

Allied Health Professions



July 2023

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Introduction

This project was conducted by Healthwatch Kent working with Canterbury Christ Church University. Healthwatch Kent agreed to support the university with their course revalidation for allied health professions. This process involved accessing public insight to ensure that the university continues to train healthcare professionals to best serve the populations of Kent and Medway.

The allied health professions are the third largest workforce in the NHS. Allied health professions provide system-wide care to assess, treat, diagnose and discharge patients across social care, housing, education, and independent and voluntary sectors. Through adopting a holistic approach to healthcare, allied health professions are able to help manage patients' care throughout the life course from birth to palliative care. Their focus is on prevention and improvement of health and wellbeing to maximise the potential for individuals to live full and active lives within their family circles, social networks, education/training and the workplace. (NHS England)

The allied health professions within focus for the revalidation were,



Diagnostic radiographers



Paramedics



Occupational therapists



Physiotherapists



Operating department practitioners



Speech and language therapist

The aim of this piece of work was to understand what the public felt were the characteristics of an excellent Allied Health Professional and what qualities they valued most. This would then be incorporated into the course content being delivered at Canterbury Christ Church University.

Overall, we utilised responses from 122 people about their experiences of being cared for by allied healthcare professionals.

Methodology

Our approach was threefold:



Utilise existing feedback that the public had shared relating to these professions that gave any insight into behaviours and characteristics that people valued.



Where possible, align our ongoing hospital department visit programme to waiting areas across Kent, to ask people directly about their experience of receiving care from allied health professionals.



Share the Canterbury Christ Church University survey through newsletters and social media, also inviting comments about some of the different professions within the scope of the project.

Face-to-face engagement

We approached hospital trusts across Kent and asked for dates that we could visit relevant departments. We reached out to East Kent Hospitals University NHS Foundation Trust, Maidstone and Tunbridge Well NHS Trust and Dartford and Gravesham NHS Trust and were able to conduct at least one visit to each of them.

We visited radiology, speech and language, physiotherapy and occupational therapy departments. We were unable to speak to people who had had interactions with operating department practitioners as they are classically a hard group to identify and access. Radiology and physiotherapy departments provided the majority of people we heard from.

When arranging the visits we liaised with hospital trusts to identify when the departments would be most busy, therefore providing us with more people to speak to. We spoke to patients in the waiting areas, usually before their appointments. This worked in the majority of cases but at times people were called into their appointments midway through the survey so were unable to answer all of the questions.

We found that some people were unable to talk to us in detail about their interactions with allied health professionals as it was their first appointment. This was particularly evident in the visits to radiology departments as some patients had not seen a radiographer before. In these instances, patients were still able to share what was important to them from interactions with professionals more broadly.

Each visit was conducted by either one Healthwatch Kent member of staff and one Healthwatch Kent volunteer or two trained Healthwatch Kent volunteers.

In each department the Healthwatch Kent team asked patients a set of questions agreed by Canterbury Christ Church University and Healthwatch Kent. After conducting some initial visits there were some people who found the phrasing of certain questions confusing, which prevented getting the level of insight wanted. Therefore, based on this feedback the questions were reviewed and reworded carefully to not change the meaning or lose the integrity of the data but to help people understand more clearly what we were interested in knowing.

There were limitations to the data we were collecting as our sample was based on a snapshot of people who attended within the slot we were present for. We included a range of different hospital trusts, different sites within the same trust and different timed clinics to mitigate this as practically as possible.

We considered potential difficulties in accessing certain groups, for instance that patients within the speech and language department may have communication difficulties. We looked at using a ballot box style of collecting feedback but determined that this mode would not provide us with the richness of data we were seeking.

The face-to-face style of engagement did, however, enable staff and volunteers to identify communication barriers and adapt their approach as needed.

Digital engagement and existing feedback

We used Facebook as a method of attempting to speak to people who had had interactions with paramedics within the past 12 months. We posted a yes/no poll question, 'Have you been in an ambulance recently?', into 20 community groups on Facebook and then messaged the people who responded. The poll reached over 3,500 people, of which 35 participated. We followed up with all 35 and of these, two people responded with insights. We also promoted the piece in local radio interviews across the county.

