

Speak Out Newsletter

Healthwatch Derbyshire (HWD) is an independent organisation that represents people using health and social care services in the county. We want to hear from you about GPs, hospitals, dentists or any NHS service, as well as social care, such as care homes.

By gathering as much feedback as we can we are able to identify common themes or trends in what people are telling us.

This is not a substitute for making a formal complaint about a service if you are dissatisfied. However, it can work alongside this system by helping to shine a spotlight on issues that are being experienced by a number of people, thereby strengthening the patient voice.

Joined Up Care Derbyshire - Key Areas for Change

Joined Up Care Derbyshire is a set of proposals focused on how to best meet the health and care needs of the local population over the next five years. They set out plans for keeping people in the area healthy, and for providing quality care whilst ensuring that services are running effectively and efficiently.

Five top priorities have been agreed by the organisations involved with taking the proposals forward. These are the areas they've agreed to concentrate on to make a big difference to the way health and care services are provided:



Focus on place-based care: More services will look after people in their communities, so they get better, more targeted care and support. There are 21 'places' covering North and South Derbyshire where teams are already starting to work differently to tailor services to communities and their needs.



Address how urgent care works: Transforming the way urgent care is provided to make sure everyone has access to the same high quality services when they need it.



Make the health and care 'system' more efficient: To make sure there are continual improvements across commissioner and provider services that ensure value for money and lower running costs.



Prevent ill health and help people take good care of themselves: By intervening early when problems start and by giving people the right support to manage their illness, and improve their health and wellbeing.



Work together in a better way: With leadership and governance approaches that make sure people get the best possible care that's joined up, helpful and well organised.

Find out why change is needed on page 2

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Health Matters

Dr Nick Bishop, GP at Swadlincote Surgery and governing body member of NHS Southern Derbyshire Clinical Commissioning Group.

As a GP, my job satisfaction comes from making sure my patients get the best possible care to help them stay well.

Sometimes advice or lifestyle changes are all that is needed. In other cases medicine might be required. For some patients I need to call on colleagues from other parts of the NHS - or Social Services - to help get the right support in place.

In Derbyshire, health and social care are working together more closely than ever before to work in a joined up way so people can be healthy, live well and stay well.

As well as making sure services work together as seamlessly as possible, we're aiming for practical common-sense improvements, to remove gaps and duplication in services.

Ultimately we want to make real differences for people, so it is easier to see a GP, so cancer can be diagnosed more quickly, and people with mental ill health can get faster help.

Derbyshire is one of 44 areas covering England for health and care through a 'Sustainability & Transformation Plan'. You can read about ours at www.southernderbyshireccg.nhs.uk/publications/joinedupcarederbyshire/

Our STP, 'Joined Up Care Derbyshire', is looking at how services could be improved over the next few years, to give patients the care they need, and reduce pressure on services so doctors, nurses and staff have the best chance of success.

We want to do much more to help people stay healthy - reducing disease, cutting smoking and stopping alcohol abuse.

Advances in medicine mean it is now possible - and better - to treat people at home who previously had to stay in a hospital. And the seriously ill often need to be treated in centres where specialist help is available around the clock.

We are now able to treat people with new drugs and clinical care that were not available in the past. As life expectancy increases, so do the ailments of old age, and there are now more people with chronic conditions such as heart failure and arthritis.

With more care provided at home, money can be spent on patients, rather than maintaining old and expensive buildings. And more people can be better looked after, with care tailored to their needs.

We don't want anyone to fall into the cracks between different parts of the health and social care system - that's why we want to provide care based around people's needs, rather than based around how different organisations work.

We're going to be asking for your thoughts about how services could be offered in future from May this year. We'd love to hear from as many people as possible so please get involved, if you can.



People with learning disabilities trained to join Healthwatch Derbyshire Enter & View visits



Healthwatch Derbyshire teamed up with a leading national charity, MacIntyre, to launch a pilot programme involving local people with learning disabilities taking part in unannounced visits to four specialist care homes that provide support for people with learning disabilities in Derbyshire.

A specially designed training programme was held to enable the representatives to join other Healthwatch Derbyshire volunteers from January 2017 in carrying out regular Enter and View visits to health and social care services in Derbyshire.

Of the six volunteers that attended the training, two went on to become Specialist Authorised Representatives, with the other four attendees being recruited into various other voluntary roles within Healthwatch.

