 2017	NHS West Kent CCG AGM	Mercure, Maidstone
07 November 2017	ESTHER Market Place Event	The Gateway, Discovery Park, Sandwich
09 November 2017	Gypsy & Traveller Three Lakes Site Visit	Church Road, Murston, Sittingbourne
10 November 2017	Gypsy & Traveller Polhill Caravan Site Visit	Polhill, Dunton Green, Sevenoaks
15 November 2017	Gypsy & Traveller Cold Harbour Site Visit	Old London Road, Aylesford
15 November 2017	Canterbury Citizens Advice	3 Westgate Hall Road (Off St Peters Lane), CANTERBURY,
15 November 2017	Herne Bay Citizens Advice	185/187 High Street, HERNE BAY, Kent, CT6 5AF
15 November 2017	RBLI - Older Veterans Event	Visitors Centre, Dungeness B Power Station, Romney Marsh,
17 November 2017	Tunbridge Wells Hospital Info Stand	Tunbridge Wells Hospital
29 November 2017	EK Mencap - DPG	Active lives Canterbury, 3 Cumberland Avenue, Canterbury,
29 November 2017	Family Support Meeting Smile Centre	Aspen School, Whitfield Dover
30 November 2017	EK Mencap - DPG	Betteshanger Bowling Green

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

### Project report

#### Kent wide

We have done some research on complaints carried out by other Healthwatch's and given our findings to the Chair of the Kent and Medway Complaints managers meeting. There is a meeting in December to decide on how to progress with a possible survey approach to known complainants who the Helpline has assisted in the last 12 months and have consented to being contacted again.

We completed our draft Accessible Information Standard report, this is now with design

Over the summer we were approached by 4 young people from Queen Elizabeth Grammar School, Faversham who were interested in Volunteering, as they are hoping to pursue careers in medicine. They would like to organise a poll, to find out the health and social care issues of their peers. We also hoping to work with the school to train the young people so that they can do enter and view visits to health and/or social care providers to find out the experiences of people using those services. We are looking to repeat this with other schools across the county over the coming months

The Physical Disability forum held two meetings this month, one about Direct Payments and the other about Wheelchair services. Both meetings were attended by the commissioner of the service. Further experiences about Children's Services have also been gathered through follow up contact with an individual by the Information & Engagement team and will be assessed as to what action may be appropriate.

Our 'help cards' continue to fly off the shelf with close to 5000 delivered to date. All but one CCG have signed up to our pledge.

We continue to assess what Neurological services provide, these services straddle different services, so care is needed to pinpoint exactly what we will be looking at in terms of project outcomes. A project plan will be drafted early in the new year.

#### West Kent

We have published our West Kent Discharge report and sent copies to Tracy Crouch MP as requested by her. We will continue to monitor the outcomes

#### East Kent

Following the publication of our GP appointments and Thanet GP closures, 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 drafting an impact report to reflect what change has happened since our report was published

We have completed our initial visits for the East Kent Discharge project on the 3 main hospital sites. Further community visits need to be planned

We have a programme of pre-visits the 24care homes identified as part of the care home project

## **December activity planned**

### **Kent wide**

We are still trying to speak to G4S - we have raised the lack of communication with the CCG about the lack of response

We will be carrying out pre-visits to the majority of the 24 care homes as part of our care home project this month. Some homes have not replied or declined a visit. We will be organising the Enter and View teams this month and letting the care homes know the dates of our formal visits

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.

We will start to plan how we will do further Accessible Information Standard visits to the No

### **West Kent**

We are asking up to 1000 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. This is live, but only in the North and West of the county due to the high level of Enter and Views taking place in the East this month.

### **East Kent**

Our East Kent delayed discharge project started last month with an online survey going live. Further enter and view visits are being planned into community hospital settings. We have a meeting on Friday 8th December with KCHFT to discuss

Following our interim update on access to health and social care focusing on the Eastern European population in Thanet, we met with Thanet CCG in August and agreed to alter the draft report slightly to give it a more balanced view. This will be published in December

We have drafted and agreed our Accessible Information Standard report following our visits to East Kent Hospitals. We have a meeting with the hospital to discuss our findings in December

### **North Kent**

Our Virgin Healthcare project is now live, with 700 packs delivered to the Isle of Sheppey which will be distributed by healthcare staff to ask patients for feedback on their care at home. This work is being supported by two of our local volunteers

