

S.U.D.A Trend Analysis Overview

April 2015 to April 2016

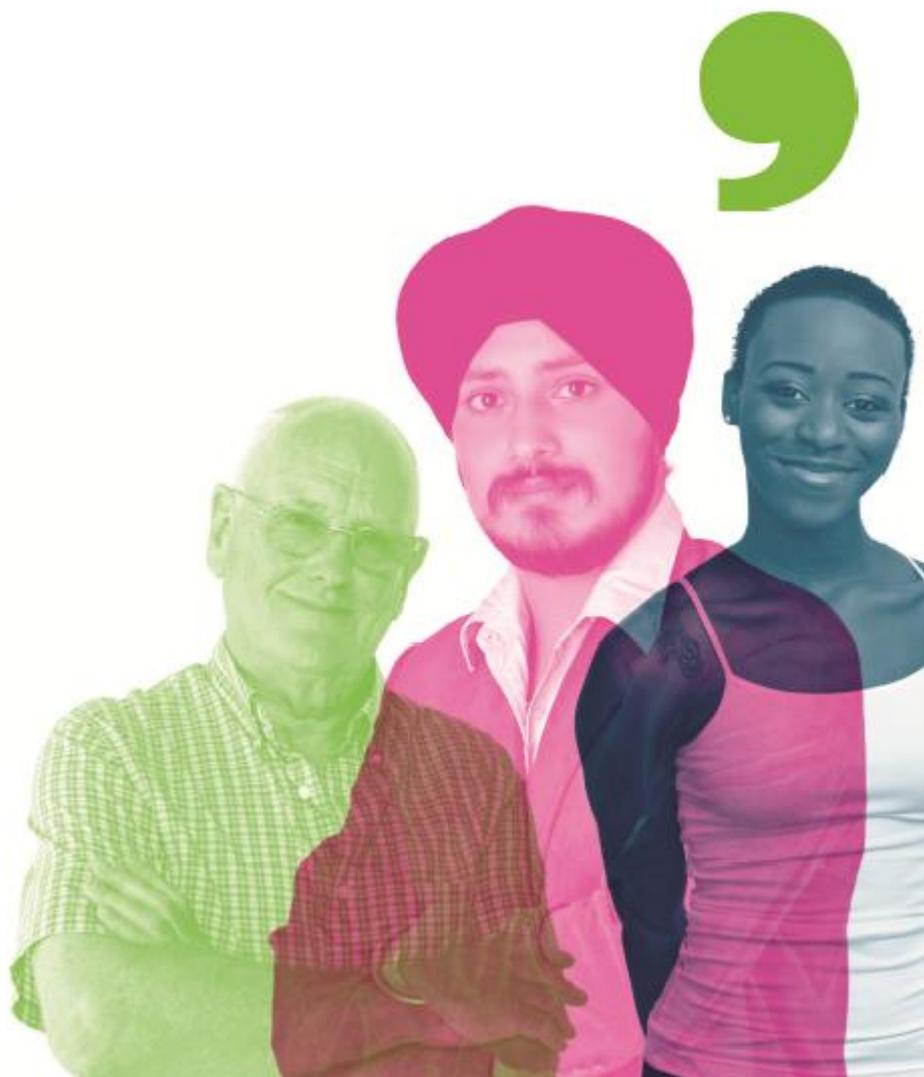
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APPENDIX 1 CASE STUDIES

CASE STUDY ONE – ILLUSTRATION OF DIFFICULTIES IN ACCESSING DENTAL CARE

	<p>CASE STUDY</p> <p>THEME OBSERVED – ACCESS</p> <p>PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST</p>
	<p>“My father had to go back to A&E and MAU on the 19th September 2015 to get a catheter refitted. On his return I asked the care home if they had a visiting dentist he could see. The reply was that they did have a dentist, but his contract had been cancelled by the practise. This cancellation of contract was a few weeks ago, and the care home had been unable to source any other dentist willing to travel to the home. The care home has contacted a number of dentists and the CCG and have had no success in acquiring the service they need. This in turn means any resident who cannot leave the care home does not have any access to dental services. The care home has 40 residents at least half of whom are bed ridden and may require dental care.</p> <p>I am aware Coleman Street operates an emergency dental service where you have to ring in and then come in to the surgery and wait to be seen. Appointments are not guaranteed and are on a first come first served basis. My father has complex health needs, and it is not so easy to predict whether he will be fit and able to travel to a dentist’s surgery and be prepared to wait to be seen. All of it would be a hugely distressing experience, for all concerned especially as we would have no foreknowledge of when or if at all my father would be seen by the emergency dentist.”</p> <p>FOLLOW ON ACTIONS</p> <p>Healthwatch Derby discussed the case study with NHS England Colleagues on the 22nd October 2015 at the Healthwatch Intelligence Group meeting, and forwarded the case study by email on the same day. Healthwatch Derby met with Derbyshire Community Health Services on the 3rd November 2015 to discuss the case study. Healthwatch Derby resent the information with some specific information for provider and commissioner of this particular service.</p>