The newly appointed Specialist Representatives have visited three of the four specialist learning disability care homes in the county. They have brought additional expertise to the role by focusing their attention on key areas such as the accessibility of buildings and the support provided by staff.

The representatives are now available to participate in carrying out Enter and View visits to other, non-learning disability specialist health or social care organisations. They will continue to collect the views of service users and highlight both good practice and any issues for service improvement.

Denise Bowles, newly appointed Specialist Authorised Representative, (34) from Ilkeston said: *"It is important that everybody is able to have their say on how services are provided. By conducting Enter and View visits I hope to help improve services and help other people with a learning disability to have a voice."*

"I have enjoyed the visits we have undertaken so far and am looking forward to future Enter and View visits with Healthwatch Derbyshire."



You Said ... We Did ...

Experiences of Health and Social Care services before, during and after Mental Health Crisis.

Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided. Between May and July 2016 we spoke to 40 people about their experiences of mental health services in Derbyshire. Here you will find a flavour of the comments we received and what we have done with those comments.



You Said ...

Telephone support lines are valued, however the Focusline number is often engaged.

We Did ...

We passed this feedback to the commissioners and made a recommendation for them to address the access issues to Focusline.

You Said ...

People told us that they felt 'passed around' between services pre-crisis, and felt there was a lack of coordination between services.

We Did ...

We passed this feedback to the commissioners and made a recommendation for services to develop coordination of, and show real ownership of developing crisis situations.

You Said ...

People told us that they felt unaware of where to go and what to do when needing support.

We Did ...

We passed this feedback to the commissioners and recommended that services should provide clear information about where to go, and what to do in a developing crisis situation.



"We are reviewing help lines (recognising the difficulties in accessing Focusline) and want to increase mental health support to the 111 service so there is one place people can turn to and get access to the right advice and if needed help."

Clinical Commissioning Groups in Derbyshire



"We will improve the relationships between community and urgent care services so that people do not have to contact more than one service in an emerging crisis. Also, consider better links between mental health specialists and General Practitioners (GP)."

Derbyshire Healthcare NHS Foundation Trust



"We have plans to develop community resilience, self-help and other ways of preventing crisis occurring and enabling people to manage in their communities. This will include better information and sign posting on where to get help."

Clinical Commissioning Groups in Derbyshire



You Said ...

In relation to comments around inpatient units people felt there was:

- + Distress caused by supervised toileting and showering
- + No relationship with named nurse
- + A lack of activities
- + A lack of awareness of physical health needs
- + A lack of time with staff
- + Little awareness of, or value placed, on advocacy
- + Self-harm risks in rooms at The Priory Hospital (Cheshire).

We Did ...

We passed this feedback to the providers of the inpatient units in Derbyshire and recommended that they address these issues.



“To maintain a person’s safety, we may need to provide care that can be intrusive, this is sometimes known as observations... We will ask the people who receive our inpatient services, what additional activities they would like to receive.

“Work is underway across all of the inpatient facilities to improve physical health care monitoring and physical health promotion. The named nurse role will be clear by March 2017. The named nurse should make people aware of how to access advocacy services”.

Derbyshire Healthcare NHS Foundation Trust



You Said ...

People told us that police did not always identify and respond to potential overdoses, restraint was not always explained and there was the occasional use of prison cells.

We Did ...

We passed this feedback to the commissioners and Derbyshire Constabulary and recommended that they:-

1. Address police issues to identify and respond to potential overdoses
2. Police need to explain restraint when used
3. Seek to minimise use of police cells for people in a mental health crisis.



“We are working closely with the police and have a team based out of office hours in the Police Control Room providing advice and access to mental health support.”

Clinical Commissioning Groups in Derbyshire

“The use of police cells has significantly reduced with no detentions under the Mental Health Act since February 2016 (as of October 2016).”

Derbyshire Constabulary



You Said ...

A number of people told us that they had difficulties with access to, availability of and continuity with their Community Psychiatric Nurse (CPN).

We Did ...

We passed this feedback to the service providers and recommended that they maximise access to, availability of and continuity with CPNs.



“We will look to increase the hours of the community teams so they are more accessible and can respond locally.”

Clinical Commissioning Groups Derbyshire

“We will work with commissioners to improve and deliver a weekend and seven day per week community offer in addition to the community services.”

