healthwatch Derby

Trend Analysis Overview

April 2013 to end of September 2015

Chapter 1

Introduction

Since it began its work in April 2013, Healthwatch Derby has continuously received a large number of patient feedback about services accessed. This feedback is recorded, and analysed on a quarterly basis.

This trend analysis report examines the feedback captured from the start of Healthwatch Derby in April 2013 through to the end of September 2015, thereby giving a more comprehensive view of what feedback has reached Healthwatch Derby since it started gathering service user feedback.

The kind of information we collect ranges from detailed patient experience stories, to multiple comments about services accessed. Wherever possible we signpost customers to relevant services, and provide up to date information on policies and resources available.

Our aim remains to make every voice count, and we will continue to record, analyse and report the feedback we receive.

Chapter 2

Executive Summary

- From **April 2013 to the end of September 2015**, we completed numerous engagements, and used various methods of feedback collection.
- **491** engagements completed.
- **17** wards of Derby City covered.
- **8006** items of individual service user feedback received.

- We have successfully completed two major consultations: **Your Royal and Think Healthy.** Our current feature consultation is **Little Voices.**
- We held several successful public events and **hosted a total of 373 delegates** in focus groups and bespoke workshops.
- **We worked in partnership** with Healthwatch England, and also worked in partnership with local NHS Trusts and the voluntary

- **We continue to provide local intelligence and insight** to the wider health and social care community.
- Our data shows **negative patient experiences shared around the themes of access, integration, and communication**.
- We have also received several positive patient experience reports. **We will continue to monitor and report** on what we are hearing across all services in Derby city.

Chapter 3

Methodology

Feedback Analysis

Healthwatch Derby received **8006** items of feedback in the period April to the end of September 2015. Feedback was collected in the following ways:

Dedicated outreach at a number of community bases, libraries and service

Customer referrals from other organisations

Healthwatch Derby's social media platforms which include a website, blog, twitter feed, facebook, streetlife as well as email and a dedicated telephone hotline

Engagement and networking at events, forums, workshops, partnership meetings, and any other occasion team members had to speak to service users directly in this period.

Direct contact from service providers via telephone calls, letters, booked appointments, our drop in booth facility and home visits

Between April 2013 and the end of September 2015, Healthwatch Derby completed several consultations and held public events:

Various engagements within NHS Trusts
Shadowing and observations within NHS Trusts
Consultation workshops and focus groups

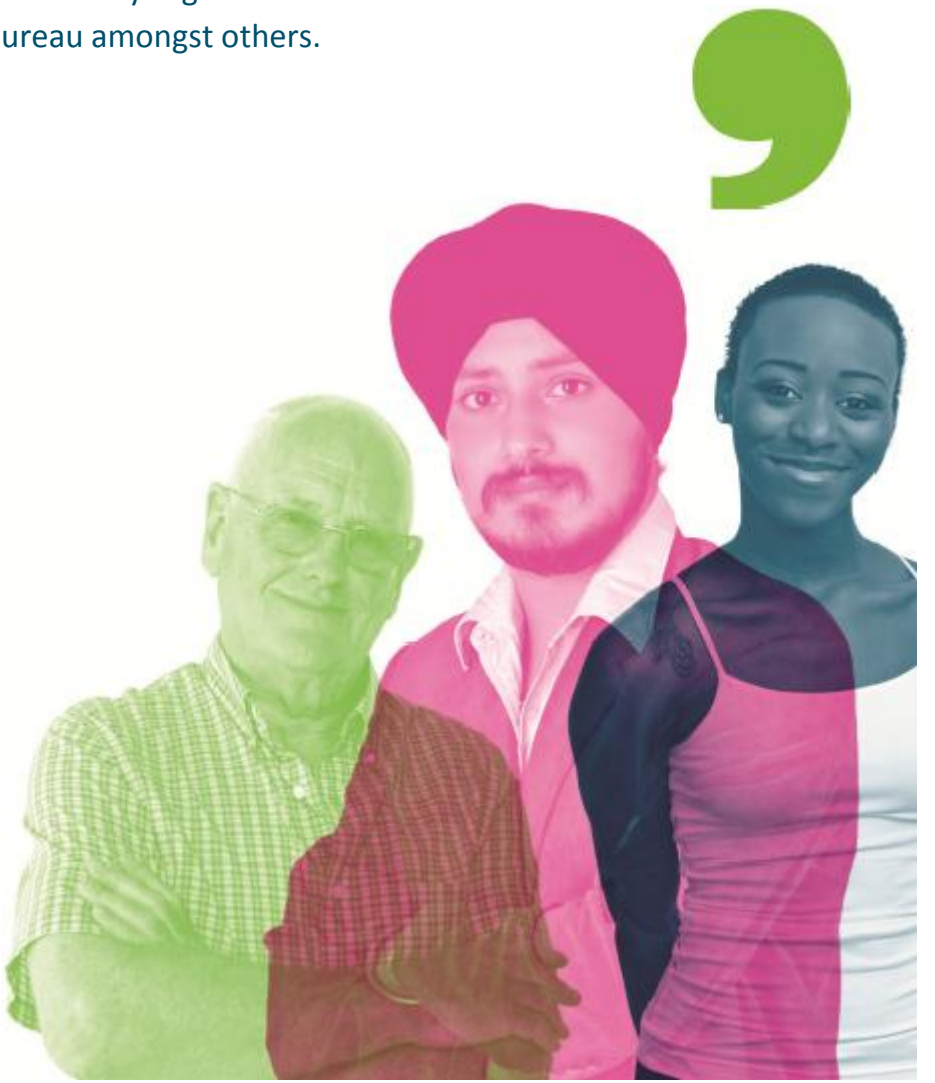
These were supported by regular outreach as well as attendance at meetings, forums and events.

Feedback Analysis

All items of feedback were recorded in our inhouse database. Where necessary if any issues were highlighted which required further action, such as a request for information or signposting – Healthwatch Derby team members used their initiative to link up service users to appropriate services, and provided further information as requested.

Our policy is that if we come across any major concerns or safeguarding issues we advise service providers without delay, and let all relevant authorities know about the issue.

Any information we retain is only with the permission of the service user concerned. No personal information or any data is exchanged unless we have the express written consent of the service user. Our guiding principle is to provide local intelligence and an overview of health and social care trends rather than focusing on any individual service issue. We work closely in partnership with service providers (such as NHS Trusts), service commissioners (such as Southern Derbyshire Clinical Commissioning Group), service regulators (such as the Care Quality Commission), and a number of voluntary and community organisations such as Age UK and the Citizens Advice Bureau amongst others.



Chapter 4

What are we hearing?

2013 to 2015

Our organisation has been in operation since April 2013, and we have steadily received a large number of service user feedback.

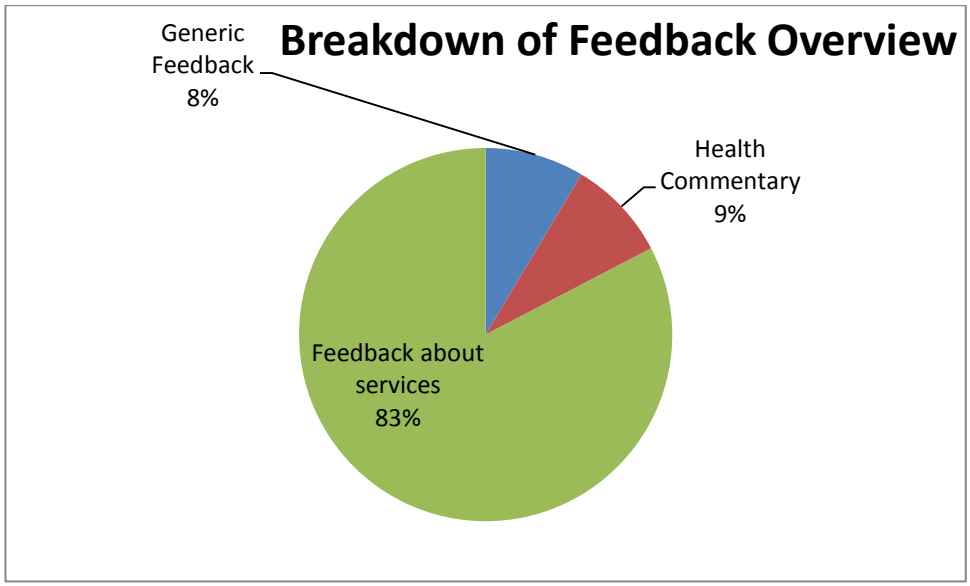


Figure 1.1 Breakdown of Feedback April 2013 to end of September 2015

The majority of our feedback consists of patient experiences about services (health and social care), however we do receive a small percentage of health commentary and generic feedback. Generic Feedback relates to general commentary about the NHS. Health Commentary relates to comments about health conditions and communities.

APRIL 2013 TO END OF SEPTEMBER 2015	
Total engagements conducted	491
Wards reached	17
Feedback received	8006

Figure 1.2 Our Engagements and Data at a glance – April 2013 to end of September 2015

For the purpose of this report, we have removed, all generic and health commentary from our data analysis, focusing solely on feedback about health and social care services in Derby City. If we look at the overview of feedback broken down by services, this is the trend analysis that emerges categorised by provider:

Breakdown of feedback for health and social care services in Derby City, collected in the period April 2013 to end of September 2015:

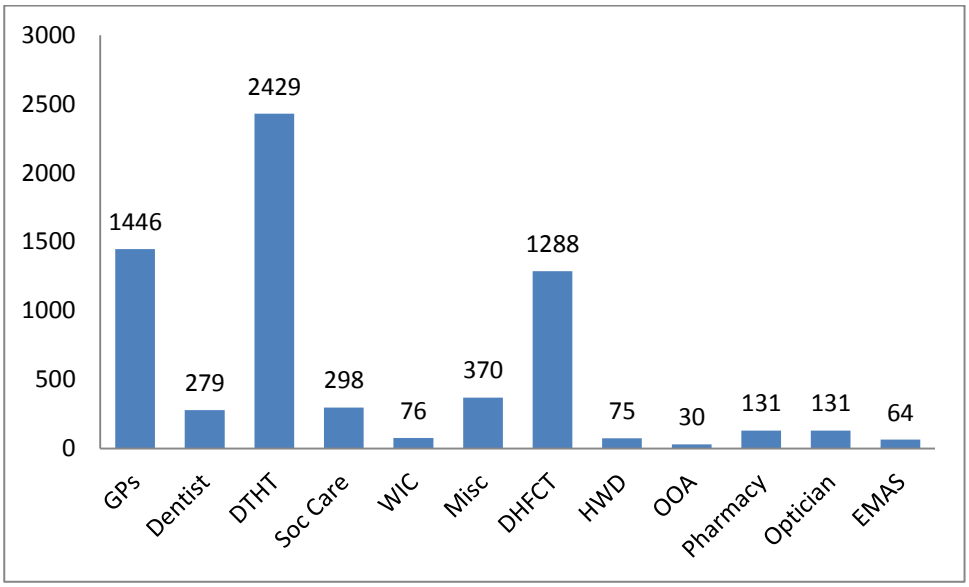


Figure 1.3 Feedback breakdown by provider April 2013 to end of September 2015

Key:

DTHT relates to feedback about Derby Teaching Hospitals NHS Trust
Soc Care relates to all social care feedback
WIC relates to feedback about Walk in Centres
Misc relates to smaller services in the city such as carers organisations etc
DHFCT relates to feedback about Derbyshire Healthcare NHS Trust
HWD relates to feedback about Healthwatch Derby
OOA relates to feedback about out of area services

We can clearly identify Derby Teaching Hospitals NHS Trust as the single largest provider mentioned to us by service users in the feedback we have received. The acute Trust has 'super' hospital status and has a high concentration of services. Healthwatch Derby has worked in partnership and has already completed the 'Your Royal' consultation into the Trust, and is currently undertaking a second consultation 'Little Voices' which looks at pregnancy, maternity, services for children 0 to 11 years.

We will now attempt to analyse the data based on the services we have observed beginning with the acute Trust as the largest concentration of feedback relates to its services.

