

## You Said We Did - October 2018/December 2018

You said	We Did	What happened
<p>We were hearing concerns from the physical disability forum about the wheelchair provider Millbrook. The forum didn't feel the provider or commissioners were listening to them.</p>	<p>We helped support the Physical Disability forum to escalate concerns from users about the wheelchair service in Kent to the Health Overview Scrutiny Committee.</p>	<p>The lead CCG made £2million pounds of additional funding available and in turn the provider has recruited more than a dozen additional new staff. According to a Publication by West Kent CCG (29th October 2018) the number of people waiting for a wheelchair repair has reduced from 461 in July to 229 in September.</p>
<p>We have conducted visits to several Community Mental health teams across Kent.</p>	<p>We shared the raw feedback with the Care Quality Commission.</p>	<p>The feedback was used in the Well Led and Core service report that the CQC did.</p>
<p>Some people told us if they felt they got enough food and drink and whether those that needed it got enough support at East Kent Hospitals.</p>	<p>We shared a report with East Kent Hospitals.</p>	<p>Our report was shared with the Nutrition and Oral Hydration Steering Group and the easy read graphics were shared with the nutrition champions at each of the three main sites. The results were also included in the trust nutrition matters autumn newsletter.</p>
<p>We work closely with the local Mental Health action groups. Someone at this group raised an issue about the ambulance service not having access to their history and therefore couldn't give them the most appropriate support and treatment.</p>	<p>We shared this experience with the organisation engaging with the public about the Kent Care Record.</p>	<p>This piece of feedback has been included in the report on what they found during this engagement.</p>
<p>As part of our engagement programme we heard experiences from a Deaf Support Group It was clear that information about communication needs wasn't always passed on when a referral was made.</p>	<p>We shared this experience with the organisation engaging with the public about the Kent Care Record.</p>	<p>This piece of feedback has been included in the report on what they found during this engagement.</p>

<p>We did an engagement visit to carers groups in North Kent.</p>	<p>We facilitated an interview between a carer in that group and Healthwatch England.</p>	<p>This carer's story was the centrepiece for Healthwatch England's blog "my life as a carer"  <a href="https://www.healthwatch.co.uk/blog/2018-11-28/my-life-carer---one-seven-million-stories">https://www.healthwatch.co.uk/blog/2018-11-28/my-life-carer---one-seven-million-stories</a></p>
<p>We brought a range of patients, professionals, carers and representatives from voluntary organisations together to try and understand in more detail what people thought the challenges were. People shared comments about a lack of information being available.</p>	<p>We share this with East Kent Hospitals.</p>	<p>East Kent Hospitals are increasing the number of conditions included in the leaflets on display.</p>
<p>At the same event people shared experiences of not having any support at the point of diagnosis.</p>	<p>Voluntary Organisations seemed keen to help improve this.</p>	<p>East Kent Hospitals are starting to progress having a voluntary organisation presence in clinics where there is space, so people have someone to talk to about support and can link in with what's on offer straight away.</p>
<p>In 2017 we undertook a piece of work looking at discharge from hospital in West Kent. Based on what we heard from patients, families and carers we made a series of recommendations.</p>	<p>We asked Maidstone and Tunbridge Wells NHS Trust to reduce on the day delays.</p>	<p>Figures show that the amount of time patients wait to be discharged has reduced. The discharge lounges are better used and more patients are discharged before lunchtime. A proposed "man in the van" scheme is being considered to deliver medication to people so they don't have to wait for it at the hospital.</p>
	<p>Closer working between hospital staff and transport service.</p>	<p>The transport service is working better with hospital staff. The transport team have 'floor walkers' that work with hospital staff to deliver smoother discharges. The hospital has also invested in extra transport to meet the demand from patients.</p>
	<p>Involve carers more in discussions and decisions about discharge.</p>	<p>Carers support staff now based within the Integrated Discharge Team. When carers are identified they are referred directly to the Carers Support team.</p>
	<p>The health and social care system must work better together.</p>	<p>Kent County Council staff are co-located at the hospital and have daily conversation about those patients who are waiting to be discharged and who need social care support.</p>

	Level of physiotherapy to be reviewed.	The number of physiotherapists has increased since our visit.
	Communicate with families about the impact on patients staying in hospital longer than they need to.	Pyjama Paralysis days have raised awareness and staff talk to patients and families about muscle wastage and deconditioning which is caused by patients staying in a hospital bed longer than they need to.
	A better system to be developed when people need to make space for equipment at home.	The Hospital is working with District Councils to support families who need help to make adjustments at home which enable the patient to be discharged. For example, they have a 'man with a van' who comes to the house to move furniture. Health and Housing also work alongside each other on each site to support homeless patients to find suitable housing.
Someone shared an experience of a patient with dementia and their carer not feeling involved and up to date on next steps and discharge arrangements.	We highlighted this case study with Dartford and Gravesham NHS Trust.	There is a detailed improvement action plan for the ward that this case happened on. We've also been offered a meeting with the matron for this ward to talk through the plan.
Part of the case study above also highlighted a lack of awareness of the patient journey information leaflet that the Trust has been using to help people understand what they might expect and need to think about.	We raised this with the Trust.	The Trust has sent out a reminder to staff about the booklet.
We have an ongoing piece of work with Maidstone and Tunbridge Wells Trust following us raising a case study of a patient with Parkinson's.	We talked with the deputy chief nurse about what might be improved from the patient's experience of medication during their stay in hospital.	The patient attended a medicine management meeting where they shared their story. They will continue to attend these meetings.

<p><b>We heard concerns about Clarion Housing removing wardens and replacing them with a concierge system</b></p>	<p>We spoke to Kent County Council to get clarity on the situation.</p>	<p>The letter informing residents hadn't explained the situation very well which had been acknowledged by Clarion. They had since met with the individual who raised this concern as well as other residents at Froome Court. People are now broadly happy with role the scheme manager will have.</p>
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