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

FOLLOW ON ACTIONS - SPECIFIC ENQUIRIES REGARDING PATIENT FEEDBACK RAISED BY HEALTHWATCH DERBY

1. What is the provision for dental care access to residents of care and nursing homes in Derby city.
2. How do dental care providers assess whether the patient requires residential dental care?
3. These issues were raised to Southern Derbyshire CCG by the care home provider - and we would like to know what the CCG and NHS England are doing to address the concerns mentioned.
4. If there are changes to contracts for provision of services do the commissioners inform care and nursing homes to make them aware of forthcoming changes to services they need to link in to?
5. When there are changes in contract, is there a 'phasing in' of the new service gradually or is there a complete 'switchover' from one service to another - and how are commissioners ensuring there are no gaps between any transition phases of one service ending and the other taking over?
6. We would also like to ask for a response to all the issues mentioned in the case study around access to dental services

COMMISSIONER RESPONSE (continued on next page)

“Thank you for sending me the case study for viewing. Looking at the case study, I’m afraid the patient would not be eligible at present. I understand that Coleman street do try and get out to patients for urgent dental services, if they can. I have attached a background paper for your viewing on domiciliary provision which will hopefully provide you with an insight of how the service currently works.

It is in any patient’s best interest to try and see a dentist in a practice setting rather than a dental service visit as any work undertaken off-site is very limited compared to being treated within a practice.

I am currently trying to obtain the criteria also for dental service provision and also salaried dental services. I will forward this to you in due course.

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

COMMISSIONER RESPONSE (continued from previous page)

Hope this information helps”

Rose Lynch

Primary Care Support (Dental & Optometry)

NHS ENGLAND - North Midlands

The following information was also sent together with the response above.

NHS Domiciliary Provision in Derbyshire - see Appendix 3

PROVIDER RESPONSE

1. What is the provision for dental care access to residents of care homes and nursing homes in Derby city?

- DCHS are commissioned to provide just over 400 domiciliary courses of treatment are provided by the Special Care element of the Salaried Dental Service per annum across Derbyshire and Derby City. This is focused on but not exclusive to frail older people, identified through nursing and residential homes, community hospitals and District Nurses and other patient support workers across Derbyshire.

- The majority of domiciliary referrals are managed through our Dental Teams at Wheatbridge Health Village, Chesterfield and Coleman Street, Derby

- In addition there is a service provided specifically for a cohort of homes in the Erewash area. This was a historic arrangement in which a domiciliary service was provided by a dedicated high street dentist who provided care to a cohort of nursing homes in the Erewash area until 2014 when he retired, and DCHS now provide this service.

- DCHS began this provision in September carrying out a screening programme as agreed with Commissioners for the Erewash homes, and providing any care identified.

- The Trust are only commissioned to cover the cohort of 40 homes that the previous Provider had visited

(Continued in next page)

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

2. How do health care providers assess whether the patient requires residential dental care?

- The criteria for a domiciliary visit are that the patient
- Has an agreed medical condition which would mean patients could not physically be moved from their domicile on health grounds or to do so would cause significant distress affecting the outcome of care,