## Section 5: Providing Information & Signposting

<p><b>Number of Contacts</b>  <b>This month: 569</b>  <b>Another Record month!!!</b></p> <p>Accumulative Year 5  To month end: <b>6899</b></p> <p>Total accumulative:  <b>11,301</b></p>	<p><b>Public Enquiries:</b>  Telephone: 54  E-Mail: 21  Texts: 3  <b>Public Voice contacts to Helpline:</b>  Telephone: 132  Email: 15  Forms: 139  Webform: 3  <b>HWK General Contacts: 163</b></p>	<p><b>Provide A Quality Service Accessible to All:</b></p>	<p>Route to the Helpline (Chart attached)</p>
<p><b>Public contacts response rates:</b></p>	<p><b>Telephone:</b>  Same Day: 45  1 day : 2  3 day+: 7  <b>Email:</b>  Same Day: 15  1 day : 1  2 day+: 5</p>	<p><b>Public Voice:</b></p>	<p>Your Comment Counts Forms (incl. Web): 139  Events/visits Attended: 7  Total number of individual feedback contacts collated: <b>274</b>  (Incl. Letters/Tel/Email/Texts/Feedback from External visits and YCC Forms)</p> <p>(Engagement 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: 15  B: Rights/responsibilities: 4  C: Complaints: 4  D: Complaints Advocacy: 58</p>	<p><b>First point of contact service activity:</b></p>	<p><b>HWK General: 163</b>  (volunteers/engagement/invitations/info-sharing by external organisations):</p> <p><b>Admin Tel &amp; Email: 50</b>  (internal signposting/info sharing)</p>

<p><b>Provide a quality service that meets range of needs using a variety of formats.</b></p> <p><b>Satisfaction</b> 😊</p>	<p>1: Provision of contact info: 9 2: Research information: 12 3: Referral: 60</p> <p>: Out of 42 clients who were invited to comment 27 responded and were very satisfied with the service they received.</p> <p><b>:Case Study: Quality of Hospital Treatment</b></p>		
--	---	--	--

**Case Study: Quality of Treatment at William Harvey Hospital, Ashford**

Client contacted Healthwatch Kent via the telephone helpline after visiting several Advocacy websites.

- 1 - Client's husband has surgery at Nuffield Orthopaedic Centre which was exemplary.
- 2 - Nov 16 Husband has long standing hip and spinal cord conditions. He has had 5 operations in the past at Kings College Hospital. At the end Oct 16 he has an Operation at Kings College Hospital for his spinal condition and he was discharged on the 2<sup>nd</sup> November 2016.
- 3 - On 13<sup>th</sup> November 2016 10 days out of hospital. Husband was cold (He has Neuropathy) he used a hot water bottle on his leg and burnt his leg. Client stated that she saw blisters appearing on his leg. They went to the Minor injury unit at Royal Victoria Hospital where they were told that they needed to go to the William Harvey Hospital due to being 10 days post op and the burn being bad. They asked client if they wanted an ambulance however client chose to drive as it would be quicker.
- 4 - When they arrived at William Harvey hospital they took the letter they were given from the Royal Victoria Hospital to the reception. And booked in at 4pm they saw a Doctor at 7:30pm. The A&E department was very busy that night due to a very bad road traffic accident. Saw 1 Doctor who did not acknowledge that husband was 10 days post op. They were told he would be admitted for IV antibiotic but were in fact sent home and told to contact their GP the next day.
- 5 - They contacted the GP as advised and the GP sent round the Community Nurse.
- 6 - Nov - Dec the community nurse visited daily however this was no good and the Community nurses stated that he needed a burns specialist. They contacted the GP who advised that this was not his place to refer. Client insisted and they were finally referred to the Queen Victoria in East Grinstead.
- 7 - 01/06/17 Husband become delirious and temperature was 41. Went to William Harvey Hospital where CRP was 350. Client stated that CRP Rate of 400 is dead. Client stated that he was a very sick man. He was admitted. It transpired that he has Chronic osteomyelitis. He

was kept in William Harvey hospital for 1 week. He saw an Orthopaedic surgeon who did not specialise in legs. He was discharged home from Hospital and sent home with antibiotics.

8 - He finished antibiotics and within 24 hours he was admitted to hospital again as high CRP was 250. He spent 3 1/2 hours in the waiting room with a confirmation that he had sepsis. He had to wait 2 1/2 hours for IV antibiotics as there was not any available. Client stated that had to go to ward he was previously on and take the medication from there.

