

You Said, We Did - October 2017/December 2017

You said	What we did	What Happened?
<p>The Accessible Information Standard</p>	<p>We gathered feedback from all the NHS Trusts about their progress in implementing the standard which became law in 2017. We then published these findings.</p>	<p>The Lay member at Ashford CCG used our report in his work with PPG chairs about the standard. The report helped them to understand what their own GP practises should be doing. In identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents.</p>
<p>Membership of the Dartford and Gravesham Patient Experience Group</p>	<p>We made some suggestions about how the hospital could improve their Patient Experience Committee to include a wider representation</p>	<p>Ellenor Hospice have been invited to join the group which will help strengthen links between the hospital and local services. We have suggested additional contacts to invite and wider changes to this group.</p>
<p>We worked with Kent Community Health Foundation Trust (KCHFT) to help produce a card for people to use if they needed a British Sign Language Interpreter.</p>	<p>We helped the Trust to develop and distribute the cards</p>	<p>These BSL Interpreter cards are now in use across Kent and free to anyone who needs them. Other Trusts including Taunton & Somerset NHS Foundation Trust, are now also using them to support their patients.</p>
<p>People told us about their thoughts and experiences of changes to repeat prescription systems in the South Kent coast area</p>	<p>We undertook a project to gather feedback from patients and pharmacists about the changes to repeat prescriptions. We made sure all CCGs in Kent had a copy of our report as many of them are also considering these changes.</p>	<p>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” The report has also been used with two Sussex CCGs and influenced their</p>

		engagement with some of their communities.
We heard concerns from people about rumours of Direct Payment Cuts	We raised this with KCC	<p>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.</p> <p>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.</p> <p>We also organised KCC to come and talk to the Kent Physical Disability Forum about Direct Payments so members had the opportunity to hear the information first hand and ask any questions they had.</p>
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 continue to chase this.
The information and support available when a GP practice closes	Based on the feedback we heard from the public we produced a Checklist for CCGs to use when a GP practice is merging or closing.	<p>Five other Healthwatches have endorsed our Checklist and are actively using it in their area.</p> <p>We proactively share the guide with any GP practice that is considering merging or closing.</p> <p>We will be assessing how well they have done against each of the steps set out in the guide.</p>

<p>The Kent Mental Health Action Group (MHAG) asked us to find out what the Kent picture was after national statistics into mental health readmissions suggested an increase by 6% since 2015.</p>	<p>We took this to the mental health trust (KMPT)</p>	<p>KMPT told us the following:</p> <p>“Our data indicates that there has been a 3% rise in readmissions rates at 28 days over the course of 2017 (Not full year effect). In part this is due to the high admission rates and lower levels of length of stay that ensure no person is sent out of area unnecessarily. It is an area that is under continuous review to ensure full understanding of the increase and to identify actions needed to reduce the number of readmissions”</p> <p>We have also facilitated a member of the county MHAG to meet with the mental health trust to discuss this more. This will also strengthen the link between KMPT and the forum.</p>
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How have we influenced services?

<p>We heard that Wood Church Surgery in Ashford has requested to change its boundary.</p>	<p>We reminded the practice that as part of the process we should be informed of their intention. We asked some of our volunteers to give a view on the proposals.</p>	<p>The proposed boundary change has been paused.</p>
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<p>Concern raised via the Kent Physical Disability Forum that school transport for special needs schools do not allow parents to add a second drop off address in case of emergency. They state that currently if a parent/carer is more than 10 minutes late the KCC policy is to drop the disabled child off at a police station.</p>	<p>We raised this with KCC's Head of Transport</p>	<p>We received this response from KCC:</p> <p>Home to School Transport services are often not bespoke to an individual learner and several children are accommodated on a particular route. It is not feasible for the Local Authority (LA), at short notice, to transport children to an alternative address in most circumstances because it would impact other children being transported. Officers try to accommodate changes where feasible, but the Local Authority's agreements with contractors, along with the scale of the logistics required to orchestrate such arrangements, make this undeliverable. It is the responsibility of parents or carers to ensure they are at home or at the designated boarding or alighting point to receive their child, as set out in the Home to School Transport guidance. In the event of an emergency, it would be expected that they would make provision for someone else to be available to meet the child.</p> <p>Should parents or carers not be at home to receive their child, operators are advised to take children to the local Social Services centre or the nearest Police Station. I must stress however that this is for emergency purposes only and operator instructions are such that, when transporting more than one child, other children would normally be dropped off and then the home address is revisited before the child is taken to their nearest police station.</p>
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