Breakdown of feedback by individual service – Derby Teaching Hospitals NHS Foundation Trust

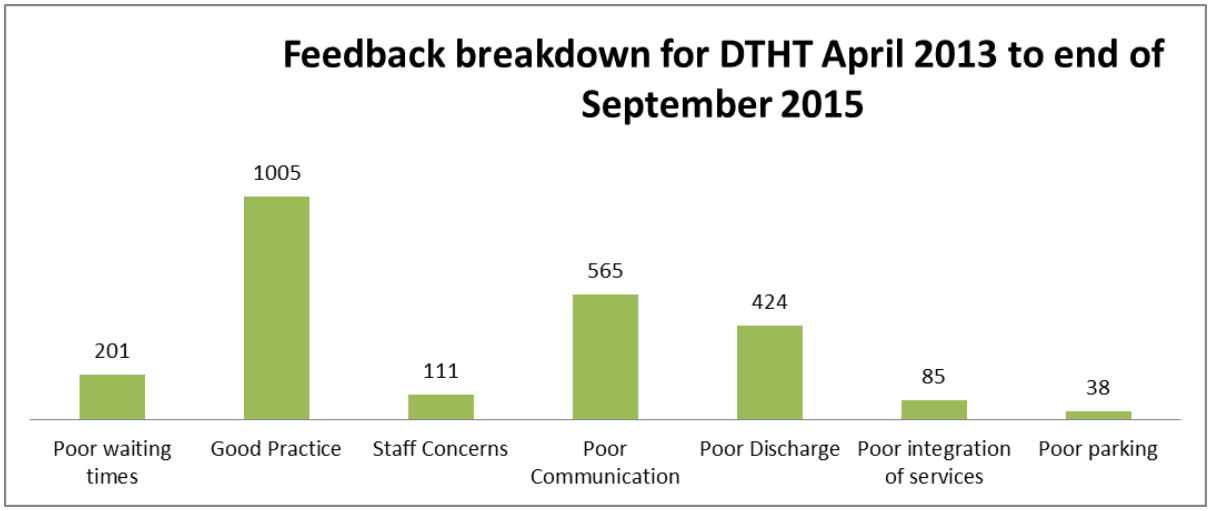


Figure 1.4 Feedback breakdown for Derby Teaching Hospitals NHS Foundation Trust

Key:

Poor waiting time only relates to waiting time for inpatient/outpatient/assessment appointments and not to A&E

Good practice particularly highlights A&E, Children's hospital, Maternity, Pregnancy, and overall inpatient and consultation, diagnosis and nursing care

Staff concerns highlighted are around lack of communication, lack of support, and lack of adequate staffing levels

Poor communication includes verbal, written, and by other means such as telephones – also includes poor staff attitude

Poor discharge includes waiting time, lack of coherent discharge planning, lack of information, lack of empathy and support for families, patients, and carers

Poor integration of services highlights issues around lack of joined up care especially around communication between departments, transport, pharmacy and medication dispensation, and linking in with external services such as social care

Poor parking highlights issues around parking at the Royal Derby Hospital's main site

The next largest concentration of feedback relates to GP services

Breakdown of feedback by individual service – GPs

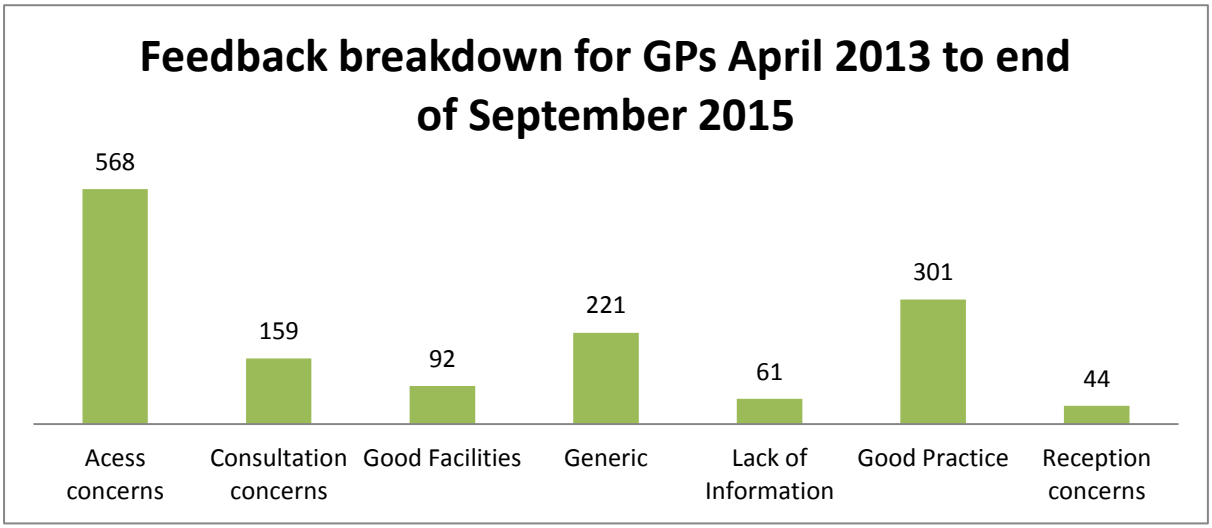


Figure 1.5 Feedback breakdown for GPs

Key:

Access concerns include a majority of 8am ringing in for appointments, as well as feedback about other options such as online appointments etc

Consultation concerns includes allegations of misdiagnosis, poor staff attitude, lack of empathy, as well as patients stating they have no continuity of consultation as different GPs are attending to them

Good facilities includes home visits, and other associated services offered such as asthma nurse, health checks etc

Generic includes general observations about GPs in the city and changing health conditions

Lack of information particularly highlights lack of adequate information around mental health support, as well as lack of verbal and written information about health conditions, diagnosis and results

Good practice includes experiences for GPs, nurses, reception staff, admin, management staff

Reception concerns relates to poor staff attitude as well as lack of privacy

We have highlighted concerns about access to GPs in our comprehensive GPs report published in 2015. We continue to monitor feedback about GPs, and work closely with local commissioners, NHS England, and the inspectors of services.

The next big concentration of feedback relates to services of the community and mental health Trust.

Breakdown of feedback by individual service – Derbyshire Healthcare Foundation NHS Trust

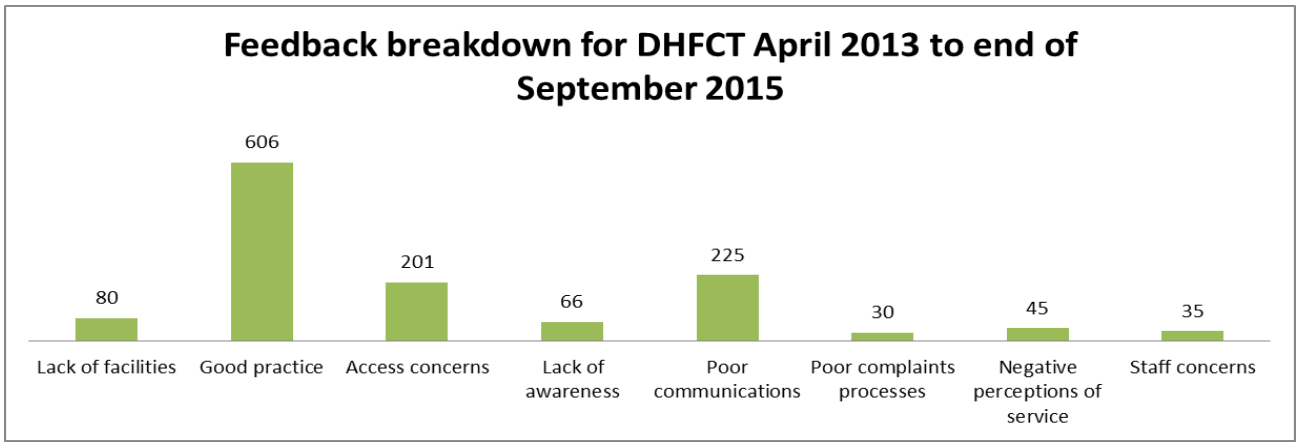


Figure 1.5 Feedback breakdown for Derbyshire Healthcare Foundation NHS Trust

Key:

Lack of facilities includes feedback about funding cuts, as well as lack of inpatient beds, and culturally sensitive services

Good practice includes several different services such as the Day Hospital, Radbourne Unit, Counselling services, Children's, Kingsway inpatient, drugs and alcohol, substance misuse, and dementia

Access concerns relate to waiting time for assessments, between assessment and treatment, and follow on care

Lack of awareness relates to staff attitude and lack of adequate support for carers

Poor communications include verbal, written and through other means such as telephones

Poor complaints relate to waiting time and the lack of timely updates around complaint investigations

Negative perceptions of service include cultural tabboos and historic misconceptions

Staff concerns relate to lack of communication, lack of support, and lack of adequate staffing levels

Healthwatch Derby successfully completed the 'Think Healthy' consultation programme in November 2014 which focused exclusively on the services of the community and mental health Trust. As a positive outcome of the consultation, the commissioners of the service Hardwick CCG have tasked the Trust to turn the feedback and recommendations into an action plan. Since January 2015, Healthwatch Derby has been working with the Trust to ensure recommendations are

adopted wherever practically possible with several service user recommendations fully adopted into the Trust's working policies.

The next section looks at what we have been hearing about social care services.

Breakdown of feedback by individual service – Social Care

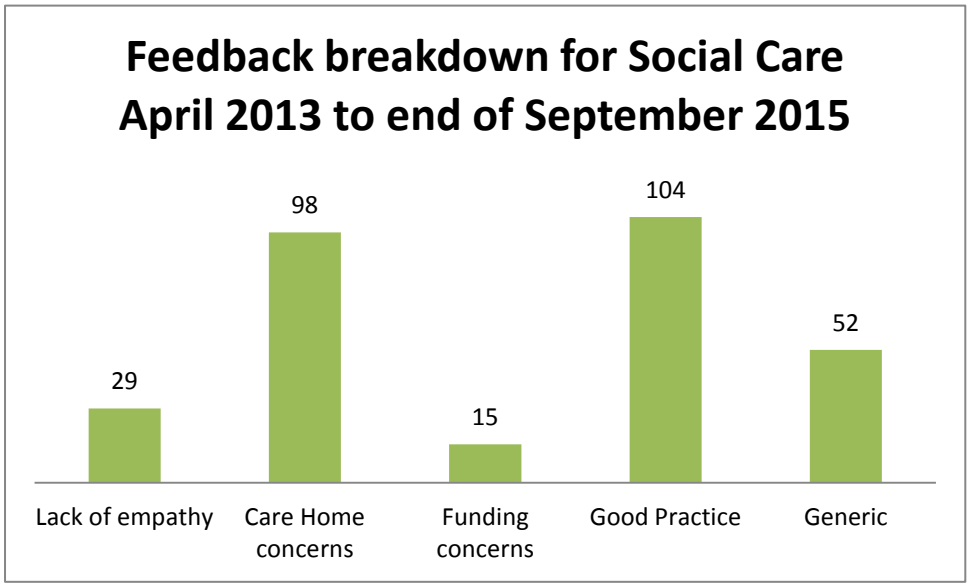


Figure 1.6 Feedback breakdown for Social Care

Key:

Lack of empathy relates to care home staff non public funded
Care home concerns include public funded and non public funded and include allegations of malpractice, negligence, bullying of staff, poor recordkeeping, poor medicine management
Funding concerns relate to public funded services only
Good practice relate to public funded services only
Generic relate to observations about social care in general and also perceptions from different communities

The majority of social care concerns relate to care homes both public funded and privately funded. In 2013, Healthwatch Derby did a report on Care Homes looking at a comparative analysis of data from the inspector of services, the Care Quality Commission. Our report raised concerns about care homes which were not performing well within the city. We continue to receive feedback about care homes, and work closely with the Local Authority, as well as colleagues from the Safeguarding Boards.

The remaining feedback refers to a number of different commissioned services.

