

You Said, We Did

October - March 2017

You said	What we did	What Happened?
<p>A patient at Maidstone Hospital told us they needed help getting out of the toilet, but the Emergency Button was not working.</p>	<p>We raised the concern with Maidstone and Tunbridge Wells NHS Trust</p>	<p>The Trust have checked all emergency buttons on the ward are now working</p>
<p>Based on the feedback we have heard from patients we have identified an issue that patients are not receiving the help they needed to eat at East Kent Hospitals.</p>	<p>We raised the patient feedback with the Trust</p>	<p>A Nutrition and Hydration steering group has been set up as a result to explore the issue. The Trust are considering a befriending scheme to support patients who need help eating at meal times. They are also looking to stagger mealtimes on different wards to ensure there is enough resource to help everyone otherwise people may have to wait for help and their food will go cold.</p>
<p>We identified a theme from the feedback we received around staff attitude at East Kent Hospitals. There was a particular issue around staff not introducing themselves to patients.</p>	<p>We raised the issue with East Kent Hospitals Trust.</p>	<p>The Trust (and other NHS Trusts) have done a lot of work to reinforce the importance of introducing themselves to patients. The 'hello my name is....' is now best practise within the Hospitals</p>
<p>We heard concerns about A&E waiting times and communication at East Kent Hospitals.</p>	<p>We raised the concern with East Kent Hospitals</p>	<p>The Trust have been working to improve the information they give to patients especially when they have been waiting for long periods in order to diffuse frustration. Regular reminders are being sent to staff, although the current environment and pressures on the NHS can make this difficult.</p>
<p>Diabetes UK told us about low participation in the Diabetes UK audit from some GPs in Kent. Without these responses accurate analysis of the data could not be done.</p>	<p>We wrote to Ashford CCG asking for an explanation and to understand what they were doing to address the issue.</p>	<p>Ashford CCG told us: We are including participation in the audit as a 'Must Do' for primary care in the East Kent diabetes pathway that is currently in development.</p>

		<p>We are developing a support pack for practices that will be available to download from our practice support tool including contact details for our practice engagement officers who will be able to offer support. We also have offer of support for practices from Paula Carr and these contact details will also be made available.</p> <p>We will have communication alerts sent to practices to notify them of the upload window at the start date</p> <p>We will actively monitor uptake during the upload window and will contact/visit practices to offer support where required</p>
<p>Diabetes UK told us about low participation in Diabetes UK audit from some GPs in Kent. Without these responses accurate analysis of the data could not be done.</p>	<p>We wrote to Dartford Gravesham & Swanley CCG asking for an explanation and to understand what they were doing to address the issue.</p>	<p>Response from DGS CCG</p> <p>Up until 2 years ago, the CCG had an NDA participation rate in excess of 90%. Unfortunately, however, in 15/16 the upload process was changed nationally from an automatic extraction to a manual one. This left practices confused as to the process and with very little support. As a result, participation that year was just 2%. In order to get back to the participation rates we'd seen in previous years, in 16/17 we prioritised the audit and supported practices to upload their data. Despite technical difficulties for Vision practices (all but one of our practices use 'Vision'), we were able to increase uploads significantly from 2% to 44%. Both NHSE and HSCIC recognised the technical difficulties and praised us on our continued efforts to support practices despite this. As a result, we will be getting extra support from HSCIC next year and a teleconference has already been arranged for March in order to mitigate risk. In addition, we have secured the support of the Paula Carr Charity who will be on hand to offer practices individual support during the upload period. The data that's currently published is based on 2015/16 participation rates which is why unfortunately we are classified as 'poor' and in greatest need of improvement in the CCG IAF. We've increased participation by over 40% since then. The</p>

		CCG plan to work toward a 90% participation rate for 17/18.
People have told us about long waiting times for incontinence assessments meaning patients are having to buy incontinence goods when the patient is entitled to them for free.	We talked to Virgin care about the feedback	<p>They told us that they had inherited a large waiting list from the previous provider which they have now got down to zero.</p> <p>They have changed the process to ensure patients are not having to buy their own materials while they await an assessment</p> <p>They have also changed the quality of the materials too.</p>
We heard serious concerns about a nursing home in Hythe.	We raised our concerns with Kent County Council safeguarding and the Care Quality Commission	The Care Quality Commission report on the care home found that they required improvement on many of the issues that the client had raised with Healthwatch including food and hydration. An improvement plan is now in place.
We have heard a collection of issues from several patients about The Limes surgery in Thanet	We escalated the feedback to the Care Quality Commission who had recently inspected the surgery.	The CQC included our feedback in their action plan with the surgery. We offered to support The Limes to help set up/improve their Patient Participation Group but we didn't hear back from them. We shared this feedback with Thanet CCG.
We escalated feedback from a patient who didn't feel their 999 call had been taken seriously by the call operator.	We shared the case with the Ambulance Trust	<p>The Ambulance Trust told us that their Intelligence Based Information System has been updated following this feedback to ensure their systems can better support people with the particular condition in this case.</p> <p>The Trust is also seeking to offer staff training around this issue.</p> <p>We shared the feedback with the patient who was very happy with the outcome.</p>
Along with concerns from commissioners, we've had increasing feedback about the number of falls at Maidstone and Tunbridge Wells Trust.	We raised this with the Trust	A Falls Steering Group has been created by the Trust to enable them to give more attention to the issue and seek solutions.
We heard feedback about British Sign Language Interpreters at East Kent	We escalated these concerns to East Kent Hospitals.	The patient's next appointment was cancelled but she eventually got the

<p>Hospitals. There was one case of a patient not being able to get access to a BSL interpreter for 3 consecutive appointments.</p>		<p>communication assistance she needed at her re-arranged appointment.</p> <p>The Trust admitted that this showed a weakness in how they record the needs of patients. They are now working to improve their Patient Appointment System and awareness communications to staff.</p> <p>We continue to monitor this service provided by East Kent Hospitals.</p>
<p>An elderly Dementia patient managed to leave an appointment despite clear instructions that she should only leave in the care of the patient transport service to ensure she got home safely.</p>	<p>We escalated this serious case with both Maidstone Hospital and the patient transport service which is provided by G4S.</p> <p>We also raised concerns about the difficulty the patient's family found to make a formal complaint to G4S.</p>	<p>The Hospital dealt very quickly with the patient's family and have put measures into place. The family were very happy with the response.</p> <p>We received an unsatisfactory response from G4S which we have raised with the commissioners.</p> <p>We continue to raise concerns about the difficulty patients find if they want to make a complaint to G4S. There are no details on their website about their complaints process. We are liaising with the commissioners about our concerns. We have also met with G4S to directly raise our concerns with them.</p>
<p>We have become concerned about Cancer waiting times at Maidstone and Tunbridge Wells Hospital</p>	<p>We organised a phone call with the Director of Operations for Planned care to understand what actions are being taken to improve performance</p>	<p>This is what they told us:</p> <ul style="list-style-type: none"> • Introducing one stop clinics for patients with suspected lung or bowel cancer - this will mean patients have their diagnostic tests and are seen on the same day to discuss results. This will help reduce the overall length of time from referral to diagnosis • Increasing theatre capacity dedicated to cancer patients and ensuring full utilisation of these lists - This will help reduce the overall length of time from diagnosis to treatment • Streamline administrative processes to book patients for biopsies with minimal delay. This will help reduce the overall length of time from referral to diagnosis • Introduce fast diagnostic tests following endoscopy, if suspicious lesion is discovered before discussion at a MDM (multi-disciplinary meeting). This will

		<p>help reduce the overall length of time from referral to diagnosis</p> <ul style="list-style-type: none"> • Working with neighbouring Trusts who refer into MTW and for whom MTW refer into London for treatment to streamline pathways even more to reduce unnecessary delays • Introduce a tracking system for patients undergoing chemotherapy or radiotherapy to ensure patients are treated within 24 days of referral to MTW - both within and from outside the Trust • Appoint another doctor within Urology to increase capacity for diagnostic tests.
<p>We heard concerns and worries from patients about the communication they get when their GP practice was closing or merging</p>	<p>We raised our concerns with NHS England who at the time were responsible for commissioning GP services (this has since moved to CCGs). We had several conversations by phone and email but didn't make much progress.</p> <p>We organised a South East wide meeting with NHS England involving 6 other local Healthwatch. We collectively raised our concerns and discussed what could be improved</p>	<p>NHSE added an FAQ document and put on more support sessions but they didn't involve Healthwatch earlier despite their promises.</p> <p>We continue to raise concerns and hear from patients who feel unduly worried. We have developed a Checklist for GPs and commissioners to use and consider when surgeries are potentially closing or merging. This has been shared with all GP practices and CCGs.</p>

How have we influenced improvements to services?

<p>People have been telling us their concerns about community mental health teams.</p>	<p>We escalated these concerns to our Steering Group. This group is made up mainly of volunteers and they help decide our priorities and work we do. We have agreed to undertake a project to explore this issue in more detail. We will start that work in 2018.</p>
<p>Thanet and Dover Volunteer Bureaus talked to us about volunteer drivers having to pay for parking while they wait for patients to have their appointment.</p>	<p>We facilitated a conversation between the Hospital and the Volunteer Bureaus. East Kent Hospitals explained their decision as to why they couldn't offer volunteer drivers free parking and said the patient using the service should reimburse the drivers.</p>
<p>We have seen a cluster of comments about pressure sores</p>	<p>We raised this with Virgin Care who recently took over this service</p>

within the community in North Kent.

Virgin have flagged the numbers of pressure sore patients that they are receiving from hospitals. In their view the numbers are clinically too high. They have asked Clinical Commissioning Group to do some investigations