Healthwatch Derbyshire Annual Information Summary

April 2015 - March 2016

Derbyshire Community Health Services NHS Foundation Trust

Background

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of 148 local Healthwatch organisations across England. The Healthwatch network is supported in its work by Healthwatch England who develop a national picture of the issues that matter most to health and social care users. Healthwatch England ensure that this evidence is used to influence those who plan and run services at a national level.

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents when using health and social care services, and we use these experiences to influence how local services are provided.

We gather these experiences through a team of four Engagement Officers, and our keen volunteers. We undertake both general engagement to hear about a variety of experiences, and themed engagement to explore a particular topic in more detail. Healthwatch can also conduct an 'Enter and View' visit, which is carried out by trained volunteers to see and hear how a service is delivered at a particular point in time.

During this period, Healthwatch Derbyshire has heard about services delivered by Derbyshire Community Health Services NHS Foundation Trust (DCHS) in a number of different ways. We have carried out several pieces of themed engagement to explore specific topics, such as collecting the experience of people with learning disabilities when using health services. Themed engagement has been drawn together into reports published on the Healthwatch Derbyshire website. DCHS has been invited to respond to the recommendations made in each report, and responses received can be found at the end of relevant reports.

This Annual Information Summary has a different purpose, it is being used to draw together the individual comments received about DCHS, either collected by Engagement Officers whilst out in the field, or comments volunteered to us by people calling, emailing or using the Healthwatch Derbyshire website to leave their feedback.

At the time they are received, these experiences are added to a database and sent to organisations regularly throughout the year to give them feedback from people using their services about what is working well, and what could be improved. Organisations are encouraged by Healthwatch Derbyshire to respond to these comments so that we know what difference we are making, and so that responses can be passed back to the person who spoke to Healthwatch, if they have given us permission to do this.

DCHS has received patient feedback approximately every six weeks from Healthwatch Derbyshire during this period, and has always provided thorough feedback to comments. The Trust appears to use information meaningfully through internal systems and processes to extract any learning and respond appropriately.

Introduction

This Annual Information Summary has been created to give an overview of the comments received by Healthwatch Derbyshire about Derbyshire Community Health Services NHS Foundation Trust (DCHS) during this period, illustrated by charts and graphs with quotes taken from comments, where appropriate. This summary will also be used as the basis for Healthwatch Derbyshire's response to the Trust's Quality Account for the same period.
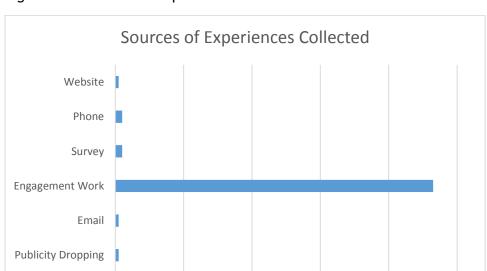
It should be acknowledged that given the considerable size of the Trust, and the patient population it serves, that these comments are limited to the views and experiences of those people who have spoken to Healthwatch Derbyshire. The information summarised in this report should be taken in the context that it is not representative of all patients, families, friends and carers who have used Trust services, but nevertheless offer a useful insight.

Summary of Information

Sources of information collected

During the period April 2015 - March 2016, a total of 124 comments were received about the Trust. Of these, the majority (115 comments) came from engagement work. The remaining 9 comments were received either by the website, telephone, survey, email or as a result of publicity dropping.

Healthwatch Derbyshire launched an online feedback centre in October 2015 which allows comments to be left online, so the proportion of comments received this way is likely to increase in future.

Figure One – Source of experiences collected

Publicity dropping	1
Email	1
Engagement work	115
Survey	3
Phone	3
Website	1
Total Comments	**124**

Number of experiences by service type

When comments are received by Healthwatch Derbyshire, we record which service or department they are regarding. Out of the 124 comments made during this period, the highest proportion of comments are regarding outpatients with 33 comments made, followed by Minor Injuries Units with 12 comments. It is also worthy of explanation that 6 comments have been regarding 'gaps in service'. Although this is technically not a service type, it flags occasions when people have spoken about services that have perceived gaps either within them, or between services. Examples by service type are given below.