The poll reached over 3,500 people, of which 35 participated.

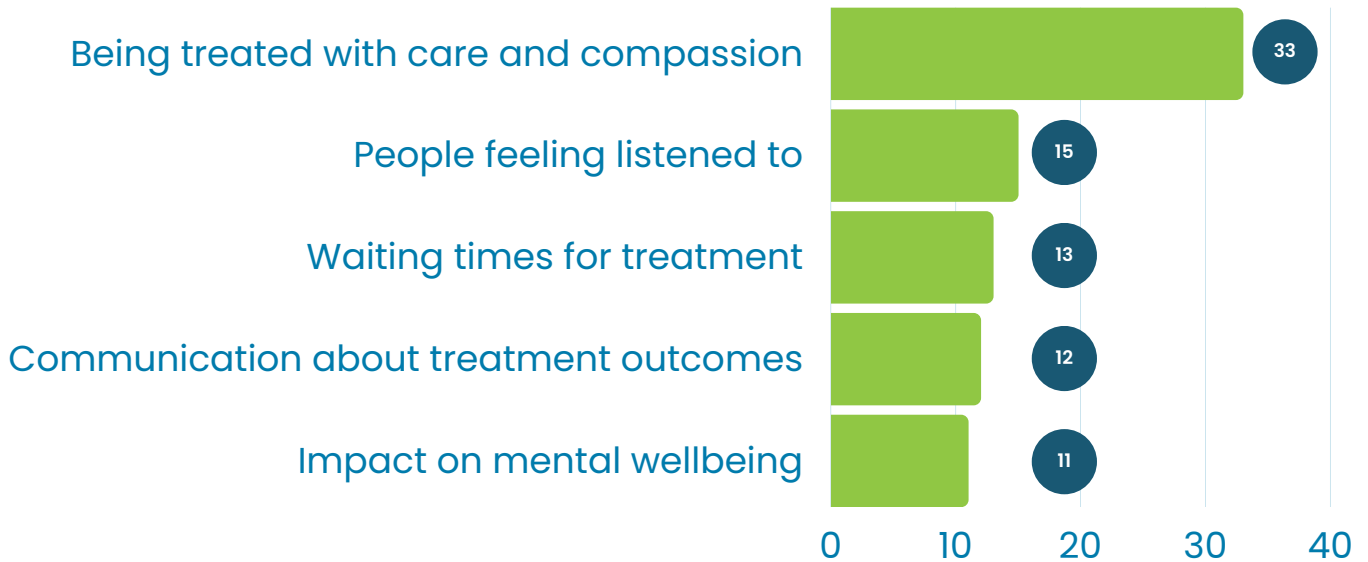


We were able to supplement this information with feedback from 20 people who had shared their experience of interactions with paramedics with Healthwatch Kent between February 2022 - January 2023. As this was open feedback rather than direct answers to the questions designed for this project, we used a thematic analysis approach to gain insights. The themes that emerged were then reviewed and mapped in alignment with those identified within this project.

What did people tell us?

In each of the visits we completed we asked each person the same set of open questions. During the physiotherapy visits we were also able to ask a set of multiple choice questions to provide some quantitative feedback.

Summary of overarching themes



Being treated with care and compassion

This was the most frequent theme, occurring **33 times** across three different allied health professions. Staff demonstrating kindness, patience and compassion made a tangible difference to patients.

People feeling listened to

The second-most frequent theme emerged **15 times** across three allied health professions. People appreciated when professionals made them feel heard and took the time to understand the entirety of what was wrong and what they might need.

Waiting times for treatment

This theme was third in frequency and was identified **13 times** across two allied health professions. Whilst many people referenced long waits, others shared a positive experience of the pathway to their appointment.

