



**Quarterly Intelligence Report:**  
**People's experiences of Royal**  
**Devon and Exeter NHS Foundation**  
**Trust services**

April - June 2017



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## About Healthwatch Devon

Healthwatch Devon is the independent health and social care champion for people. We exist to make sure that people are at the heart of care. We listen to what people like about services and what could be improved. We share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

In summary - Healthwatch is here to:

- Help people find out about local care.
- Listen to what people think of services.
- Help improve the quality of services by letting those running services and the government know what people want from care.
- Encourage people running services to involve people in changes to care.

## About this report

Since Healthwatch Devon was introduced in 2013, thousands of people have shared their views and experiences with us in relation to their local health and social care services.

During the period 01 April - 30 June 2017, we engaged with more than **1,450** people. This engagement was through our consumer champion work, our events, and activities and through our project works and surveys.

Included in this figure is the **77** people who used our feedback form to have their say and share their experiences, **14** of those were specifically about services provided by **Royal Devon and Exeter NHS Foundation Trust**. The information on the following pages is a summary of these patient stories and is intended to make the views of local people known to the Trust.

**This report should be read in conjunction with Quarterly Intelligence Report: People's experiences of health and social care services in Devon April - Jun 2017.**

## Intended audience - Royal Devon and Exeter NHS Foundation Trust

The Trust provides specialist and emergency hospital services to residents and visitors primarily in Exeter and East and Mid Devon, though patients also come from further afield to access services.

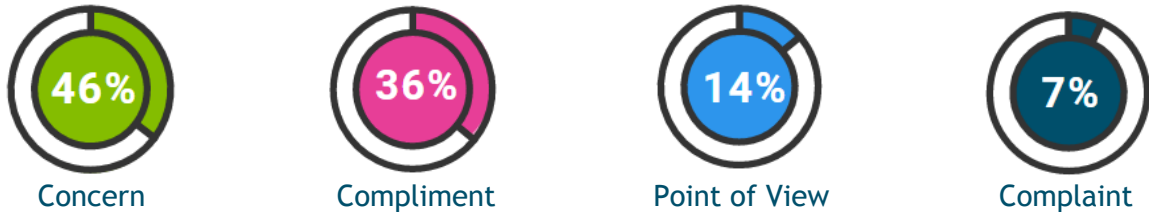
RD&EFT have over 800 beds at the [Wonford](#) and [Heavitree](#) hospital sites in Exeter. They also provide patient care closer to home including managing the day case surgery activity in Devon community hospital theatres, community midwifery services, stroke care, renal dialysis units, as well as the specialist care eye clinic to glaucoma patients in rural towns.<sup>1</sup>

<sup>1</sup> Information taken from the [About Us page on the RD&EFT website](#)



## Nature of the feedback provided

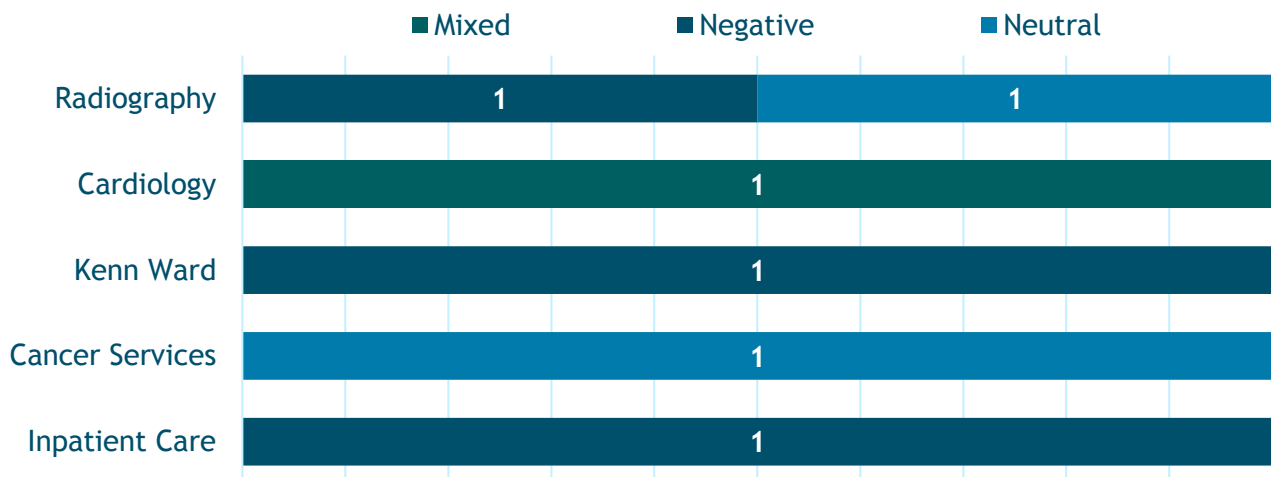
The following shows the comments recorded broken down by the nature of the experience.