Outpatients

'I come here to see a consultant who visits from Royal Derby. I think this is a good system as it saves me having to travel to Derby.'

'I have had a really positive experience at Ilkeston Hospital; I have had lots of problems with my shoulder and am now booked in for an operation. The process of booking appointments has been quick and easy, and waiting times have been good.'

'It is often very hard to park at Ripley Hospital when I come for my outpatient's appointment.'

Minor Injures Units

'There aren't times on the board to say how long you will have to wait to be seen before you are able to leave. We were seen quickly by somebody to do an assessment, but have now been waiting two hours to see a nurse practitioner and we cannot go until we have seen them.'

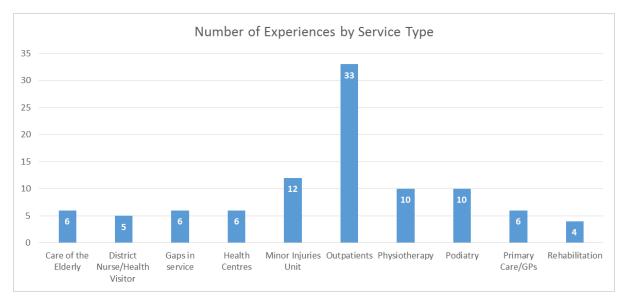*'I am really happy with how quickly I have been seen and the nurses really seem to care.'*

Gaps in Service

'X-ray should be available out of hours in Ashbourne.'

'There is no up-to-date information about everything on offer at St Oswald's on NHS Choices'

Figure Two – Number of experiences by service type

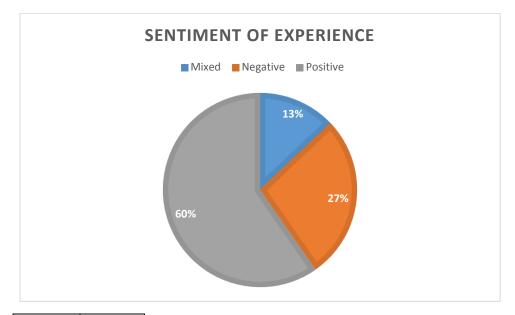| Care of the elderly	6
District Nurse/Health Visitor	5
Gaps in service	6
Health Centres	6
Minor Injuries Unit	12
Outpatients	33
Physiotherapy	10
Podiatry	10
Primary Care/GPs	6
Rehabilitation	4

1. Sentiment of experiences

Healthwatch Derbyshire collects some positive comments, some negative comments and some that are mixed. 'Mixed' is the way that we record comments when part of the experience was positive, whilst other parts were negative. For example, one comment describes an excellent service but very long waiting times to be seen.

For this period, 74 comments were positive, 34 were negative and 16 were mixed.
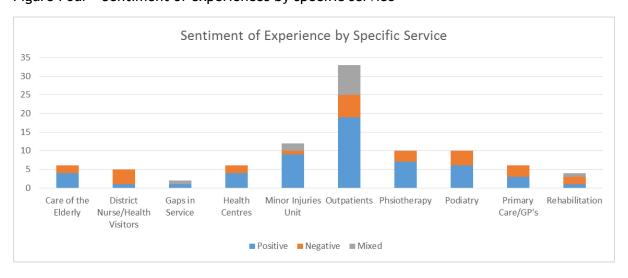
Figure Three – Sentiment of experiences

SENTIMENT OF EXPERIENCE

■ Mixed ■ Negative ■ Positive

13%

27%

60%

Mixed	16
Negative	34
Positive	74

2. <u>Sentiment of experience by specific service</u>

The table below shows which specific services have received positive, negative or mixed comments. Given the limited number of comments, it would not be reasonable to draw any conclusions from this.