Breakdown of feedback by individual services – Commissioned services such as Opticians, Pharmacies, Dentists, Miscellaneous smaller services in the city also includes Healthwatch Derby, Out of Area services, and EMAS (East Midlands Ambulance Trust)

OOA	30
Good practice opticians	125
Poor access opticians	6
Poor access dentist	121
Funding concerns dentist	31
Good practice dentist	127
Good practice misc	300
Good facilities misc	70
Good practice HWD	59
Poor facilities HWD	16
Good practice pharmacy	101
Poor attitude pharmacy	10
Good facilities pharmacy	20
Reception concerns WIC	35
Good practice WIC	37
Good facilities WIC	4
Good practice EMAS	50
Poor staff attitude EMAS	14

Figure 1.6 Feedback breakdown for Miscellaneous Services

Key:

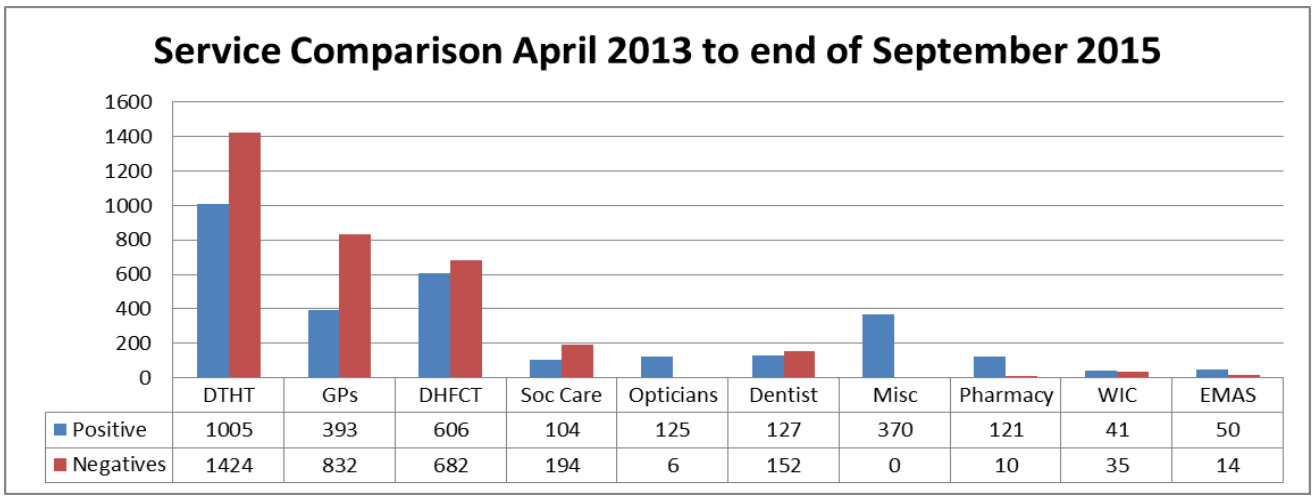
OOA relates to out of area – we do not analyse these but referrals have been made where needed
Miscellaneous services include carers support groups, learning disability support organizations, health groups etc
HWD relates to feedback received for our services as a local watchdog
WIC relates to walk in centres in Derby City

We work closely with colleagues from NHS England and provide regular feedback about commissioned services such as opticians, dentists, and pharmacists. Recently we have been working with NHS England to look at dental access, as well as dental signposting and 111 calls. Healthwatch Derby has worked closely with EMAS, and has been one of the two nominated Healthwatches to send an officer to its Board meetings in an observational capacity. We have also shadowed EMAS for a 12 hour period and provided a confidential report into the service. We continue to highlight positive and negative feedback about walk in centres to Southern Derbyshire CCG.

Chapter 5

Trend Analysis

In this chapter we will look at the feedback received at greater depth and also attempt to triangulate our data with other sources such as the NHS, Public Health, Care Quality Commission, and Healthwatch England. To begin the analysis a service a comparison of positive and negative patient experiences reported to us:



	DTHT	GPs	DHFCT	Soc Care	Opticians	Dentist	Misc	Pharmacy	WIC	EMAS
Positive	1005	393	606	104	125	127	370	121	41	50
Negatives	1424	832	682	194	6	152	0	10	35	14

Figure 1.7 Service Comparison

We are aware that more negative feedback has now been received for the major health and social care services in Derby City, and the smaller services such as commissioned services such as pharmacy and opticians seem to be coming out with more instances of positive feedback shared with Healthwatch Derby.

Our research has also shown that the NHS has a wide range of data streams for services, many of which focus on clinical performance and targets. Our strength as a local watchdog is having a good grasp of patient experience through direct patient input.

We are aware with our involvement with NHS England for instance that the patient experience data they receive is not nearly as comprehensive as they would like it to be. Healthwatch Derby and the local healthwatches network have a unique role to play as we are linked in with many grass root community groups through our dedicated engagement activities, and therefore have a broader range of patient experience feedback gathered for Derby City.

Access concerns

If we do a comparison for instance of the theme of access we can see some clear trends emerging in our data:

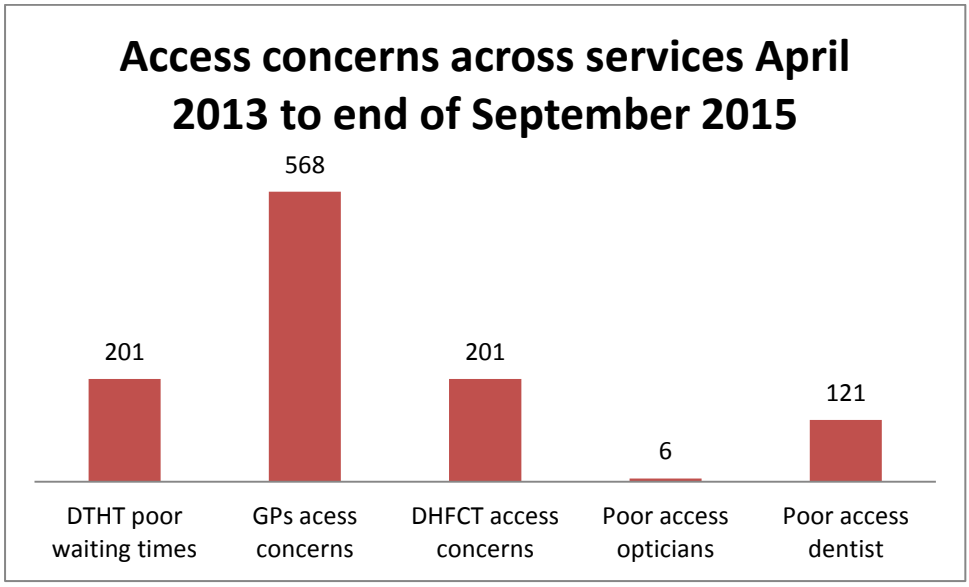


Figure 1.8 Service Comparison – Access

A comparison around the themes of access for a major provision such as GP services shows the following:

40% of patients who spoke to Healthwatch Derby about GP services expressed concerns about access to their GP in Derby City (April 2013 to end of September 2015).

Over **70%** satisfaction ratings have been recorded for GPs (phone access 2014/15 and opening hours 2013/15) in the National GP Profile data for practises commissioned by Southern Derbyshire CCG.

Over **40%** satisfaction ratings have been recorded for GPs commissioned by Southern Derbyshire CCG for patient experiences around access (2015) in the GPs Patient survey data.

Research Sources:

National GP Profile, Public Health England, viewed online 10th November 2015

NHS England GPs Patient Survey viewed online 10th November 2015

Figure 1.10 Service Comparison – Access

Patients speaking to Healthwatch Derby have advised us that they have not received GPs Patient Surveys to fill in or any other patient satisfaction forms. We are also aware that in many surgeries patients are unable to raise concerns about access in any way other than making a formal complaint which they are reluctant to get involved in. Patients have also advised Healthwatch Derby they feel more comfortable speaking to a neutral body like a local Healthwatch about access issues rather than complaining or be seen as in any way unappreciative of a service that they depend upon.

Communication concerns

The next major area of concerns highlighted to us is around communications with service providers. In compiling the list of communication concerns we have included discharge concerns as when we have looked into discharge concerns in depth we have successfully pointed out on numerous occasions where communication has broken down or has not been adequate:

DTHT poor communication	565
DTHT poor discharge	424
DTHT poor integration of services	85
GPs lack of Information	61
GPs reception concerns	44
DHFCT lack of awareness	66
DHFCT poor communications	225
DHFCT poor complaints processes	30
DHFCT negative perceptions of service	45
Social care lack of empathy	29
Poor attitude pharmacy	10
Reception concerns WIC	35
Poor staff attitude EMAS	14

Figure 1.11 Service Comparison – Communication (includes Discharge)

Over **40%** of patients who spoke to Healthwatch Derby about DTHT services highlighted communication issues including discharge concerns (2013 to 2015)

DTHT records a staggering **94%** satisfaction rate for its services through the Friends & Family Test for Inpatient (2943 responses), **97%** for Community(71 responses) **92%** Outpatient (4670 responses)

Research Sources

NHS Choices Overview for Trust viewed online 10th November 2015

Figure 1.12 Service Comparison – Communication (includes Discharge)

Healthwatch Derby has repeatedly raised concerns about the over reliance of Friends & Family Tests as the only indicator sometimes used by providers to measure patient satisfaction. In our work with Derby Teaching Hospitals Trust especially around the themes of Hospital Discharge we raised these concerns at the Discharge Steering Group. Our concerns were about how the Trust was measuring patient satisfaction for discharge. Discharge is a process which should ideally be measured after the patient has left the hospital, rather than while the patient is waiting to be discharged. We were advised that patients were being interviewed by staff and volunteers while they waited to be discharged from the Discharge Lounge. This raises several questions the first being how can a service measure service satisfaction before the service has fully completed its intended duties? It also raises concerns about vulnerable and extremely ill patients feeling a sense of duty to answer positively in the hopes of getting a quicker discharge. The need to listen to and learn from patient experiences with a sincere intention to improve services is something that has been highlighted following national tragedies like the Mid Staffordshire Trust's performance as examined in the Francis Report. We have tried to highlight further some of the concerns around communication and discharge in detailed case studies which we have listed in the Appendices section of this report.

Other Service Concerns

A summary of some other concerns apart from access and communication highlighted to us:

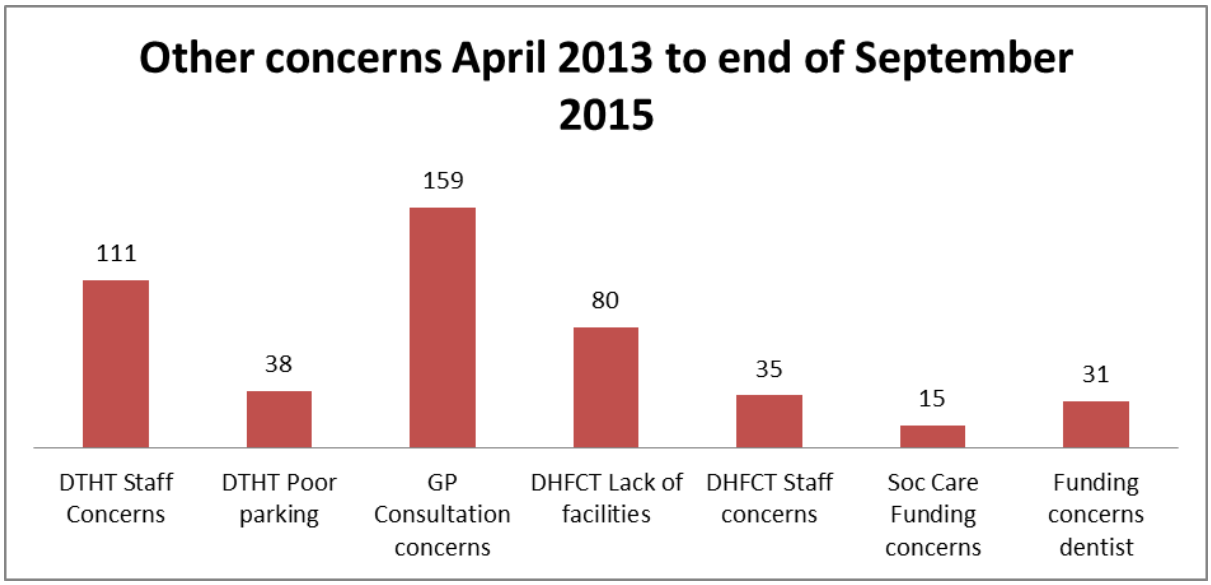


Figure 1.13 Service Comparison – Concerns other than access or communication

Healthwatch Derby has conducted and published **27** Enter& View reports into DTHT and a further **3** for DHFCT. In each of the reports we have published for both Trusts we noted confidential staff survey responses indicated dissatisfaction with the workplace, lack of support, inadequate service preparedness, poor communication and support highlighted to us. An Enter & View is an observational assessment and one of our statutory rights as a local Healthwatch. The report consists of observations on the day, as well as an analysis of confidential staff, patient and visitor survey results.

Friends & Family Test ratings for Staff satisfaction with the service as a place of work included
70% Satisfaction rating for staff from DTHT
43% Satisfaction rating for staff from DHFCT

Research Sources

NHS Choices Overview for Trust viewed online 10th November 2015

Figure 1.14 Service Comparison – Concerns other than access or communication

We are aware that staff concerns are not always accurately represented and through our engagement and outreach activities have been made aware of several instances of staff dissatisfaction. Our ability to accept feedback anonymously and in full confidence means staff have periodically opened up and spoken to us at length about concerns and service issues. We have also been given detailed staff statements for issues such as care concerns in privately funded care homes for instance (2015).

Our remit has always been to listen and pass on feedback wherever possible with the full consent of the staff member. On occasions where we do not receive consent, we report back to the providers and commissioners with an overview of concerns shared rather than individual issues. We feel staff satisfactions forms an integral part of the whole patient experience. Another important aspect is the voice of families and carers. Our work in particular with the community and mental health Trust has seen us listen to carers and carers representatives through a variety of forums and meetings. We are pleased to report as an outcome of our 'Think Healthy' consultation, the community and mental health Trust has adopted our recommendations of enhancing platforms to amplify carers voices as an essential input into service improvements.