Communication about treatment outcomes

This theme occurred **12 times** across two allied health professions. People valued how information was shared with them, praised staff for explaining clearly what would be happening with their treatment and welcomed professionals checking that they had understood.

Impact on mental wellbeing

This theme was identified **11 times** across two allied health professions. People shared how anxiety before their first appointment and during treatment could be significantly improved by the way the allied health professional interacted with them.

Other themes emerged that were specific to the allied health profession. Under physiotherapy these included the appointment and treatment offer, personalised and holistic care, coordination of care, and setting goals. Under radiology, the waiting room experience emerged as a specific theme and under paramedics, professionalism and triage and hospital admission.

Physiotherapy



We spoke to 48 people from our visits to William Harvey Hospital in Ashford, the Queen Elizabeth Queen Mother (QEQM) in Margate, Kent and Canterbury Hospital in Canterbury, Tunbridge Wells Hospital at Pembury and Darent Valley Hospital in Dartford.

Combined people shared 183 comments about their physiotherapy experience. 150 of these were positive, three neutral, one mixed and 24 were negative or suggested areas for improvement. A proportion of the negative comments related to issues that weren't solely in the control of the Physio departments, including waiting times and the pathway to reaching the service. Overall, across the departments that we visited, comments reflected people being pleased about the service they had received and the general approach of professionals they had encountered.

People shared 183 comments about their physiotherapy experience

150 were positive

3 were neutral

1 were mixed

24 were negative or suggested areas for improvement





Positive experiences (25)

25 comments were shared that pointed to a positive experience without the level of depth to suggest what specifically had contributed to that experience or what characteristics of the physiotherapists they valued.



"The physio here has been fantastic."

"Everything was good."

"They couldn't have done any more."



Appointment and treatment offer (13)

There were 13 comments that related to appointments or sessions. Seven of these were negative or suggestions for improvement, one was mixed and five were positive.

Of the suggestions for improvement 4 comments were about the desire to have more sessions or more access to the facilities available.



"Increase the number of sessions I can get."

"Perhaps an option to come here more often."

"More hydrotherapy sessions."

"I think the treatment ideas the physios give you should be ongoing."



Another individual highlighted that more wasn't always better for everyone:



"These sessions have been very helpful in reducing pain. Weekly sessions are too much but I now come fortnightly, which is much better."



There were another set of comments that called for greater regularity or more flexibility in appointments.

 *"More regular and flexible appointments."*


"The timings of the appointment make it difficult to get here early enough."

"Needs to be flexible to accommodate times people can get to clinic."



And for one individual there was a plea to be able to access the service more locally to where they lived.

For others the appointments were timely and one person highlighted how they found the structure helpful.


 *"My sessions were booked in advance, which was really helpful as I found it very useful to know how many sessions I would be having and when they would be."*

"Very good session and on time."



Being treated with care and compassion (13)

In 12 pieces of feedback, people recognised how physiotherapists had demonstrated care and compassion.

 *"Always been kind and compassionate, caring. Always checking up on me and giving advice."*

"Very caring throughout."

"Shown compassion and care all the way along."





"Always caring and polite."

"Very caring throughout."

"My first experience today and they were very caring."

"All of the physios I have been seen by are really caring."

"Have been compassionate from the start."

"The full support and empathy they give you, they work with you to tell you what you can and cannot do."

"The support and encouragement that I get from the physios and the hydrotherapy really helps me. It's so nice to be in water and not feel pain."



One person shared an experience where they hadn't experienced this, which had clearly impacted them emotionally.



"No compassion shown, hurt my feelings, not very nice, called me obese."



Personalised care and holistic care (12)

12 of the comments focussed on personalised approaches to care. Within this feedback the ability of the physiotherapist to adapt the treatment to each person's needs was highlighted.

11 of these comments were positive where people had appreciated how staff had tailored interventions to best support them.



"They listen and check what I can and can't do. They appreciate the ability I have."

"They listened to me when I've told them what I can't do and given me alternatives."

"Able to follow up and help adapt to whatever is on offer, lots of different options for what works best, very persistent."

"All the exercises work well now, If I can't do certain things, I tell them, and they give me alternatives."

"They've given me Pilates exercises alongside my other exercises, which has shown they have listened to what I've said I can and can't do."

"The fact they could look at the whole picture."

"Have had rheumatoid arthritis since I was eighteen months old, since then I have acute issues from time to time that have needed lots of physio. I have sleeping issues and the physio has taken time to treat me holistically, giving lots of time and support."

"Last visit, they even gave me a paper on Diabetic Diet to read up on, which might help."

"They sincerely listened to my issues, tried to help and give me exercises that fit around me and my lifestyle. This has helped me."

"They've gone above and beyond, the physio has understood it's also about the whole picture."



One individual felt that the professionals hadn't been able to do this with their care and as a result they were left feeling frustrated.



"Feel as though I haven't moved on, hasn't pushed me as much as I've wanted."





People feeling listened to (10)

Ten of the comments centred around the physiotherapists' ability to listen to people when sharing their story and reason for attending as well as during the course of their treatment. All of the comments shared were positive in sentiment.



"Right throughout they have listened to my issue."

"I think the physios really listened to the cause of the injury and could see from my face what pain I was experiencing."

"This is my second appointment, after being diagnosed with fibromyalgia and FND [functional neurological disorder] in the last two years, they have listened to my concerns."



Waiting times for treatment (9)

The picture about people's experience of the clinical pathway to get to the physiotherapy departments was mixed. There were five positive comments and four negatives or suggestions for improvement. For some it seemed to have worked seamlessly and getting the help and support they needed had been easily accessible.



"If I'm in need of some help, I didn't have to wait too long at all. I was considered an urgent case so I was seen quickly."

"Easy so far, only a few days for GP to sort out referral, only a few days to get the appointment, which followed a few days later, two weeks overall."

"Whole process has been very positive."



For others it had taken longer to get the help they needed.



"Only issue is having to wait 45 days for an appointment."

"Long waiting time to get appointment, six weeks is too long. Needs to be flexible to accommodate times people can get to clinic."

"The process of getting to see someone was long-winded. I had cortisone injections in my knee in November 2021, and having been referred from practice to practice to investigate and diagnose the issue, I am now here."

"Waiting time for X-ray and MRI before physio took three months, feels too long."



Impact on mental wellbeing (9)

There were nine comments that indicated the benefit interactions with the service and professionals had on people's mental wellbeing.

Some people described how professionals provided reassurance when they felt anxious, with others citing further examples of interpersonal support provided during their treatment.



"After having had recent surgery, my first appointment with the physio was a big help to my own mental health as they had gone through similar themselves."

"Always been kind and gentle in a gentle environment, made me feel normal when I was worried."





"Early diagnosis is preferable as it takes a weight off my mind."

"The whole process, for a year now, has given me a reality check of what I can do and what I can't do, and it has given me a new lease of life and confidence."

"I used to be anxious about injury and the physio has understood it's also about mental wellbeing."

"I was worried that this was going to be worse than it was given my age. They listened to my worries and made me feel better."

"They have been so encouraging and given me confidence."

"The nurses and physio were wonderful, very compassionate because I was very upset and they were brilliant, they made sure I was 'ready to leave' when I left."





Communication about treatment outcomes (7)

Another cluster of comments showed people appreciated the way the physiotherapist had communicated with them so they could understand what they should expect from their treatment plan and the intended outcome of it. This included speaking without jargon and actively checking people had understood what they had been told.



"Always very friendly and check that you have understood what they are telling you. They also explain to me why the exercises will help so I can see the value in doing them."

"By diagnosing the problem and allowing me to plan, knowing all the facts."

"By explaining the exercises clearly and checking that they are appropriate."

"The physios told me when they were concerned about one of my issues. They then explained exactly what the treatment they recommended would involve."

"They explained everything to me so that I could understand, without any jargon."

"They explained to me how my treatment would help me and what it would involve."



One out of the seven comments that highlighted an instance where the way instructions were being given was not supporting their loved one as well as it might have.



"I attend all the meetings with my mum, we go through all the treatments together but then she goes home and forgets things, it would be good if we could get a more visual document to take home to show how things are done."





Coordination of care (5)

People also pointed to the role the physiotherapist played in their connection with other departments or organisations that had a wider influence on their life. Four comments acknowledged that, without the physiotherapist involvement, some of these connections may not have been made at all.



"My physio wrote a letter to my place of employment to ensure I was safe in the work environment in order to restrict my activities in the workplace."

"My physio intervened and sent a letter to my GP for stronger painkillers. This has helped me a lot. My GP would not have prescribed them otherwise."

"The physios give good advice and always answer my questions. They communicate well with other services, which has helped my referrals elsewhere."

"Coordination between hydrotherapy and other physios has been good. I've also been able to continue with the hydrotherapy after six weeks."



There was one piece of feedback that indicated this connectivity and coordination had been missing in an individual's wider care.



"Other departments have been dismissive and need to be more accessible, there have been several communication breakdowns within the hospital, which has led to the GP having to help out a lot."





Setting goals (3)

There was a small cluster of comments around setting goals, all of which illustrated the value that some people put on having targets to aid their treatment. Two of these shared how it felt when there were clear goals to aim for.



"Today: amazing, clear, focussed, great set of clear goals for me to aim for."

"[It's worked well], working together over a common goal when rehabilitating after trauma or surgery."



One individual explained the additional challenges faced if someone has a chronic condition.



"When the physical problem hasn't had a clear target, when the condition is chronic, it's harder to define the goal."



We posed the following statements to the 48 people that we spoke to in the physiotherapy departments.

Physiotherapists are now working in a much wider range of healthcare settings, e.g., in GP practices. It is important that they are able to use their skills wherever they can to support you.

18

people agreed with this statement

30

people strongly agreed with this statement



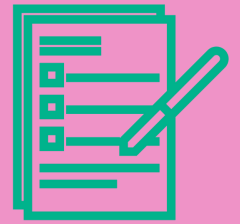
It is important that physiotherapists are able to develop new ideas and ways of working, especially when services are busy.

18

people agreed with this statement

30

people strongly agreed with this statement



It is important that physiotherapists are able to give information about the likely benefits and harms of treatment.

8

people agreed with this statement

40

people strongly agreed with this statement



I am more concerned by the skills that a physiotherapist can use rather than their professional title.

6

people neither agreed or disagreed with this statement

19

people agreed with this statement

23

people strongly agreed with this statement



I would like my care to be as environmentally friendly as possible, even if it means more online interaction with physiotherapists.

3 people neither agreed or disagreed with this statement

15 people agreed with this statement

9 people strongly agreed with this statement

12 people disagreed with this statement

9 people strongly disagreed with this statement



Physiotherapists need to always be both intelligent and kind in all their work with patients.

4 people neither agreed or disagreed with this statement

11 people agreed with this statement

33 people strongly agreed with this statement



My healthcare needs were fully met.

11 people neither agreed or disagreed with this statement

18 people strongly agreed with this statement

17 people agreed with this statement

2 people disagreed with this statement

Radiology



We conducted two visits to radiology departments and spoke to 49 people in total. We visited Darent Valley Hospital in Dartford and Maidstone Hospital. We found that our visits to radiology departments were busier than the other visits we completed likely due to the nature of the department being used for booked and walk-in appointments.

Combined people shared 66 comments about their radiology experience. 48 of these were positive, two neutral, five mixed and 11 were negative or suggested areas for improvement. A proportion of the negative comments related to issues that weren't solely in the control of the radiology departments, including waiting times and the clinical pathway to reaching the service.

People shared 66 comments about their radiology experience

48 were positive

2 were neutral

5 were mixed

11 were negative or suggested areas for improvement





Positive experiences (17)

Similar to our engagement within physiotherapy departments, 17 people in radiology shared experiences with us that were positive or good, however their responses lacked the depth of insight to garner a deeper understanding.