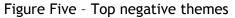Figure Four – Sentiment of experiences by specific service

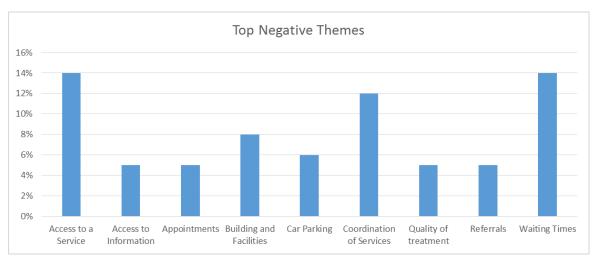Sentiment of Experience by Specific Service

Care of the Elderly, District Nurse/Health Visitors, Gaps in Service, Health Centres, Minor Injuries Unit, Outpatients, Phsiotherapy, Podiatry, Primary Care/GP's, Rehabilitation

■ Positive ■ Negative ■ Mixed

Sentiment	Care of the Elderly	District Nurse/Health Visitors	Gaps in Service	Health Centres	Minor Injuries Unit	Outpatients	Phsiotherapy	Podiatry	Primary Care/GP's	Rehabilitation
Positive	4	1	1	4	9	19	7	6	3	1
Negative	2	4		2	1	6	3	4	3	2
Mixed			1		2	8				1

1. Top negative themes

In terms of the negative comments we have recorded, these are most frequently regarding access to a service (9 comments), and waiting times (9 comments). Some comments have been categorised with multiple themes, so the total number of themes in the chart below is greater than the total number of negative comments received.

Figure Five – Top negative themes

Access to a service	9
Access to information	3
Appointments	3
Building and facilities	5
Car parking	4
Coordination of services	8
Quality of treatment	3
Referrals	3
Waiting times	9

Examples of negative comments, taken from the top negative themes

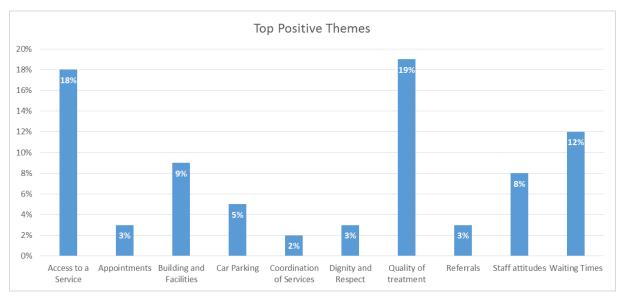*'In my experience arranging an appointment with the district nurse is not at all easy.'*

'I have been told that I am no longer eligible for acupuncture after all these years of receiving it.'

'The waiting times between chiropody appointments is dreadful, it affects how safe I feel moving around.'

2. Top positive themes

In terms of the positive comments we have recorded, these are most frequently regarding quality of treatment and access to a service, with 34 and 33 comments respectively. As with negative comments, some comments have been categorised with multiple themes, so the total number of themes in the chart below is greater than the number of positive comments received.

Figure Six – Top positive themes

Access to a service	33
Appointments	5
Building and facilities	17
Car parking	9
Coordination of services	4
Dignity and respect	6
Quality of treatment	34
Referrals	5
Staff attitudes	14
Waiting times	22

Examples of positive comments, taken from the top positive themes

'The staff members always come at a time that is convenient to us. They are never late.'

'My oxygen cylinder was broken late one evening; they came out at 9pm to fix it for me. I thought that was brilliant.'

'The staff are friendly, smiling and very patient.'

Summary and Conclusions

This report gives an overview of the comments that Healthwatch Derbyshire has collected about the Trust during this time period. The report gives a feel for how we have collected the information, how much is positive, negative or mixed, which specific services have been spoken about and what kinds of topics have been raised.

Due to the small numbers of comments concerned, it is not possible, nor would it be appropriate, to draw any conclusions. However, we thank DCHS for their timely and thorough responses to comments which are then, when possible, fed back to patients.

Typical feedback includes:

'The door to the Outpatient's toilet has been reported to estates for repair.'

'I will endeavour to make sure that there are magazines in the area requested.'

'I will share the feedback with the team.'

This report will be shared with the Trust and will be used to inform our response to their Quality Account. It will then will be placed on our website and used by Healthwatch Derbyshire staff and Board when required to give a summary of comments received for the Trust for this period of time.

Helen Hart
Healthwatch Derbyshire
May 2016