

You Said, We Did - January 2019/March 2019

You said	What we did	What Happened?
Our West Kent area team raised concerns about Podiatry.	Our West Kent area team invited KCHFT to talk to them.	The group were reassured about the explanation of eligibility criteria.
We heard an experience of a patient with dementia not receiving the care they needed at Darent Valley Hospital. Furthermore, their carer did not feel involved and up to date on next steps and discharge arrangements.	We highlighted this case study with Dartford and Gravesham NHS Trust. Two of our volunteers met with the Ward sister and other staff members.	An action plan had been developed for the ward which our volunteers felt provided reassurance.
An individual shared an experience about incorrect medication.	We recorded this on our CRM system.	This experience was included in the Quarter 3 Healthwatch England intelligence summary.
An individual shared an experience about pharmacy dispensing the wrong medication.	We recorded this on our CRM system.	This experience was included in the Quarter 3 HWE intelligence summary.
The Kent and Medway STP wanted to create a Citizens Panel to look at the Kent and Medway Care Record.	We promoted this opportunity through our networks.	9 members have been recruited for the people's panel to have ongoing involvement in the development of the Kent Care Record.
We heard concerns about access to services from residents at Vigo during a coffee caravan visit.	We wrote to the CCG to make them aware of the concerns.	The CCG responded claiming access was available. We shared the feedback with Vigo residents through the Coffee Caravan and have challenged the public transport links to these nearby surgeries.
An individual shared an experience that included feedback on the GP to A&E pathway and waiting times.	Recorded on our CRM system.	Included in the Healthwatch England clinical standards submission to NHS England.
One of the local Mental Health Action Groups wanted to share some positive feedback about a worker within the Community Mental Health Team.	We contacted the Chief Nurse for Kent and Medway Partnership Trust to direct this feedback to the best contact in the Community Mental Health Team.	The feedback reached the individual.

<p>Residents at the Coldharbour traveller site raised concerns about not having access to their post.</p>	<p>We wrote to Maidstone and Tunbridge Wells Hospital Trust to let them know residents might not be receiving appointment letters.</p>	<p>MTW have checked their outpatient list and aren't currently treating anyone from the site. The Trust are keen to join us on our next visit to the Coldharbour site to engage with the community.</p>
<p>Our West Kent Area team raised concerns about access to primary care in their area.</p>	<p>The CCG came to an area team to address some of the concerns.</p>	<p>Our signposting team now have access to the CCG allocation contact detail so we can refer anyone who rings our helpline who is having difficulties registering with a GP surgery. This number has been shared with the Tunbridge Wells Over Fifties Group who have a closure on their patch.</p>
<p>A member of the public gave feedback about not being able to go to Gravesham hospital for certain blood tests.</p>	<p>Shared with Virgin Care.</p>	<p>Response from Virgin "There are currently a number of different blood tests we are unable to process within the outpatient dept due to a patient's blood clotting very quickly and by the time it is received at the hospital it can't be tested. Therefore the patients have to go to DVH for their bloods so they can be passed onto the lab immediately".</p>
<p>A member of the public wanted to know why no one was interested in collecting equipment.</p>	<p>Shared with Virgin Care.</p>	<p>Due to infection control, the current agreement is that patients/family members call NRS to arrange for equipment to be collected. There is always a sticker on each piece of equipment issued with NRS contact details – it sounds as though in this instance either they weren't aware of this or perhaps the sticker was damaged/couldn't be read.</p>
<p>Following our work on discharge form hospital in North Kent we made several recommendations based on what we heard from patients and the public.</p> <p>Continue to invest and support the Discharge Lounge at Darent Valley Hospital and make maximum use of it.</p>		

Continue to support the Frailty Nurses.		
Communication with families about the impact on the patient staying in a hospital bed. This could be aligned to communication on pathways such as discharge to assess so families and patients understand the benefits of receiving this care outside of hospital.		
Closer team working between all organisations.		
Improve the availability of double handed care packages.		
Darent Valley Hospital need to better understand the resource, capacity and service within GP Surgeries and District Nursing.		
Discharge paperwork must be completed in a timely way and sent electronically to the patient/carer, the GP and any relevant caring professional.		
Better relationships with local Care Homes must be developed including a clear process.		
To establish a clear feedback mechanism that Care Homes can use to communicate any issues they have relating to a client's discharge and more general concerns.		
Single assessment for each patient.		
Communication with families about the impact on the patient staying in a hospital bed.		
The level of physiotherapy available should be reviewed, particularly at Elm Court, for those patients whose mobility needs to improve before they can be discharged.		
A better system needs to be developed when people need help to make space for equipment.		
More support and interventions for carers, particularly when the carer themselves becomes ill.		

<p>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.</p>	<p>We talked with the deputy chief nurse about how lessons could be learnt from the patient's experience of medication during their stay in hospital.</p>	<p>The patient attended a medicine management meeting where they shared their story. They will continue to attend these meetings. The patient reports a feeling of self-worth which has been echoed by her Parkinson's nurse.</p>
<p>The Motor Neurone Disease Association contacted us to raise concerns about the service people were experiencing in East Kent.</p>	<p>We raised it with the Chief Nurse at East Kent Hospital and also with the East Kent CCGs.</p>	<p>Agreed a short-term solution to manage new diagnoses, and neurologists for the time being making onward referrals.</p>
<p>From our work on discharge from East Kent Hospital we made several recommendations that related to Carers.</p>	<p>We shared the report and discussed recommendations with the Trust.</p>	<p>Develop an EKHUFT Carers Charter setting out principles of:</p> <ul style="list-style-type: none"> • Recognition of the caring role and the need for support. • Respect for carers and their role. • Embracing and welcoming involvement from carers. • Value the role of the carer when developing services for the future.
<p>As above</p>	<p>As above</p>	<p>Consider the development of a carer's passport system for all EKHUFT sites.</p>