## What services people are commenting on

The charts below illustrate the hospital, department, ward, or service that the feedback relates to and the nature of the experience.

### 2.1. Services provided by Royal Devon and Exeter Hospital

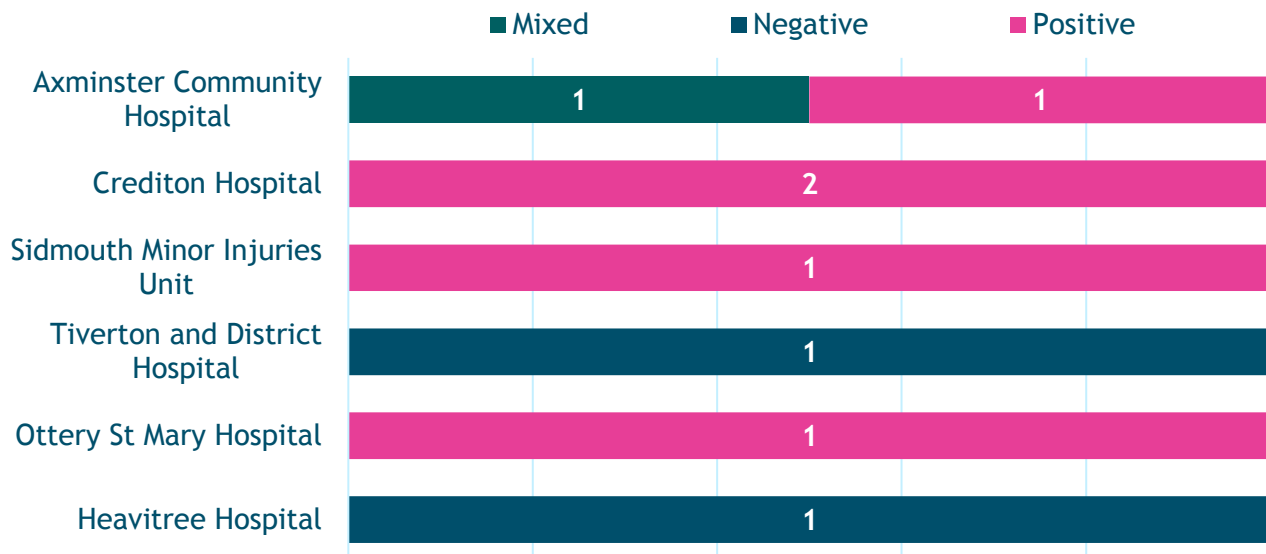


The following are the views regarding RD&E services and the ward or department where the experience took place. The table also shows the sentiment expressed by the person explaining how they felt about their experience and the theme(s) relating to the feedback.

Ward or department	Comment sentiment*	Themes relating to the feedback
Radiography	Negative	Appointments
	Neutral	Access to Hospital Services
Cancer Services	Neutral	Quality of Treatment, Staff attitudes
Cardiology	Mixed	Access to Hospital Services, Appointments, Consultation
Kenn Ward	Negative	Consultation, Discharge, Quality of Treatment, Safety, Staff attitudes
Inpatient Care	Negative	Access to Hospital Services, Referral, Waiting Times
Other	Negative	Fees / Charges, Quality of Treatment, Staff attitudes