Chapter 6

Key Findings & Recommendations

Through our report we have highlighted an overview of patient feedback received in the period April 2013 to the end of September 2015.

We have looked at services individually, and also analysed services together under shared themes of access and communication. In this chapter we will look at the key findings that have emerged, and also look at ways of making these key points of learning count for service improvements.

Key Findings

Positive:

We have received considerable numbers of positive patient experiences reported to us across all service sectors.

We have received reports of exceptional care and support.

We have received responses from providers which have highlighted several instances of where changes have been made to improve services.

Negative:

One of the major negative trends we have observed remains the access to essential services such as GPs.

Lack of cohesive pathways that channel a patient journey seamlessly through primary, acute, community, emergency, and social care.

Disparity between patient experiences around major services when contrasted with NHS generated reporting. Poor patient participation and mot enough regard given to the voices of families and carers.

Poor communication and poor integration often fails an otherwise excellent service.

To better understand the key findings it is important to look at the different aspects of a service that goes into the making of an excellent patient experience. We have attempted to illustrate this through a simple diagram:

Figure 1.15 Service Improvements – Key Components

The above diagram has one crucial background fact that also needs to be considered – and this is service capacity (demand and resources). We are aware from our numerous engagements with providers, commissioners, inspectors, and other health and social care colleagues that there is a reduced financial capacity for nearly all services within Derby City.

In addition we are also aware of an estimated 50 million deficit projected by Southern Derbyshire CCG, and a considerable deficit also projected by the Local Authority impacting social care provision (public funded). As we enter into a period of financial cuts, service users and patients have also repeatedly highlighted lack of funding as a major issue. Although resources are getting reduced, services have been tasked to provide excellent comprehensive care. In order to achieve this we feel that commissioners and providers of services need to address some of the key negatives highlighted, and to work with a willingness to learn and demonstrate change for the better. Patient voices should not be ignored in an attempt to streamline services and it is extremely important that service plans starts with the patient as a central consideration.

Our Recommendations

A rethink of how access is monitored for services such as GPs, a process which is wholly independent and transparent.

There is a need for more cohesive pathways that channel a patient journey seamlessly through primary, acute, community, emergency, and social care. To demonstrate practical commitment to the Derby Wedge where self care and community care is made a priority, thereafter greater access to primary care to stop unnecessary admissions into acute and emergency services.

There is a need for providers and commissioners to look at sources of independent patient experiences as a key driver for improvements other than NHS generated reporting. This should include greater patient participation and amplification of the voices of families and carers.

A concerted effort to prioritise positive and effective communication for front line staff such as reception and triage. The need for clinical and admin staff to be made aware of the impact of poor communications, and further emphasis on making every conversation effective, informed and empathetic.

Chapter 7

Appendices Index

1. Case Studies

    Royal Derby Hospital Discharge Case Studies 1 & 2

    Derbyshire Healthcare Foundation Trust - Mental Health Inpatient

    Royal Derby Hospital Eye Clinic

    Southern Derbyshire CCG & Derby City Council - Migrant Health Issues

    EMAS Case Studies 1 & 2

2. Examples of every single observed category in any trend cluster

Appendix 1 Case Studies

CASE STUDY REFERENCE– DISCHARGE CASE STUDY

DATE OF PATIENT EXPERIENCE – DEC 2014

PROVIDER – DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

RESPONSE RECEIVED? YES

INFORMATION GOVERNANCE – ALL PERSONAL SENSITIVE PATIENT IDENTIFIABLE DATA HAS BEEN REMOVED FROM THE CASE STUDY

PATIENT EXPERIENCE:

"My father recently had a stroke and was admitted to the Royal Derby. On the whole the stay was a good experienced but discharge severely let us down. On the day of the discharge I was spoken to in a rather curt manner by the nurse in charge where I felt instructions were being barked at me. There was no conversation about my father now being ready to leave, and what the next steps need to be, or if we were able to take him home. However although the nurse had first of all been quite adamant in demanding we take my father home right away around 5pm – he was not ultimately discharged till after 9pm. Another thing that was quite worrying was that a key medication was not mentioned in the discharge plan. We have had to go back to the hospital to ensure the correct medication is written in the discharge notes"

Anonymous Feedback

PROVIDER RESPONSE:

"The Trust held a meeting with consultants and used this case study and other discharge related feedback. We also used your phrase 'manufactured distress' and credited it to Healthwatch Derby. Consultants agreed that conversation is a vital part of a complex set of multidisciplinary steps and discussions. They want to continue this conversation with other senior Doctors and suggested teaching opportunities for those at the beginning of their careers"

Shaw Poxon, Acting Patient Experience Manager

FURTHER ACTION

This case study was used as part of Healthwatch Derby's new local intelligence newsletter Insight Derby published in July 2015. The case study saw further contact from other service users who have highlighted their own experiences.

Healthwatch Derby will monitor all discharge related feedback and liaise directly with providers and commissioners.

CASE STUDY REFERENCE– DISCHARGE CASE STUDY 2

DATE OF PATIENT EXPERIENCE – May 2015

PROVIDER – DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST

RESPONSE RECEIVED? YES

INFORMATION GOVERNANCE – ALL PERSONAL SENSITIVE PATIENT IDENTIFIABLE DATA HAS BEEN REMOVED FROM THE CASE STUDY

PATIENT EXPERIENCE:

"Dad was admitted to the MSU on the 20th May with a UTI. He stayed there for a day and was then transferred up to ward 409 for a week. He was then transferred to the community hospital where he has remained and will stay till the 9th of July. He will then move on to a residential care home. He had a 3 day return visit to the RDH for a catheter to be fitted on the 6th of June. He returned to LRCH on the 9th of June.

This is the background to the events. On the 18th my sister was told in a phone call that dad had been there 'long enough and when could he be discharged'. However at that point we had no information on what was happening and where we could take him. The hospital was keen to get rid of as many people as quickly as possible. As a family we did not know what to do – he was not well enough to go home. The hospital was not giving us enough information make a decision on where to place him. My sister was also told that on the 18th June a social worker to do a capacity assessment on him to see if he was fit to leave the hospital. So in effect we were told that dad needs to be discharged, and at the same time we were advised that his capacity assessment took place on the 18th June. This assessment was to determine whether dad realised the dangers of him moving from a set point between visits from carers. It would therefore be dangerous to move him out of hospital without having this assessment done in the first place. We felt pulled and pushed in different directions. I felt very uneasy – on the one hand they want him out, and on the other hand they want to assess if he is capable to be out. The emphasis was on his departure rather than his safety.

On the Friday 19th June I was talking to the discharge coordinator and the staff nurse appeared to sit down and listen in to what was being said. They clarified that they felt dad was 'residential care only' and did not think nursing was important at this stage. I only received this information after probing and requests for clarity. This information should have been given to us from the start.

Week commencing 22nd June we were advised that they (RDH & Social Services) wanted a case review for the 29th June. That date wasn't convenient for me or my sister as we had very little notice. My sister was on holiday and I was out of Derby on that date. My sister and I gave them 5 alternative dates between the 2nd July and the 8th July. They came back and said they could do the 7th July, which we then used to organise ourselves keeping the date free.

Around the 25th June, my sister was told that the 7th July was too far forward in the future! They wanted to bring forward the review meeting. However by now the other dates we had given to them (we had provided 5 dates) were booked in both my sister and my diaries for a variety of things. At this point we agreed to do it on the 2nd July to try and compromise as much as we could. However it was not confirmed until the afternoon of the 30th June that the review was going ahead on the 2nd July.

This meant that our scheduled appointments had to be rearranged or

cancelled – I felt no one gave any attention to our availability at all, and we were having to ensure we were ever present and at short notice.

The case review took place on the 2nd July at 14:00 hrs. We were advised that my father needs to be admitted to a residential care home as the outcome of the assessment. The social worker gave some useful advice because we were concerned that a residential home would only be a stop gap before he eventually needed further intensive nursing care. This was interesting as the hospital had confirmed to us his needs were residential based only (and it was good for us that the social worker actually thought about future nursing needs).

I had already visited some homes to get an idea of what facilities were available. On the way home from the review meeting we viewed a care home, which would have a room available pending some work done to it. I confirmed on Friday the 3rd July that we would take the room, and they confirmed that they would assess dad on the 6th July, and the earliest dad could move in was the 9th July.

When I went in to see dad on the 6th July, a staff nurse in particular was very rude to me in that she said that the proposed moving date of Thursday the 9th July was "too late, and before would be better". My sister visited later on the same day and was treated with the same rudeness I experienced in the morning about dad's move – and she was very upset about this. We felt we had done well in securing a place quickly and for the care home to get it ready within a week's – but the hospital did not recognise any of this, or the fact that the room required work and physically would not be ready for dad before the 9th of July.

On Monday 6th July my sister found this letter taped to the medicine box – it suggested that if we do not move dad, the hospital would get involved in moving him out within 7 days etc. We were told that this was a standard letter. The letter was not given to us in person, it was just left for us to discover taped to dad's medicine box. After the prolonged conversations about where he was going, why it was taking the time to move him etc – we were subjected to this letter which reads like if you do not move him out, we will shift him out for you.

The actions of the hospital take no account of preparing dad for the discharge, communicating sensitively to family members, taking into account the personal life and circumstances of family members, the fact that the move

needs to be coordinated with the residential care provider, or that even if a place is secured, it takes time to get it ready to receive the patient. Furthermore the undue stress and pressure of having to listen to how we are not doing enough to move dad is really unacceptable when we have done everything we can to secure a place for him as quickly as possible. There also seems to be lack of understanding that we as a family need up to date accurate assessments in writing before we can start making appropriate arrangements for dad's move. Anything otherwise would be negligent on our part. However the hospital only sees dad as a bed blocked, not as a person with complex needs, who requires an appropriate assessment, and then a managed discharge with hopefully a smooth transit from one facility to another.

While dad has been in hospital we have had no concerns about the care he has received. However the way he was 'shifted out' concerns us as it makes us wonder whether the hospital has the patient's welfare at heart and a coherent discharge policy. This builds upon our own experience from the past where we have noticed a clear divide between the care they provide while an inpatient, and the manner they treat the same patient at the time of discharge"

Anonymous Feedback

PROVIDER RESPONSE – 1ST response

"Thank you for your comments, we are sorry that you had a negative experience in relation to the discharge process. Your comments have been shared with the ward so that we can reflect on the way that we communicate and deal with families at what we know can be a stressful and worrying time.

The letter in question uses a template that has been agreed within the region to attempt to provide consistency and balance. We would normally recommend that the letter be given in person or posted to a known address with secure delivery. To be given in person allows for subsequent conversation and discussion which is why this is the preferred method. This issue has been revisited with the area. While the letter is based on a template that has been used in high volumes over a long period of time there may be opportunities to explore the wording through one of project groups which is looking at discharges and communications.

We are also happy to share with you that we have opened an Information and Support Hub that is designed to help patients and families with these sorts of decisions. Using trained volunteers, Trust staff and partners we can provide

face to face advice and signposting to services as well as access to ipads, PCs and a wealth of written information. This includes information about care/nursing homes as well as signposting carers groups. This service is now open at the Royal site and will be open at London rd later this year.
With your permission we would be interested in using this story as one of a number of resources to bring discharge discussions with staff to life. If you agree, all identifiable information would be removed leaving themes and learning only"

Shaw Poxon, Acting Patient Experience Manager

FURTHER ACTION

Healthwatch Derby questioned the response received from the provider and identified issues which the response did not address:

1. Why the letter was taped to medication and just left to be discovered - it was not given in person although your response States such letters are better to be given in person
2. Rudeness of staff when discussing the transit from ward to care home
3. Pressure on family to move patient despite there being no availability to shift the patient to the care home
4. No care given to liaise in a sensible manner with patient's family around meetings to be set up

Following further dialogue the provider was able to submit a second response in response to our requests for clarification.

PROVIDER RESPONSE – 2ND Response

"Thank you for your feedback we are sorry to read that you had a negative experience in regards to our ability to communicate with you and the discharge process its self.

We are sorry that you felt rushed and that we failed to communicate with you in a way that considered your distress and anxiety. The divisional nurse director has fed back to the ward and reinforced the need for clear and compassionate communication. Also we acknowledge that the timing of appointments can be a challenge and we are sorry that you were inconvenienced.