9 - Client stayed in William Harvey hospital for 12 days and saw a different Orthopaedic consultant who did not deal with feet or legs. Client stated that he was lucky to see a consultant every 2 days'. Then he was discharged.

10 - 01/08/17 His CRP was 18 and he was septic again. He stayed in William Harvey hospital for 16 days. He saw a 3<sup>rd</sup> Orthopaedic consultant who was a hand specialist and stated he needed advice from foot and ankle team. They advised that he needs to be at John Radcliff hospital in Oxford.

11 - Admitted to John Radcliff Hospital on 06/09/17 where he is still. He had 2 operations on his leg and is awaiting a 3<sup>rd</sup>. Client stated that Hospital have removed some of his bone and now he is more disabled that before. Client also stated that William Harvey Hospital was going to amputate.

#### **ACTION SO FAR:**

Client advised that she has made a complaint for 1<sup>st</sup> issue and felt that the issues were ignored.

She had a meeting with the head on emergency medicine and emergency nurses.

She is also waiting for further letter in response to another complaint.

She stated that no local resolution has happened and she wants to take this further she knows that she should probably go to the ombudsman.

She stated that she has never had an apology from the GP. GP is Park Farm Surgery.

No issues with the community Tissues Viability Nurses - GP initiated a political argument about who can make referral to east Grinstead Hospital.

#### **HWK Response:**

Contact Hospital ask for a written local resolution give time limit for response.

Client to contact Care Quality Commission(CQC) re. complaint about Hospital Treatment.

and the Clinical commissioning group(CCG) South Kent & Coastal re. lack of referral by GP.

Consider discussing Medical Negligence with solicitor, gave details of Law Society website.

Once local resolution is received may need details of Parliamentary Health Service Ombudsman to take complaint further if remains dissatisfied.

Details of Kent Advocacy service to assist with obtaining local resolution.

Chart one:

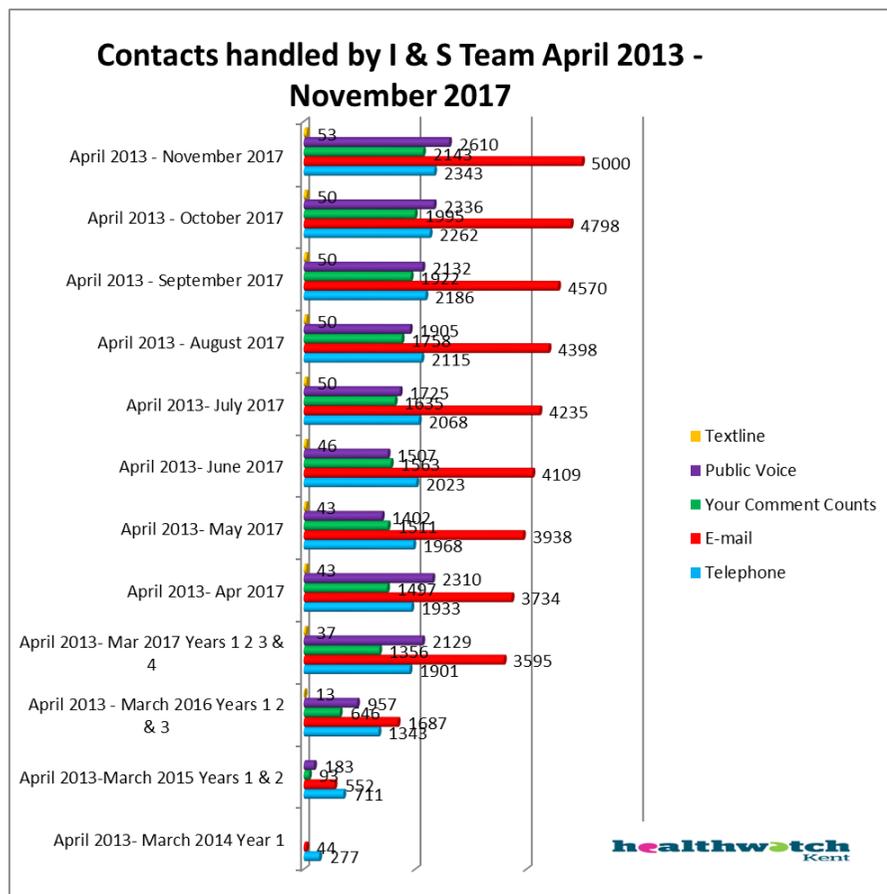


CHART THREE:

