

You Said, We Did April/October 2017

You said	What we did	What Happened?
<p>East Kent College told us that important physiotherapy for some of their high needs students had suddenly stopped.</p>	<p>We talked with Kent Community Health Foundation Trust who were quick to respond.</p>	<p>The Community Trust and East Kent College met and the physiotherapy was re-started.</p>
<p>We talked to a patient at Elm Court as part of our discharge work. This patient needed dialysis which was at lunchtimes and this meant they often missed out on their meal. They also missed out on the chance to choose what they wanted to eat the next day.</p>	<p>We spoke with Dartford and Gravesham Hospital Trust.</p>	<p>The Trust put in a hospital wide policy to prevent this happening to anyone one else again.</p>
<p>A patient suffering from Parkinson's told us that they had a bad experience of the Acute Medical unit at Tunbridge Wells hospital.</p>	<p>We facilitated a meeting between the patient, their Parkinson's nurse and the Trust.</p>	<p>The Parkinson's nurse agreed to train some of the staff about what extra needs a person with Parkinson's might have and how to make sure they receive the best possible care.</p>
<p>We heard from the Rainbow Centre in Folkestone that some of their homeless clients were being refused access to a GP because they had no fixed address.</p>	<p>We talked with South Kent Coast Clinical Commissioning Group.</p>	<p>The CCG responded by saying "SKC have allocated several patients to surgeries in Folkestone that are homeless. The end position is that we are responsible for ensuring every patient has access to primary medical care. Anyone with a client being refused registration with a GP should contact: skcccg.primarycare@nhs.net or call 03000 424728 and the CCG will help support them to gain access."</p>
<p>When we were talking to patients as part of our discharge project in West Kent. A patient about to be discharged reported issues about cooking, stairs and heavy lifting.</p>	<p>We raised this with staff and asked if they could just go and talk to them again.</p>	<p>Staff explained what he could expect when he went home again and this reassured him.</p>
<p>From our work on Child and Adolescent Mental</p>	<p>We fed these experiences into a national piece of work by</p>	<p>"The national report highlighted long waiting times for ASD assessment and</p>

<p>Health Services we heard lots of experiences involving Autism services</p>	<p>Healthwatch England, we also shared with the Kent Public Health Team.</p>	<p>also highlighted where health professionals, schools and local authorities have worked effectively together to support young people with autism and their families. You can find that report here: http://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/children_and_young_people_with_autism_-_findings_from_the_healthwatch_network_0.pdf On a Kent level the experiences were included in the Joint Strategic Needs Autism chapter update which can be found here http://www.kpho.org.uk/_data/assets/pdf_file/0011/71678/Autism.pdf</p>
<p>We heard concerns about the Family East Practice in Folkestone closing</p>	<p>We talked to South Kent Coast Clinical Commissioning Group</p>	<p>The CCG have put some clear instructions on their website, there will be information going out to patients and support sessions to help patients register with their new practice. There is also a helpline for people to contact who need some support.</p>
<p>"During an Enter & View visit to Tunbridge Wells Hospital as part of our work on discharge we spoke to a patient who didn't know what care he would be receiving once he got home. He was very concerned had been told there would be support when he returned home but didn't know what. "</p>	<p>Our authorised visitors asked staff in the discharge lounge to clarify arrangements</p>	<p>A member of the discharge team explained that he will have the Home First care at home package for 3 days and this can be extended to 5 days. They will assess and report back on what he needs on a more permanent basis. The Home First Care package will be triggered by the Discharge Lounge staff when they know when he is leaving. The patient felt much happier after being told this.</p>
<p>We heard from the Gypsy and Traveller community that sometimes it's difficult to ask for the help they need when they attend appointments.</p>	<p>We developed the Healthwatch Help Card that they could show to reception staff highlighting what they need help with</p>	<p>"Feedback from a GP surgery: thank you for developing such an innovative and useful way of allowing patients to access additional support. "</p>
<p>Member of the public shared an experience about stroke services to our helpline</p>	<p>We made contact with the individual and discussed how she might like to be involved.</p>	<p>We facilitated and supported them to attend the next East Kent Stoke Workshop where she will be able to input her experiences.</p>

<p>Consultation about changes to Gluten Free Foods on prescription in West Kent.</p>	<p>Healthwatch Scrutinised the consultation</p>	<p>Healthwatch published a report on it's findings and where we felt the consultation process could have been stronger, particularly the pre-engagement phase. Healthwatch have since received positive feedback about the report from the public.</p>
<p>Client unable to access a blood gas reading service in their own home, very difficult to get to outpatient clinic.</p>	<p>We spoke with East Kent Hospitals and Canterbury and Coastal Clinical Commissioning Group.</p>	<p>The hospital have responded to the patient and tried to accommodate where they can. They told us that currently there is no domiciliary blood gas monitoring service commissioned. This has promoted us to gather some background research on potential other gaps to neurological services.</p>
<p>One of our volunteers made some suggestions to improve the Dartford and Gravesham Patient Experience Committee</p>	<p>We shared these with the Trust along with contact details</p>	<p>Ellenor (hospice) have been invited to join the group</p>