There are some powerful messages here about how we should communicate and collaborate with patients and families. We (anonymously) used the themes of your story at a large Sisters forum in September and we challenge the group of nearly 100 leaders to identify opportunities to improve things and also to reflect on how it would feel if we experienced this ourselves. The unanimous position was that we need to start conversations early, be consistent, be compassionate, explain fully what is happening and be sure of our communication strategies in all forms.

We have already started a conversation with our consultant group about the language of discharges and your story has helped to inform this. Service user stories help to bring discussions to life so we are grateful to you for sharing this with us. We will also be referring to you story in regular teaching sessions with our junior Doctors.

Before we discuss the opportunities around processes we would like to share some of the context around our current discharge systems.

The Trust works within a Home of Choice Protocol that is signed off by the health community. This includes ourselves, Derbyshire Community Health Services and both of councils, the protocol supports the patient, the families and us the service.

The protocol includes a Home of Choice letter as means of communicating what is needed. We encourage all wards to hand deliver it to the patient and/or the next of kin to explain the content. We are sorry that this did not happen. The ward in question thought they had communicated the existence and purpose of the letter to you and is sorry that you were not expecting it or were upset by it.

Home of Choice is high on our Work Stream 4 agenda and we're currently exploring opportunities to improve the process and patient experience. I have spoken to one of the project leads and she is keen to use your story as a useful reference document so that we can check to see if what we are doing would improve a scenario such as yours.

We hope that you and your family is well and thank you again for your feedback"

Shaw Poxon, Acting Patient Experience Manager

Healthwatch Derby has also been made aware that this case study was used in the Trust's leadership forum and generated a good level of interest and discussion about service improvements.

CASE STUDY REFERENCE – MENTAL HEALTH INPATIENT

DATE OF PATIENT EXPERIENCE – 2015

PROVIDER – DERBYSHIRE HEALTHCARE FOUNDATION NHS TRUST

RESPONSE RECEIVED? YES

INFORMATION GOVERNANCE – ALL PERSONAL SENSITIVE PATIENT IDENTIFIABLE DATA HAS BEEN REMOVED FROM THE CASE STUDY

PATIENT EXPERIENCE:

A service user provided some deeply personal reflections about their journey into the inpatient services at Radbourne Unit. We have summarised their concerns rather than repeating the personal account to ensure no further distress is caused due to the personal experience shared.

The service user was at a serious risk of suicide and was on a 24 hour watch. They were not allowed to have any objects near them that could be used to cause harm. They were not allowed to have plastic carrier bags as they are seen as a potential danger.

Despite this, the service user noted that visitors were allowed to come in and hand over carrier bags with things brought for them such as food etc. The service user felt visitors should be monitored to ensure this does not happen, and there should be information about the hazards everyday objects may present to some patients. The service user mentioned that although a carrier

bag may not look like much but it was a real threat to someone with their condition and vulnerable situation"

FURTHER ACTION:

Following our emergency information sharing protocol Healthwatch Derby alerted the Trust firstly via a phonecall and thereafter formally through emails.

PROVIDER RESPONSE:

"Thank you for bringing this to our attention, we will look into this.

Its excellent that people are talking about their concerns to ensure safety is at the heart of things.

We will ask the Senior nurses to look into this and ensure hypervigilance around patient safety"

The above is a summary of an emailed response received from Carolyn Green, Director of Nursing following our initial escalation email.

This was followed by another email issued to all staff within the Trust:

To:	All inpatient areas (including day areas situated within inpatient units)

From:	Executive Director of Nursing & Patient Experience, Medical Director & Executive Director of Operations, Performance & IMT
Date issued:	2015
Ref:	**C96**
Nature of concern:	Use of plastic bags for self-harm/suicide on inpatient mental health units

Identified risks:

Risk of death or serious injury.

In 2012 following a serious incident involving the use of a plastic bag, the Trust reinforced information from the 'Signal' safety alert produced and distributed by the National Patient Safety Agency (NPSA) on the 'use of plastic bags for self-harm in inpatient mental health units' (25 March 2011).

The 'Signal' was produced following the suicides of three patients using black plastic bags. A search of the National Learning and Reporting System (NRLS) was undertaken which showed that between January 2008 and May 2010 there were 131 reports describing self-harm incidents using plastic bags. It was identified that patients use these in two different ways:

- Over the head in an attempt to suffocate
- Around the neck in an attempt to self-strangulate or to use as a ligature.

In January 2012 the then Serious Untoward Incident (SUI) group commissioned a Trust-wide project group to review the use of waste bins with plastic bag liners in inpatient areas. The project team produced a thorough options appraisal, and recommended the removal of plastic bags from all domestic waste management systems within direct patient areas in inpatient areas. An implementation date was set for 9 April 2012.

The full documents produced by the SUI group can be viewed using the following links:

- Evaluation – waste management

- Review of waste management.

In addition, in 2015 we have had feedback from a service receiver and their family that we need to increase our vigilance in this area again.

Actions to be taken

- All inpatient and day area staff to be aware and remain vigilant to the risk posed by individual service users using plastic bags for self-harm/suicide
- Ward managers and team leaders to review all waste bins to ensure compliance with the 'no plastic bags' requirement
- Contact your divisional nurse for advice and support if required.

For further information please contact Carolyn Green, Executive Director of Nursing & Patient Experience.

All current 'Blue Light' bulletins can be found on Connect.

CASE STUDY REFERENCE – RDH EYE CLINIC

DATE OF PATIENT EXPERIENCE – SEPTEMBER 2015

PROVIDERS – DERBY TEACHING HOSPITALS TRUST

RESPONSE RECEIVED? - YES

INFORMATION GOVERNANCE – ALL PERSONAL SENSITIVE PATIENT IDENTIFIABLE DATA HAS BEEN REMOVED FROM THE CASE STUDY

PATIENT EXPERIENCE:

“In June 2015, I had to go to the eye clinic for an eye injection and the experience was great, I didn't feel any pain, and the doctor was very friendly, I left the clinic feeling happy and well.

I had to go back last week for the same eye injection, I am in my 80's and losing my sight, but based on the experience I had last week, I will never return to the eye clinic again in my life time. It was a different doctor this time and he was very unfriendly and very rough with me, in June, I didn't feel any pain and this time, I left with my eye in pain and bleeding.

I don't know what the doctor was doing, because he was stood behind me, I dont know if he was putting fluid into a needle, but all I know is that I felt water running down my chest and my clothes were wet, I didn't experience this when I went in June, naturally, I began to wipe the water away and the doctor literally shouted at me and said "leave it." I was shocked, I have never been treated like this before by a doctor, I will definitely not go back to the eye clinic”

FURTHER ACTION:

The feedback was taken at a busy outreach session and our engagement officer did not receive any further information from the patient for a follow up where we could with the patient’s consent provide their details to the Trust.

Healthwatch Derby provided the above account to the Trust on the 25th September 2015 for a response without releasing any patient identifiable data. On the 6th November 2015, we received a response from the Trust detailed below.

PROVIDER RESPONSE:

“Thank you for your feedback and I am sorry to hear that you did not have a positive experience of your visit to our eye department. We aim to deliver the highest standards of clinical care in a courteous and polite way and I am sorry to hear that we have fallen short of our standards on this occasion. In order to properly investigate this incident it would be helpful to know some more

details. We would therefore like to invite the person leaving the comment to contact us through our PALS team.

We have highlighted this issue with members of the clinical team and they have agreed to discuss this feedback at the monthly teaching session with the wider clinical team. This meeting is used to to suggest ways of improving department standards and the quality of care. From this example, the team will reinforce the importance of ensuring full and courteous introductions followed by ongoing communication to establish patient comfort and understanding.

We hope that the service user will contact us in order for us to learn from this incident and we hope that in the future, they do feel able to continue to use our eye department"

Shaw Poxon
Acting Patient Experience Manager

CASE STUDY REFERENCE – MIGRANT HEALTH ISSUES CASE STUDY

DATE OF PATIENT EXPERIENCE – 2015

PROVIDERS – SOUTHERN DERBYSHIRE CCG, DERBY CITY COUNCIL

RESPONSE RECEIVED? YES

INFORMATION GOVERNANCE – ALL PERSONAL SENSITIVE PATIENT IDENTIFIABLE DATA HAS BEEN REMOVED FROM THE CASE STUDY

PATIENT EXPERIENCE:

From its outreach activities, Healthwatch Derby has received a number of different concerns related to healthcare issues of migrants and those seeking asylum.

1. **Migrants/asylum seekers access to services re pregnancy/maternity:**

"I am a Refugee who is 37 weeks pregnant, Home Office have just transferred me from Wakefield to Derby to live, I don't know anyone in Derby and I haven't been allocated to any services and I am so anxious about what is going to happen to me and my unborn baby. I have come to British Red cross today to help me get linked with a GP/hospital to continue my health and maternity care because I don't know Derby and I don't know how or where to register myself to get health care" – Comment from Service User

"I am a volunteer for British Red Cross, and on a number of occasions, Refugee women in their late stages of pregnancy have been moved by the Home Office from one city to another, this breaks their own rules as it is not supposed to happen, for the safety of the patient and unborn child. Apart from causing unnecessary stress and anxiety for the mother, it makes it more difficult for maternity services who have to pick up a patient at such a late stage in their pregnancy and if records and information about the pregnancy is not transferred quickly some vital health information could be missed that could put the patient and unborn child at risk" – Comment from British Red Cross volunteer

2. **Migrants/asylum seekers access to services re mental health:**

"I am a volunteer for British Red Cross and recognise that many Refugees suffer with mental health issues and need help and support with this area of health but it is a struggle for them to get it. Some of them have been detained on arrival to the UK, some tortured in their own countries, some are sent to live in cities where they don't know anybody, they struggle with the language and integration and become isolated and suicidal, many suffer from post traumatic stress because of what they have been through. All of these issues lead to a break down in mental health, they need help and they are not getting it so they are getting worse. Some wont even bother to try to access help for their mental health as they don't believe they will get it.

I am currrently working with a young male Refugee who is struggling with his mental health, he has just arrived in Derby and feels isolated and suicidal, I rang 111 and discussed my concerns and they said he should be seen by a doctor within 24 hours. I rang. Lister House and despite what 111 had said, they said he couldn't get an appointment until two weeks time, which is too long for someone feeling suicidal.

I challenged Lister House, because they were going against the wishes of 111 by not seeing the patient within 24 hours; they said 111 always suggests a 24 hour appt as a matter of course to protect their own selves, but Lister House still follow their own system and made the decision for the patient to be seen in two weeks when they have an appointment slot. It cannot be right for the GP to over ride the direction of the 111 service.

The only service this young man can access is Samaritans, he talks to them every day and they are the ones keeping him out of a mental health crisis, the process to access mental health services is too slow.

The NHS need to think out of the box and offer cheaper alternative therapies that can be quickly accessed. At the Red Cross we offer a free hand arm and shoulder massage to our services users, at first they were sceptical about it and now service users queue up to receive it, especially those suffering with mental health problems, the massage seems to soothe and calm them and just the physical contact, the human touch seems to help them. These sort of services could be introduced to the NHS as cheaper options/alternative therapies that do actually work" – Comment from British Red Cross Volunteer

3. **Migrants/newly granted status registration with GP related:**

"I was moved from Croydon to Derby by the Home Office and it took too long for me to get registered with a GP when I moved to Derby. I was only registered temporarily with a GP in Croydon and didn't have a National Health number when I moved to Derby, I tried to register at Macklin Street surgery and they told me that I had to contact the GP in Croydon to get my NHS numbrer. I didn't have hardly any money and every time I tried to ring the GP in Croydon, it would use up all my credit because the line was constantly engaged. I was later told that Macklin St should have called my previous GP if there were any issues, that was not my responsibility and the Home Office

paperwork I presented to them was enough for them to accept me as a new patient. The receptionists were not rude, they just didn't know how to deal with and register a new patient who is an asylum seeker.

While I was "trying" to register with Lister House, I told them I was diabetic, I was running out of medication and needed a new prescription very soon, they didn't help me or sign post me to anywhere I could receive help until I was registered. Once registered, I was told the next appt is in two weeks time and again I told them I hadnt got much medication left they said I would still have to wait two weeks, they didn't even ask if my medication would last for two weeks until the appointment, I was surprised at the treatment and lack of understanding for someone with diabetes" – Comment from Service User

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FURTHER ACTION:

Healthwatch Derby escalated the urgent concerns mentioned above to Southern Derbyshire CCG, and advised they had 28 days for a full response, but that urgent action would be taken immediately to address the more serious concerns right away.