"Nothing specific but staff have been really good."

"Was seen in A&E first and everyone's been lovely."

"Everything's great."



There was 1 case where a person indicated a poor experience but didn't provide any detail about why that was so.



Waiting room experience (17)

There were 17 comments made in relation to this topic, six positive, four mixed, and seven negative or suggestions for improvement.

The first cluster of comments were to do with waiting times to be seen on the day within the department. For some people they didn't have to wait long to be seen.



"Quick turnover and good timekeeping in the department. Always a good experience."

"It's all worked well, very straightforward."



Others shared that waiting times didn't necessarily have an impact on their experience but recognised that the department was busy.



"Very efficient but it is a bit crowded."

"[It's all been] perfect. Nothing really [to improve], it'd be nice if there was less of a queue."

"Sometimes the wait might be frustrating, perhaps more human capital and equipment would be sufficient."



One person recognised how staff had managed to positively interact with people, despite the demand on the department and how staff had, perhaps, made an extra effort when this was the case.

“Friendly staff, especially when there are lots of waiting [sic].”

Of the six areas for improvement, four centred around the difficulty some people had hearing their name being called.

“Would be good to know how long the waiting time is or to have names on a board to enable people who have difficulty hearing?”

“Sometimes it’s hard to hear the name being called. Systems with a code being called would work.”

“Can’t hear names being called for appointments, some people are shouting and clearly but others not. People may not hear their names being called. Particularly as people are being called in from both sides of the waiting area so you can’t choose to sit somewhere where you can definitely face the right way.”

Other comments focussed on seating.

“The chairs in the waiting room are uncomfortable for larger people, especially the chairs with the screens still attached.”
“It would be nice if there was more seating, a few people are standing with injuries.”

“More seating available [would be an improvement].”



Being treated with care and compassion

Ten people highlighted their appreciation for the staff treating them with care and compassion. eight of these experiences were positive, one was mixed and one was neutral.



"They show compassion all the time."

"Staff are compassionate and made time for me."

"They're very caring, especially when you're in pain. They all do their best."

One person witnessed nurses supporting parents with crying children.

"As long as they are empathetic as that means a lot."

"Always been very helpful and sympathetic. They helped me move around with my arthritis."

"Just now, they were very friendly, helpful and understanding."



One person felt that some, but not all staff had demonstrated those behaviours.



"60% of them are kind and compassionate."





Communication about treatment outcomes (5)

There were five comments about how professionals were communicating with patients effectively.



One person had noticed that staff were “introducing themselves to patients which is good”.



The other four comments pointed to staff being clear with people when they were told information related to their care.



“She was very kind explaining things.”

“Both times here, I’ve been given clear explanations.”

“They explained what they might do.”

“Staff explain what they do.”



Waiting times for treatment (4)

This cluster of comments referred to the clinical journey for people accessing the service. One person communicated how satisfied they had been with the pathway.



“Appointment was moved up and results were quick.”



Interestingly, three people shared that their treatment pathway had been disrupted by long waiting times but they seemed to show some understanding of the wider challenges faced by the department and wider NHS.



“My treatment has been delayed due to long waiting lists and understaffing.”

“Taken a long time but the NHS is dealing with too many people.”

“Waiting times but I know that this is a big issue within the NHS.”





Impact on mental wellbeing (2)

There were two comments related to impact on mental wellbeing.

One comment was related to radiologists.



"My first appointment with a radiologist was when I developed a tumour somewhere in my body. They were really compassionate and also reassuring that it wasn't as bad and that made me feel better."



The other comment referenced wider hospital staff.



"Patient had to have a blood test in another department before coming to radiology and they were supported with their fear of needles so were able to have the blood test."



Paramedics



To ensure a sufficient sample size, this section was supplemented by feedback shared with Healthwatch Kent and Healthwatch Medway about paramedics by members of the public between January 2022 and March 2023. This amounted to 20 pieces of feedback in total.



Being treated with care and compassion (10)

The most common characteristic that people cited was paramedics treating people with care and compassion.

There were nine occasions when this was reportedly positively.



The individual said that the paramedics staunched the bleeding and dressed the wound. They escorted them to the ambulance down three flights of steep stairs when they were happy to stand and walk. Once at the ambulance the crew monitored the client's blood pressure, performed three ECG tests, recorded their blood sugar and oxygen levels, they also took the client's temperature several times. The individual said, "the care I received from the paramedics was excellent."

"[The paramedic] was so kind and helpful; she entered the property, found my friend collapsed and quite unwell. When the ambulance arrived they were outstanding, can not thank all above enough."

"They were caring, kind and demonstrated a great understanding in dealing with [the patient], who has autism."



There was 1 instance where the person sharing their experience felt like the caring element was missing from their interaction with the paramedics which had a big impact on the way they felt their loved one received the service.



"The first set of ambulances that came out really irritated me. They didn't seem to care."





Professionalism (5)

The people that shared their experiences with us also placed high importance on the paramedic showing professionalism and making the person being cared for feel confident in their knowledge.

Three of the experiences shared involved examples where these attributes were clearly demonstrated by professionals.



"The crew were very professional and did basic tests on me before putting me on the ambulance."

"Two people attended the scene and were very professional and gave the medical attention that was needed."



There were two cases case where professionalism was lacking, which had a negative impact on the individuals receiving care and their loved ones.



"They went on to tell me about a distressing call the crew had been to before and I needed to be aware of what they'd all just been through. I was unable to defend myself in that moment. I needed their help and felt I had to be really nice to them to make them help me."





Triage and hospital admission (5)

There was a cluster of comments related to the conversations and decisions on whether to take people to hospital.

1 comment related to paramedics deciding an individual needed hospital admission without explicitly seeking their views, likely due to the severity of their symptoms.



The individual experienced a “diabetic hypo, which has happened before”. They said that usually the paramedics ask if they would like to go to hospital and they say no, “However this time they didn’t ask and they took me to hospital as it was quite severe.”



However, another comment was shared by a relative who didn’t feel their concerns about the severity of symptoms had been listened to.



“They gave my relative the opportunity to stay at home or go to hospital. I told them my concerns. But they wouldn’t listen to me.”



A further comment indicated that the decision not to take an individual to hospital may not have been correct.



Paramedics were called, for an individual and attended but did not take them to hospital, instead telling the individual to look out for symptoms. The following day day, the symptoms had got worse. The paramedics were called again and this time the individual was taken to hospital. The relative said that they were told the first crew should have taken the individual to hospital.



A final comment pointed to a carer not being able to travel in the ambulance with their loved one. This may have been a protocol linked to covid.



The individual's friend said, whilst the paramedic staff were very good (they apologised for having to call them out), they were not allowed to let the friend go to A&E with the individual's relative, even though they were the relative's carer.



Occupational therapy



We conducted one visit to an occupational therapy department and spoke to two people in total.

Both people agreed with the statement 'I am more concerned by the skills that an occupational therapist can use rather than their professional title.' One person added:

Both people strongly agreed with the statement 'It is important that occupational therapists can give information about the benefits and harms of treatment.'

Other feedback people gave us indicated the importance of people being given time and feeling listened to.



"She took her time, there was no rush or time limit. Addressed all concerns and open about her treatment."

"It is as if I am unpacking all that has been stuck in my head."

"Face-to-face is important."



Speech and language



We conducted one visit to a speech and language department and spoke to three people in total.

From those we spoke to, it was clear that people valued the relationship they had with the therapist and those working in the department.



“All good process, beginning to end. Know I can pick the phone up at any time and speak to someone who knows me.”

“All empathetic and professional. Can catch someone in the corridor and they have time for you.”



What have we done and what will we do with the feedback?