## 2.2. Other services provided by Royal Devon and Exeter NHS Foundation Trust



Hospital or service	Ward or department	Comment sentiment*	Themes relating to the feedback
Axminster Community Hospital	Outpatients	Positive	Quality of Treatment, Staff attitudes, Waiting Times
	Inpatient Care	Mixed	Procurement / Commissioning
Crediton Hospital	Outpatients	Positive	Quality of Treatment, Staff attitudes
		Positive	Quality of Treatment, Staff attitudes
Heavitree Hospital	Other	Negative	Appointments
Ottery St Mary Hospital	Outpatients	Positive	Quality of Treatment, Staff attitudes
Sidmouth Minor Injuries Unit	Minor Injuries Unit	Positive	Quality of Treatment, Staff attitudes
Tiverton and District Hospital	Inpatient Care	Negative	Access to Hospital Services, Referral, Waiting Times

\*NB the comment sentiment column in these tables do not reflect an overall service rating but is rather a categorisation of the nature of the views given on a particular theme.



## Themes in relation to RD&E NHS Foundation Trust services

When Healthwatch Devon records patient feedback, the experience is categorised in to themes. Depending on how much information is provided, feedback can refer to more than one of these themes.



Theme	Negative	Positive	Mixed	Neutral	Total
Staff attitudes	2	5		1	8
Quality of Treatment	2	5		1	8
Access to Hospital Services	1		1	1	3
Appointments	2		1		3
Consultation	1		1		2
Waiting Times	1	1			2
Discharge	1				1
Safety	1				1
Referral	1				1
Fees / Charges	1				1
Procurement / Commissioning			1		1
<b>Total</b>	<b>13</b>	<b>11</b>	<b>4</b>	<b>3</b>	<b>31</b>

## Experiences shared in relation to RD&E NHS Foundation Trust services

The following are the patient stories that have been shared with us during the last quarter. These stories are sometimes shared by the individual receiving the care, a friend or relative or sometimes reported by an advocate who is providing support.

1. Appointment was at 2.30pm however patient was not seen until 5.30pm, volunteer driver was very understanding but this should not be happening! It takes an hour each way for travel and this lady does not travel well at the best of times but when under stress like this she was very sick on the return journey.
2. I recently had my chest x-ray to check for any symptoms of TB as I had recently been in contact with family members who does have TB and the x-ray showed a negative result. All clear for TB, I just had a cold.



3. My GP referred me for a total hip replacement in May 2016. I fully expected to receive a letter from the hospital but instead the surgery contacted me to say that the referral had been returned to them because there was not enough detail on the paperwork. I gather that this is far from unusual and stems from the North, East and West Devon CCG. I received a letter asking me to telephone Devon Support Services. I called as soon as I received the letter and spoke to someone who asked me to confirm that I still needed the operation. When I assured them that I most certainly did they assured me they would progress the referral. I said I was not happy about the process and they gave me the details of the PALS service. I contacted them and they suggested I complete the DRSS online patient survey to see if they could help. I did so and received a reply which explained that the referral was returned to my GP as my referral letter did not say if I had already had physiotherapy. The referral was therefore returned for my GP to confirm that I had received physiotherapy. If not I should be referred for physio as the guidelines for my condition, as described by my GP, state they should refer me. This reply was basically a disclaimer and continued - Your referral has taken longer to process than is preferable but we have followed the agreed guidelines for orthopaedic patients in Devon. That may be the case but it is hardly an efficient use of resources and reveals an appalling misuse of NHS funds. I did finally receive an appointment 2 month later at Tiverton Hospital. I saw a different member of the team who took me through the same examination as had my GP and confirmed that I did indeed need a hip replacement. They immediately put me on the waiting list for the operation at RD&E. I received a letter from RD&E confirming that I had been added to the waiting list and a second letter asking me to confirm that I still required surgery, which I did, and saying that at most it will be within 6 months. That would have brought us to January. Alas, I am still waiting, 11 months since my GP first referred me. I have lost count of the number of times I have telephoned the hospital. I have written to my MP and received a rather negative reply! I also contacted the PALS service at the RD&E but they were not able to help beyond suggesting I contact the PALS service of the CCG. I seem to be going around in circles and am still no nearer to having surgery on what is an increasingly painful and debilitating hip. To add to my problems, I had to defer the operation because I am taking exams in May and June. I have asked for my name to be put back onto the active waiting list for a date following as soon as possible after my final exam but when I phoned the hospital they could not tell me where I was on the list and explained that they were trying to contact that day's elective patients to cancel their operations as they had had a large number of emergency admissions. Obviously, the cancellations will have to be re-booked and so on and on.
4. The individual found the service provider very good, very polite people and they told them everything. They have rated this service as an excellent 5-star rating and would be extremely likely to recommend to family or friends.





5. My wife had leukaemia diagnosed in her early sixties, she was treated at the haematology unit at the RD&E for eight years. They stopped her chemotherapy and the bloods to see if the body would start healing itself. She did have a hip and knee replacement in 2012, whilst in the RD&E she had a stroke and was then discharged home so I could look after her until she died. While she was at home our GP called in 2 or 3 times a day. I did have night care from Macmillans and they also helped with washing my wife.
6. Person presented his employment and support allowance certificate and evidence of low income to an admin officer at the RD&E to claim back travel costs. The officer crossed out 12 months valid and amended to 6 months. They were not asked what other benefits they were on. Person is upset that the officer amended the paperwork and wanted to know could they do this. They did not check fully the circumstances or give them an opportunity to correct missing paperwork or give further advice on how to claim back.
7. Individual feels that if their elderly friends had been treated locally, at their community hospital or Seaton community hospital, which is about 8 miles away, instead of having to take the long journey into the RD&E for their treatment they may still be here today.
8. Went for a scan at local hospital and found the experience from the staff helpful and reassuring. The ultrasound scan was something new to me, it was nothing to get concerned about or worry about. I have rated this service as an excellent 5-star and would be extremely likely to recommend to family or friends.
9. Went for a scan at the local hospital. The person found the service provider excellent, efficient, charming, and reassuring. The staff welcomed the individual at the reception and were professional through to their screening. They did not think anything needed to be improved and that we in the UK are very lucky to have the NHS. They have rated this service as an excellent 5-star rating and would be extremely likely to recommend to family or friends.
10. Person had a letter which said they had an appointment on bank holiday Monday at 19.00. Community transport group managed to find a kind volunteer driver to take them but when they arrived they were told that the letter mistakenly had this date and in fact the appointment was the following day so the driver had wasted their evening.
11. Fantastic service. Nurses were so helpful.
12. Individual found the experience at a community hospital prompt. Efficient service from friendly staff. The individual also said that I find it hard to see anything that could be improved. Rated the service as 5 stars and would be extremely likely to recommend the service to friends and family.
13. Husband was admitted to hospital after a fall. He suffers from dementia. When due for discharge, he was not assessed prior to discharge regarding his ongoing care. Wife was told by staff on the ward that he was perfectly capable of looking after himself and he was going home. The wife has a serious long-term health condition and is unable to provide care, the staff on the ward were advised of this. Husband was discharged home, but left with no care for 2 days, during which time he had no medication or meals.





14. The individual was rushed into hospital by ambulance having suffered a heart attack and a stent was fitted. Whilst in hospital they talked about the patient going for a MRI scan to check that the blockage was now clear. However, they were given the wrong information and a MRI scan was not organised and they were discharged to go home. This resulted in the individual having to arrange a MRI scan themselves, they were informed that they would have to wait 14 weeks for the scan. Prior to the scan a nurse informed them that both arteries were over 50% blocked. The individual feels that it would have been helpful to have been able to discuss their condition and treatment with the consultant at the RD&E hospital. The GP was provided with a condition and treatment summary however, they found the language and technical jargon on this summary extremely confusing. The GP has told them to just keep taking the tablets. Historically this person has had family members suffer from a heart attack and subsequently die. They are very worried about their future as they have a progressive disease. The individual has taken steps to a healthier lifestyle since the heart attack, losing weight, eating, and drinking healthier and has taken up daily exercise. Despite the healthier lifestyle the hospital has informed them they are still at a greater risk of further heart attacks because of the inherited condition from both parents. They are very concerned that they are waiting for, rather than avoiding, further heart attacks. They are aware that there are numerous medical conditions that have preventative medical interventions tests and scans etc. however, they haven't been offered any tests, checks or scans annually or in the next two to three years. They have found it difficult that they did not receive a follow up appointment with the consultant, they have been told there is no money for these type of appointment checks. Whilst in hospital it was concerning that some of the other patients were back in hospital having suffered a second or third heart attack.





This report has been produced by Healthwatch Devon - the independent champion for health and social care in Devon. We would like to thank everyone who took the time to share their experiences.

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