PROVIDER RESPONSE:

Dear Samragi

Thank you for your email. You have highlighted many concerns within the email which can be summarised into the following points:

1. Migrants/asylum seekers access to health services

2. Migrants/asylum seeker dispersal and relocation- relocations despite medical conditions

3. Concerns about Lister House staff not signposting to Derby Open Access Centre

The majority of your concerns are related to Asylum dispersal. This work is led by Derby City Council and therefore we have produced a joint response with their lead, Purjinder (Pop) Gill, Cohesion and Integration Manager, Derby City

and Neighborhood Partnerships, Neighborhoods Directorate, Derby City Council.

The legal position is that the UK has an obligation under the Immigration Act 1999 to provide support to asylum seekers. The COMPASS (Commercial and Operating Managers Procuring Asylum Support) system, managed by the Home Office, supports meeting this obligation and the policy is to disperse asylum seekers into local areas where local authorities have formally agreed to participate in dispersal. 93 local authorities – Derby included - made such an agreement in March 2000.

The Home Office has a contract with G4 to deliver the COMPASS contract in the Midlands and G4S must adhere to the terms set out in COMPASS Schedule 2, Accommodation & Transport - Statement Of Requirements.

The key points of the COMPASS schedule are set out in the appendix to this letter. (In the appendix 'Provider' refers to G4S's Care and Justice Services and 'Authority' refers to the Home Office).

It appears that elements of the schedule may have been breached by G4S, resulting in the complaints from the service users. Each case will be individual and requires knowledge and exchange of sensitive information at the time of the Asylum application and movement into the care of G4S.

Within Derby, there is a good relationship with G4S and the Council seek to resolve issues through the Refugee and Asylum Support Group. Issues and complaints can be resolved through this liaison and in order to review and ensure further issues do not arise, the issue of Medical Conditions will be included on the next meeting agenda in October. We would be happy to facilitate your involvement in this meeting if you feel it would be beneficial to attend.

The Council also supports the exchange of information between G4S and local voluntary groups to provide a level of community based support. In many instances, support is provided through the provision of welcome visits to newly dispersed Asylum Seekers. Again, this will be reviewed to ensure robust support is offered, without removing responsibility from G4S Care and Justice

Service's. But it must be noted that no additional funding is allocated by central government to support the integration of Asylum Seekers.

The third point that you highlight around Lister House was dealt with back in May. The CCG liaised with the Practice Manager at Lister House and checked their processes. The CCG are assured that patients were being directed appropriately and given an information leaflet as appropriate. To date we have not received any other concerns about access to the Derby Urgent Care Centre so this may be an isolated incident. However, we are in constant dialogue with our Practices and the Derby Urgent Care Centre and will pick up any issues accordingly.

Yours Sincerely

Pop Gill
Cohesion and Integration Manager
Derby City Council

Helen Dillistone
Director of Corporate Development
Southern Derbyshire CCG

Appendix

- The Provider's Service Delivery Plan's shall provide detailed procedures for handling minors, pregnant females, nursing mothers with dependent children and the Provider agrees to abide by such procedures.

- The Provider shall note that on arrival in Initial Accommodation or on dispersal it may become obvious to the Provider's staff that a Service User is

presenting a medical condition that is causing distress. Alternatively, the Authority or persons acting on behalf of the Authority may have notified the Provider of a pre-existing condition (also referred to as a specified or obvious health need) that requires urgent attention on the arrival of the Service User at the dispersal accommodation.

- As a follow up in cases of immediate emergency assistance the Provider shall arrange for the Service User to be registered with a GP as a matter of urgency when they subsequently take up accommodation.
- Pre-existing medical conditions that require a Provider to register a Service User with a GP include:

o Long term conditions that need regular medication e.g. diabetes, heart problems, asthma, epilepsy, haemophilia, non-active TB;

o HIV, if already diagnosed and if no continuation of care arrangements have been made before dispersal;

o Acute mental health issues;

o Pregnant women

o Children under 9 months

- The Provider shall provide a briefing service for Service Users occupying serviced accommodation

1. The Provider shall brief the Service User within 1 day of the Service User occupying the serviced accommodation.

2. The briefing shall be conducted in a language understood by the Service User.

3. Any information provided to the Service Users during, or consequent to, the briefing shall be in a language that the Service Users can understand.

4. The Service Users shall, at the end of the briefing, be provided with an information pack containing all necessary information that will enable the

Service User to function individually and/or as a family member and as a member of the wider community.

5. The Provider shall brief using:

a. The briefing material provided by the Authority with additions by the Provider as required for the locality;

b. Any supplementary information that the Provider wishes to include relating to the provision of its own services.

6. The Provider shall require that the Service User confirms, in writing, that the required information has been presented verbally and that an information pack has been issued and its content understood.

7. The briefing service shall in particular assist, through the provision of verbal and written instructions, the Service Users on their arrival in the area:

a. To register with a local General Practitioner and a Dentist;

b. To register children with the appropriate schools in the locale;

c. To cash their Interim Support Tokens.

8. The Provider shall assist Service Users needing information on how to make contact with and use the appointment systems associated with:

a. Voluntary Sector Services and other local independent advice service Providers;

b. The Authority's local asylum support services;

c. The local National Health Service;

d. The Local Authority Social Services Department;

e. Emergency services, the Police and legal advisers and services;

f. Local leisure and recreation services and facilities.

- The Provider shall provide patient registration service in support of the National Health Service (Not applicable to Initial Accommodation)

- The Provider shall provide direct support to Service Users in obvious and urgent or specified (by the Authority) need of medical care on arrival at the accommodation to be provided by the Provider.

1. If, during transportation or on arrival at the relevant accommodation any Service User is in obvious and urgent need (as defined in Annex D of this schedule) of medical care the Provider shall either:

a. Take the Service User to the nearest GP surgery for registration, treatment and referral; or

b. Take the Service User to the nearest hospital accident and emergency department for treatment, or call the emergency services if immediate assistance is required; or

c. Take all necessary action, required in the reasonable opinion of the Provider, to ensure the timely and sufficient care for the Service User;

d. and in any event shall report the incident to the Authority at the earliest convenient time not exceeding 4 Working Hours of arrival at the relevant accommodation.

2. If notified by the Authority that a Service User has need of urgent medical care the Provider shall either:

a. Take the Service User to the nearest GP surgery for registration, treatment and referral; or

b. Take the Service User to the nearest hospital accident and emergency department for treatment;

c. and in any event shall report the outcome of the incident to the Authority within 4 Working Hours of arrival at the relevant accommodation

3. If notified by the Authority that a Service User has an existing precondition requiring that the Service User should be registered with a local general practitioner:

a. The Provider shall take the Service User to the nearest GP surgery within 2 Working Days of arrival at the relevant accommodation if the Service Users

informs the Provider that he/she is in urgent need of a new supply of prescribed medication;

b. The Provider, in other cases, is to take the Service User to a GP surgery within 5 Working Days of arrival at the relevant accommodation.

- Criteria for the re-location of Service Users (other than IA Service Users)

Under normal circumstances, the Authority's approval would be required before any Service User with an existing medical condition would be moved by the Provider. However, in situations where a change of accommodation is essential for the welfare of the Service User and the Provider cannot contact the Authority to obtain approval, the Provider should arrange alternative accommodation as long as it is in close proximity to the previous accommodation and satisfies the Service User's accommodation requirements, as previously specified by the Authority.

Prior to making any such move the Provider shall, by way of a Relocation Request, notify the Authority of the details of the accommodation to which it proposes to move the relevant Service User(s). If the move is approved by the Authority it shall confirm this to the Provider by issuing a new Accommodation Request to the Provider in respect of the relevant Service User(s). The Provider shall then issue an Accommodation Proposal in respect of the relevant Service User(s) identifying the relevant accommodation as the accommodation to which the Service User(s) are to be moved and may move the relevant Service User(s) once the relevant Accommodation Proposal has been accepted by the Authority in the usual way. Any such acceptance shall not imply that the Authority agrees that the relevant accommodation satisfies the requirements of this Contract and the Provider shall remain responsible for ensuring that all accommodation used to accommodate Service Users under this Contract complies with all requirements of this Contract.

The Provider shall give the incumbent Service User(s) at least 7 calendar days' notice of any intended relocation except in the case of the accommodation being classified as Unsafe. The Provider shall brief the Service User(s) fully on what will happen before and during the relocation in a language understood by the Service Users.

Healthwatch Local Intelligence Note:

Healthwatch Derby has advised the CCG upon receiving this response that the concerns highlighted about Lister House are ongoing rather than related to a specific time period as the response suggests. Healthwatch Derby is working closely with the CCG and the local authority to routinely monitor and report back on the issues featured in this case study.

CASE STUDY REFERENCE– EMAS CASE STUDIES 1 & 2

DATE OF PATIENT EXPERIENCE – DECEMBER 2014

PROVIDER – EAST MIDLANDS AMBULANCE SERVICE

RESPONSE RECEIVED? YES

INFORMATION GOVERNANCE – ALL PERSONAL SENSITIVE PATIENT IDENTIFIABLE DATA HAS BEEN REMOVED FROM THE CASE STUDY. TO PROTECT INDIVIDUALS NAMES, GENDER, AND OTHER RELEVANT DETAILS HAVE BEEN CHANGED

PATIENT EXPERIENCE: Case Study 1

"My relative (service user referred to in case study as 'Tomas' name, gender, and other identifying details changed to protect patient confidentiality) fell in Darley Park and broke their leg, we rang the ambulance and they said they would not come because it was not life threatening. It was -4 degrees and Tomas was laid on the cold ground and couldn't move. We could not move Tomas because Tomas was in such pain we couldn't even touch Tomas. We waited another 2 hours for an ambulance by now Tomas was freezing and still no one came and still we could not move Tomas because of the pain.

Tomas was lying at the bottom of one of the sloping hills and could not be seen from the main road and it was also very dark, so I went to main road and saw an ambulance thinking it was coming for Tomas, but it was passing by, I flagged it down anyway and it did stop and they administered some gas and air which relieved pain a bit. The ambulance staff were not allowed to lift Tomas and get them in the ambulance so me and my family had to lift Tomas in the dark cold icy conditions up the hill to the ambulance it was hard going for all of us and for Tomas, but we had no choice we could not leave Tomas in this condition.

When we got Tomas into the ambulance, Tomas was shaking so much, Tomas was freezing and the ambulance staff were also concerned for Tomas's partner, who was by now also freezing cold and the cold was affecting Tomas a lot. Now Tomas was in the ambulance instead of Tomas being taken straight to hospital, a 20 minute phone conversation took place about who should take Tomas to hospital, whether this ambulance (which wasn't really sent for Tomas) or another ambulance, it was ridiculous, Tomas just needed help, these things should have been argued about later on.

Eventually the ambulance Tomas was in, was given clearance to take Tomas to A&E, on arrival to the hospital we complained and the staff admitted it was a fault of the ambulance service delivery. In fact when Tomas was taken into hospital with a broken leg after waiting for hours in the freezing cold a drunk patient came into the hospital that same evening also with a broken leg, an ambulance collected the patient from the pub and they came straight away to pick them up. It is so annoying to know that Tomas genuinely fell and waited over four hours for an ambulance and this drunk patient got seen immediately even though drinking caused their accident. I don't think there was a racial element that caused our delay with the ambulance, but when you have a community of people that already feel upset at the way they are treated, they hold onto any little thing and think the worse"

Anonymous Feedback

PATIENT EXPERIENCE: Case Study 2

I have had to call an ambulance on a number of occasions to take my partner (service user referred to in case study as 'Eva' name, gender, and other

identifying details changed to protect patient confidentiality) to the hospital, on one particular occasion, Eva was upstairs in bed in agony and could not walk. The ambulance arrived and the staff refused to assist to get Eva out of bed and into the ambulance. Eva was very light at that time because Eva had lost a lot of weight due to illness, but I still could not manage myself to get Eva down the stairs and into the ambulance. I had to call a next door neighbour who helped me put Eva on my back and between the two of us we got Eva down the stairs and to the ambulance. I queried this with the hospital staff when we got to the hospital and was advised that under the circumstances the ambulance staff should have helped, but Eva did not want to complain. The problem is Eva is a very soft and gentle person and I really worry about Eva because Eva would never complain or speak up. I worry that whilst Eva is under NHS care, hospital staff, ambulance staff and generally any NHS staff could bully Eva or treat Eva badly or not follow correct procedure when I am not around to support. Family members should be able to have a level of trust that their loved ones are always well looked after and cared for by the NHS"

PROVIDER RESPONSE

"Thank you for passing on two concerns recently received by Derby Healthwatch. As discussed we are happy to give a generalised response to the concerns raised and comment on our usual practices and procedures. The concerns raised have been logged under the reference PALS/15/0641 and will remain on record for service improvement and reporting purposes.

Due to the feedback/concerns being anonymous and unidentifiable in it is very difficult to give the detailed, directed and quality response we would normally provide to enquirers contacting our PALS service directly. This is for the following reasons:

1) There is no date and or area/address. Therefore, we cannot search for an incident on the Computer Aided Dispatch (CAD) system, which would give insight in to grading of the incidents and also the reasons for any delayed response.

2) EMAS receives on average 2000 calls a day. This is much higher during certain times of year, such as the winter season or at times of high

temperatures and poor air quality. Therefore, it is not possible to identify an incident without details.

3) We cannot search for a 999 call recording to understand what was said to the 999 call handlers by the callers. This would also give an insight in to the reasons for the grading of the call.

4) We cannot identify a crew to speak to about the incident. The crews that attended these jobs may well have been private ambulance service personnel rather than EMAS employees.

5) We cannot search for a Patient Report Form (PRF) written by the attending crews, which again, would give more insight in to the incident.

6) We are unable to confirm if the ambulance flagged down in incident 1 was an EMAS ambulance; this could have been a PTS (Patient Transport Services) ambulance or private provider. PTS services are not provided by EMAS in the Derbyshire area.

7) We are unable to confirm that the ambulance request made in incident 2 was for an emergency ambulance, for a clinical issue, or a PTS ambulance, for hospital appointments.

The first incident details a scene of winter due to a temperature of -4. Therefore, we can explain that during periods of high demand and unprecedented pressures, such as the winter period, the service will utilise a plan called the Capacity Management Plan (CMP). The Capacity Management Plan is bought into action when, as a Trust, the supply of ambulance service resources is insufficient to meet with the clinical demands of patients. Our resources need to be carefully prioritised to ensure that we respond to the most seriously ill patients in an appropriate timescale.

This plan has different levels to it determined by many different factors, including the amount of calls holding, incidents waiting for a response and available resources. The operational situation is reviewed at minimum of every hour based upon a dynamic risk assessment by EMAS Trust Silver Commander who, in turn, will consult the EMAS Trust Gold Commander on call. Issues to consider will be whether any cases are stacked without a response and current crew availability, as well as the response target times.

Private and voluntary ambulance services are also utilised far more in periods of projected high demand.

When our Trust is in Actions 3 or 4 of the Capacity Management Plan the following script will be used where the patient's age is between 5 and 69 and the call is graded as not serious or life threatening:

'We are currently experiencing a very high demand for emergency ambulances. From the information you have given me the patient does not have a life threatening condition and we will not be sending out an ambulance. Our advice is to contact a GP, call the 111 service or make your way to a Minor injury Unit or to an Accident and Emergency Department. 111 may also be experiencing high demands. You could check your symptoms online at the NHS Direct website (www.nhsdirect.nhs.uk/checksymptoms.) I need to hang up now (to take another call.) If anything changes, call us back immediately for further instructions.'

Whilst I accept that advising the public to find an alternative care pathway may be unpopular, these emergency measures are strictly necessary in order to maximise responses to the most seriously unwell patients. I would like to assure you that that this advice is only given on calls where it has been clearly established, from the information given by the caller, that the incident is not serious or immediately life threatening.

As many 999 calls can be dealt with through alternative care pathways such as Out of Hours GP service, Walk In Centres or self-presentation at a Minor injuries unit or Emergency Department etc. we ensure that the patient is advised of the most appropriate care pathway for their condition. All calls receiving this speech are reviewed by clinicians in order that calls causing clinical concern may be reviewed and receive assistance if needed. In addition those patients unable to make their own way to an alternative care provider, such as a patient who has fallen in a remote area, are safety netted and assistance is arranged if necessary.

Calls are taken by call takers who have to get information from people in emergency and stressful situations. This means that it can be quite difficult to

get the information needed. The information imputed goes through Advance Medical Priority Dispatch System, (AMPDS) which gives the call its grading (priority).

Again it is very difficult to comment, without more details, on the reason for the alleged conversation about who should transport the first patient and partner to hospital. As an emergency ambulance is commissioned for the transport of patients it would be unusual for such a conversation to take place. The ambulance may have been a PTS ambulance and therefore working outside its normal contract; so requiring advice before transporting unscheduled patients.

In reply to both the incidents stating that the crews did not help the patient to the ambulance and it was left to the relatives/friends:

We cannot comment on the actions of the crews in either situation as we are unable to identify the crews to be able to speak to them about this matter. However, we are surprised that an EMAS or private crew would refuse to help an injured patient up from the floor and to the ambulance without reason. Our staff would certainly not stand and watch a patient being 'piggy backed' out of their home by a relative.

Our staff are highly trained in all manner of moving and handling techniques and have a range of equipment to assist in any patient handling event. Moving and handling techniques, and use of equipment, are covered in our annual Essential Education and frequent refresher courses are held for all staff, especially when new equipment is introduced.

If a patient needs assistance then assistance will always be offered. Our clinicians treat patients either in their home or transport them to Emergency Departments, dependant on clinical need and the most appropriate care pathway. Should a patient need transport into hospital then the first step is to get the patient into the ambulance safely and without undue delay. The ambulance crew would be aware of the patient's condition and their personal needs and offer assistance into the ambulance as appropriate.

Once again, thank you for bringing these matters to our attention. I hope that the information provided gives some insight into our usual procedures

and how delays may occur due to high demand. All our policies and procedures are available to view on our website www.emas.nhs.uk"

Julie Cowburn, PALS Coordinator

FURTHER ACTION

Healthwatch Derby requested a copy of the Capacity Management Plan discussed in the response received, and received a further follow up response to our request:

"I am writing following your request for a copy of the Capacity Management Plan which was referred to in our response to concerns raised by Derby Healthwatch. I have asked for advice from our Records Manager and, unfortunately, due to the confidential nature of the plan and associated security issues, we are unable to share this document with you.

In my response I have explained why we have the plan and when the plan may be implemented in our Emergency Operations Centres; the explanation also gives some insight into how the plan may impact on those ringing 999 during times of high demand.

I trust the information we have provided is sufficient to explain how our service may be affected in the cold weather (as referred to in the first incident raised) and how we manage such periods of high demand.

Thank you for your bringing such concerns to our attention and for sharing the feedback you receive" Julie Cowburn, PALS Coordinator.

Healthwatch Derby will continue to monitor the situation, and will discuss themes from the case study at the next Ambulance Leads meeting with EMAS.

Appendix 2 Examples of every single observed category in any trend cluster

Breakdown of feedback for health and social care services in Derby City, collected in the period April 2013 to end of September 2015:

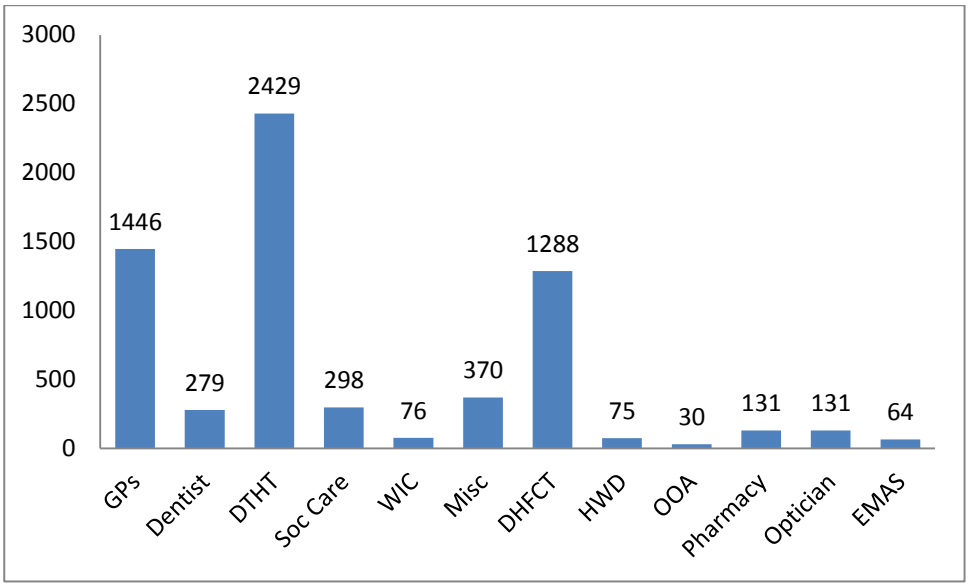

Figure 1.3 Feedback breakdown by provider April 2013 to end of September 2015

Service	Examples
GPs	"I have to wait over 40 mins to get through to my GP"
Dentist	"My dentist is really good and understands my fears"
DTHT	"Nurses were wonderful and the hospital treated me very well but on the day I was discharged everything was chaotic. I was told I could go at 10am but did not leave till 7pm. It left me feeling very angry and I do not feel like complaining will make a difference"
Social Care	"I am happy with the way my mum is being cared for in this care home, she has a lot of different activities she can join in"
WIC	"I think Walk in Centres are missing a trick. They should advertise themselves more so that people like me don't think of going to the A&E as a first resort"
MISC	"Staff at Cygnet Hospital have taken very good care of me"
DHFCT	"Sometimes I have to repeat myself to all the key workers over and over and it feels like I have to start my story all over again"
HWD	""“I think it would be good to communicate 'success' stories more”
OOA	"The way I was treated at Notts QMC leaves a lot to be desired"
Pharmacy	"My pharmacist will order items for me, and I think this is

	wonderful"
Optician	"All the staff at my optician are very friendly and go out of their way to help me"
EMAS	"The ambulance staff were very caring, and helped my mother who was clearly very distressed"

Breakdown of feedback by individual service – Derby Teaching Hospitals NHS Foundation Trust

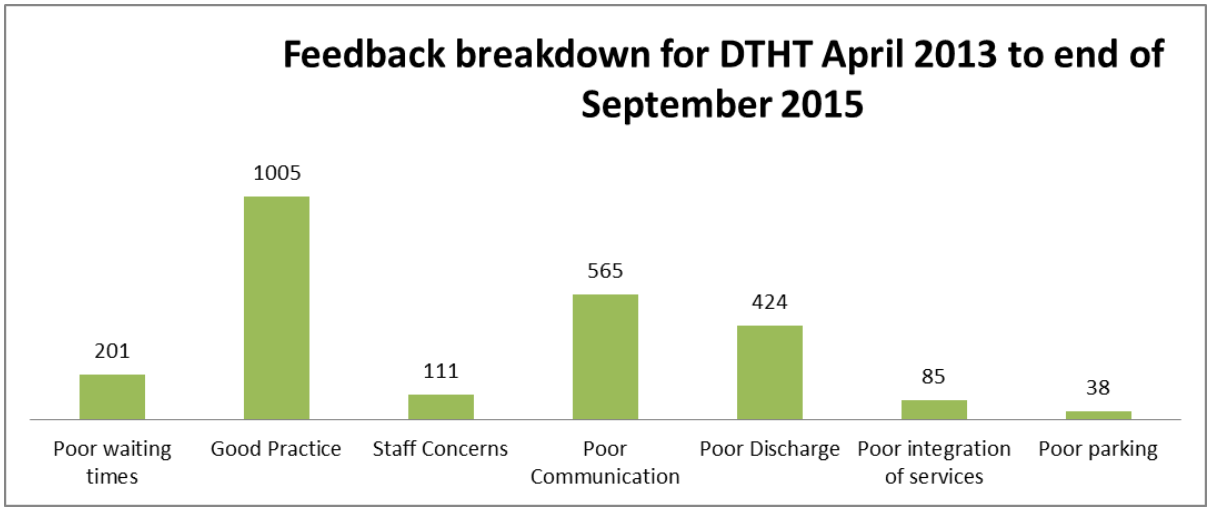

Figure 1.4 Feedback breakdown for Derby Teaching Hospitals NHS Foundation Trust

Service	Examples
Poor waiting times	"Following my operation I have been waiting for such a long time, I developed secondary complications and am feeling extremely unwell" – Healthwatch Derby escalated this issue to the Trust, and were able to ensure this patient received urgent care.
Good Practice	"Everyone was fantastic right through from the consultant, to the OT, the nurses especially, and I loved the food – top rated hospital"
Staff Concerns	These relate to a number of Enter & View reports completed by Healthwatch Derby into the Trust where staff have raised concerns confidentially. Each Enter & View has received a full response, and all can be found on our website.
Poor	"I did not like the way the nursing staff spoke to me. I have

Communication	mental health problems and also have a stutter. I do not wish to make a complaint and do not want to speak to anyone from the Trust as feel so intimidated"
Poor Discharge	"Why did noone bother to check if my medicines were ready before telling me and my family I was going to be leaving at 11am. I was waiting past 7pm because of a 'pharmacy hiccup'. This puts a lot of pressure on us as a family, not to mention parking charges!"
Poor integration of services	"When I tried to complain to PALS, they did not know anything about the ward I was in, or the service manager, and were asking me who to talk to! I found this very upsetting. They were not even aware of different departments and MDTs"
Poor parking	"It is very difficult to find a parking place, and when you do find one, the charges are very high. Its unfair"