- 1 We shared the feedback with Canterbury Christ Church University for their revalidation of allied health professions courses.
- 2 We've shared the interim report and will share the final report with relevant stakeholders within each trust to raise awareness of trends in the feedback. We will hold discussions with departments to address trends and options for resolving.
- 3 We will hold discussions with departments to address trends and options for resolving.
- 4 We will follow up with departments to assess what changes have been implemented.
- 5 We've used this information as part of a discussion at an NHS England South East workshop on GP retention, relaying what people valued from their visit to general practice in their healthcare professionals.
- 6 We've shared the feedback with the Chartered Society of Physiotherapy.
- 7 We will share this report with the Kent and Medway Integrated Care Board medical directorate.

Confirmed outcomes

- 1 Physiotherapy discharge leaflets have begun distribution again, having originally been ceased as a covid-19 response.
- 2 Pre-appointment communications are being reviewed with the intent to provide clearer department directions.
- 3 We heard from a handful of people in both physiotherapy and radiology departments at one hospital, who told us that, as they were hard of hearing, they were worried that they would not be able to hear their name being called and would miss their appointment.

The feedback was raised which the hospital's Patient Care and Engagement Lead. We met with them and they advised the increased volume in the area was due to the room doubling as an escalations department and the area was seeing much heavier footfall than usual.

Since then, the escalations department has been relocated elsewhere. Plans are being established in case it returns to deal with the raised volumes. This includes a screen displaying appointment announcements and potentially a speaker system.

- 4 Canterbury Christ Church University have been successful in their revalidation of allied health professions courses.
- 5 The feedback about allied health professionals has been uploaded to the FutureNHS collaboration platform: NHS England South East professional standards.

Demographic information

On each of the visits the Healthwatch Kent team asked for some basic demographic information from each of the people we spoke to. We collected data on age range, disability status, carer status and postcode district. Some people declined to answer one or more of the questions.

Age

Site	16-24	25-34	35-44	45-54	55-64	65-74	75-84	85+	Total
Darrent Valley radiology	0	3	5	3	2	2	5	1	21
Maidstone radiology	2	1	7	6	3	4	4	1	28
William Harvey physiotherapy	0	0	1	2	1	1	2	0	7
Tunbridge Wells physiotherapy	1	1	0	3	3	2	1	0	11
Darent Valley physiotherapy	NA	NA	NA	NA	NA	NA	NA	NA	11
Kent and Canterbury physiotherapy	0	1	2	2	3	1	0	0	9
QEQM physiotherapy	3	0	2	2	4	4	6	0	21
Maidstone Hospital Speech and language	0	0	0	1	1	0	1	0	3
Darrent Valley occupational therapy	0	0	0	1	1	0	0	0	2

Demographic information

Are you a carer?

Site	Yes	No	Total
Darrent Valley radiology	0	21	21
Maidstone radiology	0	28	28
William Harvey physiotherapy	0	0	11
Tunbridge Wells physiotherapy	1	10	11
Darent Valley physiotherapy	NA	NA	11
Kent and Canterbury physiotherapy	5	4	9
QEQM physiotherapy	0	21	21
Maidstone Hospital speech and language	0	3	3
Darrent Valley occupational therapy	0	2	2

Demographic information

Are you disabled?

Site	Yes	No	Total
Darrent Valley radiology	4	17	21
Maidstone radiology	8	20	28
William Harvey physiotherapy	NA	NA	11
Tunbridge Wells physiotherapy	2	9	11
Darent Valley physiotherapy	NA	NA	11
Kent and Canterbury physiotherapy	2	7	9
QEQM physiotherapy	1	20	21
Maidstone Hospital speech and language	0	3	3
Darrent Valley occupational therapy	0	2	2

If you would like to chat with us about the report, you can reach us through the following routes:



Online:

www.healthwatchkent.co.uk



By Telephone:

Healthwatch Kent Freephone
0808 801 01 02



By Email:

info@healthwatchkent.co.uk



By Text:

Text us on 07525 861 639. By texting 'NEED BSL', Healthwatch's British Sign Language interpreter will make contact and arrange a time to meet face-to-face

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