Derbyshire Healthcare NHS Foundation Trust



HWD will review the actions taken against the recommendations in six months’ time.





Update on Actions from Learning Disability Report

Between May and July 2015, Healthwatch Derbyshire focused engagement activity on people with learning disabilities, and in particular, their experience of accessing health services. The report included a number of positive and negative themes, and recommendations were drawn up in response to these topics.

The report recommended that health services should review their ability to identify patients with a learning disability and make reasonable adjustments to meet their needs, as was highlighted in the patient feedback given.

Providers and commissioners were invited to respond to the recommendations made in the report, and have since been asked to provide any progress made on the responses given. Below is a selection of recently received updates in response to recommendations made in the report ...

Royal Derby Hospital

Recommendation: Review the availability of appropriate easy read information.

Action Taken: Outpatient letters are being reformatted into a new and improved easy read format.

If the person with learning disabilities has a carer, then the carer can request to receive a copy of the outpatient letter. These letters can be produced in several formats, if required (easy read, braille, large font, yellow paper, etc).

Chesterfield Royal Hospital

Recommendation: Register and accommodate a preference regarding appointment times, when possible.

Action Taken: Alerts are put on the computer system at the Trust to identify patients that have a learning disability. Additional support, and specific care pathways that accommodate a patient's needs, can then be put in place for those that need it.

Queens Hospital Burton

Recommendation: Reviewing the availability of appropriate easy read information.

Action Taken: A new system has been implemented to allow for the communication needs of patients to be recorded on the medical record and be seen by all staff; this includes easy read information.

Easy read posters have been put up throughout the Trust asking people to let them know if they have any communication support needs.



Prison Focus Group

Healthwatch Derbyshire was asked by NHS England to visit a prison in Foston, Derbyshire to hear what prisoners require from a health service within the prison environment. What makes it work well and which things prisoners feel make the biggest difference. The visit took place on 11th January 2017.

NHS England provided four questions for us to ask prisoners:

- What do you want in your healthcare service within the prison environment, what makes it good?
- What don't you want in your healthcare service within the prison environment, what makes it bad?
- Is there anything that could be done differently within the prison environment, what would make healthcare services better?
- If you could design a healthcare service today within the prison environment, what would it look like?

We also asked the group questions based on the National Institute for Health and Social Care Excellence (NICE) guidelines 'Healthcare in prison; what to expect'.

All feedback given by the prisoners was typed up into a focus group paper and sent to NHS England, so they could see where things are working well and identify areas where improvement is most needed.

A selection of some of the more common themes that we found are stated below:

There was an overall feeling that there was a lack of healthcare staff within the prison to be able to effectively deal with all the prisoners' healthcare needs.

It would be beneficial to receive some sort of information pack which included details on how to contact the healthcare team. Whilst this may have been explained upon admission, some prisoners felt there was too much information to take in at once and it was soon forgotten.

(HWD was told that there is an information leaflet in the pipeline but it is yet to be printed and made accessible to all, in terms of different languages).

Repeat prescriptions seem to cause an issue, sometimes taking three to four weeks. For those prisoners who need medication for mental health issues, it was apparent that when their prescription is not ready, prisoners become "very anxious and panic". All prisoners felt that the prescription ordering system could, and should, be improved.

Mental Health Service Receiver and Carer Engagement Service

We are pleased to announce that as from 1st July 2017 Healthwatch Derbyshire will begin delivering the Mental Health Service Receiver and Carer Engagement Service across Derbyshire and Derby City.

Over the coming months we will be holding meetings and discussion groups as required regarding the setup of the services, and will be keeping people and organisations informed with regular updates on how things are progressing, including how to get involved.

We are building up a contact list for people and organisations who wish to receive these updates and invitations. If you would like to be added to the list, please email Karen Ritchie

karen@healthwatchderbyshire.co.uk,
or Helen Hart **helen@healthwatchderbyshire.co.uk**.



**Do you have an experience
to share about ...**

Care Homes?



**Healthwatch Derbyshire is here to give local people
a stronger voice in influencing how health and
social care services are provided in Derbyshire.**

By sharing your story with Healthwatch you can help
us build a picture of where services are doing well and
where they can be improved.



EVERY COMMENT COUNTS, PLEASE GET IN TOUCH...

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