Breakdown of feedback by individual service – GPs

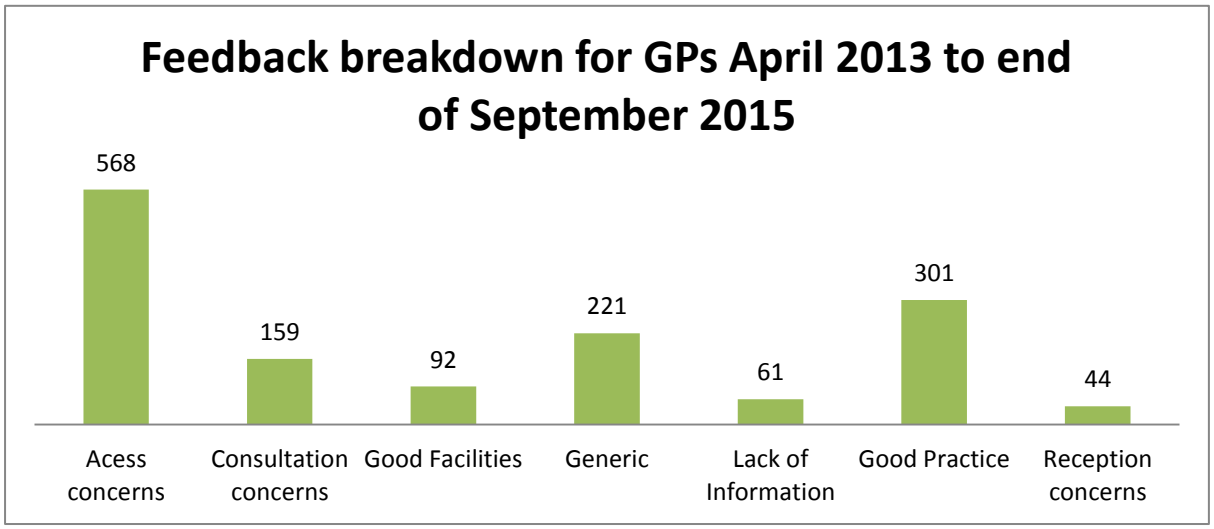

Figure 1.5 Feedback breakdown for GPs

Service	Examples
Access concerns	"I have to ring my GP many many times before I get through, and when I do get through all the appointments are gone. It is really hard for me as I have young children. I usually end up taking them to A&E"
Consultation	"My GP will only see one medical issue per appointment, and it

concerns	becomes very hard as I have several long term conditions and have been very poorly. It means I have to make an appointment pretty much every day"
Good Facilities	"My surgery has a brilliant asthma nurse. She has helped me with practical advice and also done a medication review"
Generic	"Doctors today don't seem to be as patient as they used to be when I was a young man"
Lack of Information	Several respondents to a Healthwatch Derby survey advised us that they felt GPs did not provide enough information or signposted to resources regarding mental health conditions. A full report 'GPs in Focus' can be found on our website.
Good Practice	"My GP was brilliant last month. I went in with a sore eye, and he immediately diagnosed a serious condition and made me an emergency appointment at the eye hospital. If he hadn't done so I think I would have either lost my eye or suffered with it for a long time"
Reception concerns	"There are two receptionists in my surgery. One makes it very easy to get an appointment, and is friendly. The other makes it very hard to get an appointment. As a result whenever I see the receptionist I don't like, I don't bother coming in. I wanted to complain about her, but she is the one in charge of handing out complaint forms!"

Breakdown of feedback by individual service – Derbyshire Healthcare Foundation NHS Trust

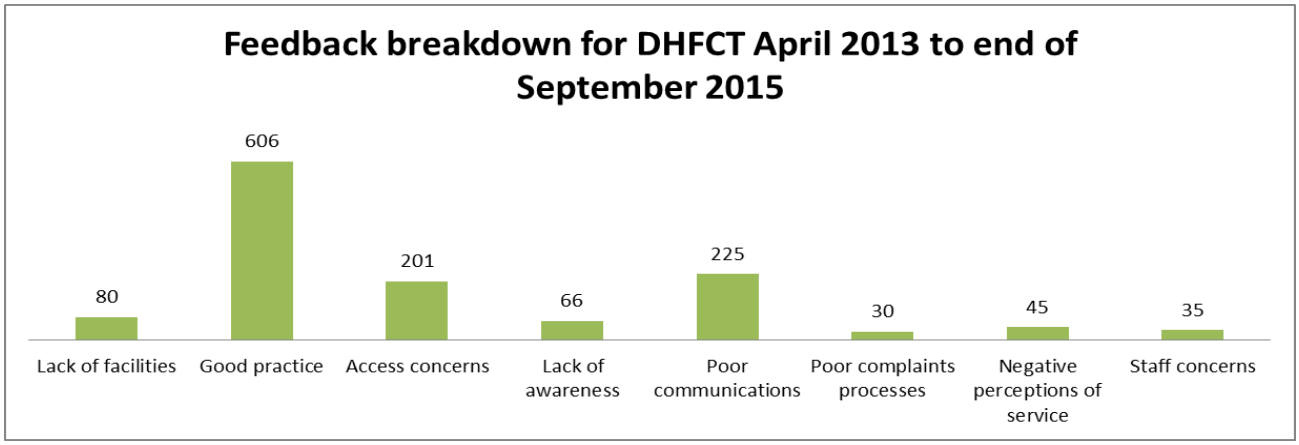

Figure 1.5 Feedback breakdown for Derbyshire Healthcare Foundation NHS Trust

Service	Examples
Lack of facilities	"There are not nearly enough beds, and sometimes you are placed in a unit quite far away"

Good Practice	"I found the Crisis Team truly understood what I was going through and did not judge me"
Access Concerns	"I have been waiting for a very long time and my child is now beginning to show worrying signs due to lack of treatment" – We escalated this issue directly to the Trust, and were able to get the Trust to speak directly to the family
Lack of awareness	"I think more needs to be done to help new staff members understand the extremely painful personal journey a patient has to make. We will not open up right away. It takes time to build trust"
Poor Communications	"My sister was in 'no fit state' to see visitors, and noone bothered to tell me. I wasted a whole day travelling up to see her"
Poor Complaints Processes	"The complaints policy is a joke isn't it? My complaint took over a year to be looked at, and even then they could not tell me why things went so horribly wrong. I won't be bothering to say any more to them"
Negative Perceptions of Service	"People still think of mental health in terms of being locked away in straight jackets. More should be done to show that the service is all about helping you to cope rather than punishing you in any way"
Staff concerns	"I do not think we are consulted enough and are always being asked to do more than we can deal with"

Breakdown of feedback by individual service – Social Care

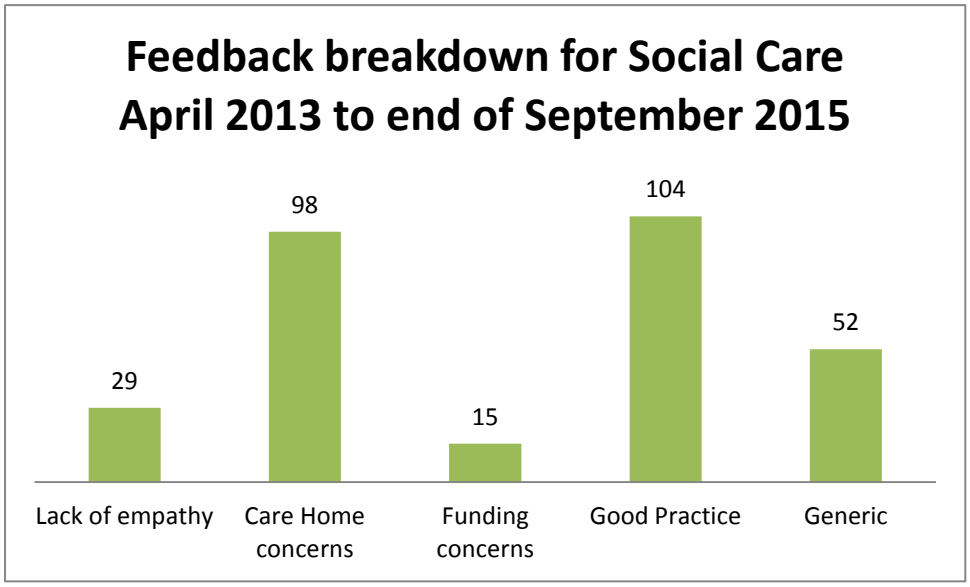

Figure 1.6 Feedback breakdown for Social Care

Service	Examples
Lack of Empathy	"I feel like whatever happens in my life my social worker tends to think it is my fault"
Care Home Concerns	"I am worried the care home my mother is in is not doing enough to make sure she stays warm" – Concerns were linked in with the Adult Social Care team at Derby City Council
Funding Concerns	"We have been told the council is considering shutting this service. It makes a huge difference to many people"
Good Practice	"My father is a self funder so access to social care advice is limited. Whatever little support given by social services was very good but very limited in its scope"
Generic	"There is only so much the Council and social services can do, we as people living in the city have to do our bit to look after our own families"

Breakdown of feedback by individual services – Commissioned services such as Opticians, Pharmacies, Dentists, Miscellaneous smaller services in the city also includes Healthwatch Derby, Out of Area services, and EMAS (East Midlands Ambulance Trust)

OOA	30
Good practice opticians	125
Poor access opticians	6
Poor access dentist	121
Funding concerns dentist	31
Good practice dentist	127
Good practice misc	300
Good facilities misc	70
Good practice HWD	59
Poor facilities HWD	16
Good practice pharmacy	101
Poor attitude pharmacy	10
Good facilities pharmacy	20
Reception concerns WIC	35
Good practice WIC	37
Good facilities WIC	4
Good practice EMAS	50
Poor staff attitude EMAS	14

Figure 1.6 Feedback breakdown for Miscellaneous Services

Service	Examples
OOA	Healthwatch Derby received feedback about services such as

	the Neuro Rehab Unit in Birmingham which was forwarded to our sister organisation Healthwatch Birmingham
Good Practice Opticians	"I never have any problems getting an appointment for an eye check up. While I am there staff will talk to me about their latest offers, and I can make sure that I am benefitting from the best prices"
Poor Access Opticians	"I was disappointed as any appointment I wanted with my regular optician had a waiting time of nearly 3 weeks"
Poor Access Dentist	"In my area there is no dentist taking on any new NHS patients, and there is a huge waiting time for the one in my neighbouring ward"
Funding Concerns Dentist	"Dental fees are extortionate. I think the NHS should pay for routine check ups for everybody"
Good Practice Misc	"I am very happy with the services of Macmillan. They looked after my husband at the end of his life in a wonderfully humane way"
Good Facilities Misc	"AGE UK were very helpful and gave me information about who I needed to contact when I wanted to make a complaint about the hospital"
Good Practice HWD	"Reliable and professional approach. Factual, fair and good challenge to prompt improvements"
Poor Facilities HWD	"It will be good for HealthWatch Derby to be located elsewhere where it's easily accessible because at the moment trying to have a walk in visit can be a hassle because of the council's process of signing in visitors. There are more reasons which we would be happy to give"
Good Practice pharmacy	"My pharmacy is now offering flu jab services. This means I don't have to go to see my GP, and I can save a lot of time"
Poor Attitude Pharmacy	"Although he gave me the wrong prescription my pharmacist never even said sorry"
Reception concerns WIC	Healthwatch Derby received serious concerns about reception staff at a WIC in Derby City. These were escalated without delay to Southern Derbyshire CCG.
Good facilities WIC	"I thought staff were very good. Not only was I seen right away, but I was also given some emergency prescription which helped me tremendously"

Good Practice EMAS	"The ambulance arrived in time and had all the equipment there to treat my brother. As a result we did not have to go to A&E. They were able to do several checks including monitoring his heart"
Poor Staff Attitude EMAS	Healthwatch Derby received serious concerns which were escalated to EMAS without delay.

Contact Us!

If you would like to share your experience accessing health and social care services in Derby, we would like to hear from you, contact us via:

Email: info@healthwatchderby.co.uk

Telephone: 01332 643988

Write to us at: Healthwatch Derby
1st Floor
Council House
Corporation Street
Derby, DE1 2FS

Visit our website: www.healthwatchderby.co.uk

Visit our blog: https://www.facebook.com/Healthwatchderby

Facebook: https://www.facebook.com/Healthwatchderby

Twitter: https://twitter.com/HealthwatchDby

Any enquiries please contact Healthwatch Derby Quality Assurance & Compliance Officer Samragi Madden on any of the contacts above.