eg moderate to severe dementia, palliative care, neurological medical condition, agoraphobia, home oxygen and bed bound,
- can only get out with an ambulance and such transport cannot be arranged to attend the clinic.
- Referrals are triaged so that those who require urgent care eg those with pain, infection and swelling are seen as soon as possible. This means that those who require for non-urgent care may wait 3 to 4 months
- Unfortunately universal domiciliary care is not the total answer. Some conditions e.g. moderate to severe dementia might benefit from a home visit, but others will not.
- Due to the nature of dental care and treatment, the range of procedures that can be effectively (and safely) delivered in a residential setting is quite limited. Therefore arrangements may need to be made to transport the patient to a suitable facility for part or all of their treatment.
- Treatment provision for some individuals may be impossible while the patient is conscious due to the levels of cooperation required and care would therefore require a referral for general anaesthesia if that was appropriate or medication to deal with pain and infection may be the only option.
- Provision on a domiciliary basis is limited to scale and polishes, simple extractions and restorations and denture provision and is very dependent on the level of cooperation of the patient.
- Transport can be arranged through Community Transport and the Ambulance Service to bring patients to the clinics/hospital sites if needed for complex work and if the patient is able.
- Question 3, 4 and 5 relate to the commissioners

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

6. Case Study response

For the gentleman in the case study his access to dental care would be through Coleman Street as suggested. If he did meet the criteria for a domiciliary visit, he would be assessed to see if he required urgent or non-urgent care. If he required urgent care a dentist would visit the home as soon as possible. Domiciliary sessions take place weekly. The dentist would assess the degree of urgency and if it was felt a visit was required sooner than the next session the service would try to deliver this.

If non urgent care was required he would be given the next available appointment or placed on a waiting list depending on capacity and demand at the time.

If the gentleman did not meet the criteria for the domiciliary service he would be assessed to see if he met the criteria for the special care service which are outlined on the triage form. If he did meet this criteria he would be seen on an outpatient basis at Coleman Street by the special care dentistry team.

If the gentleman did not meet any of these criteria he would be given advice regarding the current issue. If the need met the urgent care criteria he would be seen at Coleman street by the urgent care dentist and if his issues did not meet those criteria he would be advised to find a suitable GDP.

I do hope this answers your queries but we are happy to provide any further information if you require.

Christine Utting
Specialist in Special care Dentistry
Clinical Director of Salaried Primary Care Dental Services
Derbyshire Community Health Services NHS Trust

The above response included a Domiciliary Access Form

Healthwatch Derby welcomed the above response but felt there were still not issues that required clarifications. We therefore requested some more information, and received an additional response from the provider – please see the following page for this additional information.

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

On the 8th of December 2015, Healthwatch Derby contacted both NHS England and Derbyshire Community Health Services NHS Trust, and asked for further specific information:

Further questions re the Case Study (for DCHS & NHS England)

1. Who makes the referral for the triage? Does the patient's family complete it or their clinician or care worker?
2. I sent in a case study and was given this response, what is the normal process for triage - as in how would an elderly care home resident be sent through for dental treatment. What should the care home be doing?
3. Do all care homes have access to the triage referral form?
4. Whose responsibility is it to advise the care home on what needs to be done to access dental treatment (as in triage etc)?
5. If a patient is unable to attend Coleman Street, who does the triage? As in if he is physically unable to attend Coleman Street, he cannot be triaged there - what happens then?

We would like the service and commissioners to look at this case study from the point of view of the elderly frail patient with mental health needs, their family members who are without information, and their care providers who are also out of the loop.

ADDITIONAL RESPONSE RECEIVED FROM DERBYSHIRE COMMUNITY HEALTH SERVICES NHS TRUST, RECEIVED 22ND DECEMBER 2015

We do have a service referral form for all patients that is used by GDPs and available to GPs. We could also make this available to homes but patients would still need to be triaged and more information elicited verbally. The referral may then be turned down which may increase dissatisfaction if the need for triage is not understood

1. Who makes the referral for the triage? Does the patient's family complete it or their clinician or care worker?

The triage form is completed by the service once the referral is received. A request for care would usually be made by the care home by phone or letter.

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

Carers do refer for those living in the community

2. I sent in a case study and was given this response, what is the normal process for triage - as in how would an elderly care home resident be sent through for dental treatment. What should the care home be doing?

The care homes have been provided with information regarding domiciliary care in the past (about 2 years ago). We have re-circulated to all care homes on the new contract list in Amber Valley and Erewash but can also re-circulate to the total list.

3. Do all care homes have access to the triage referral form?

The triage form is used by the service to assess whether the patient being referred is eligible for care. The referrer will be verbally asked about the patients requirements and an assessment made. We find that often homes inform us that patients are unable to go out if support is required to do this.

4. Whose responsibility is it to advise the care home on what needs to be done to access dental treatment (as in triage etc)?

Clearly as providers we should ensure our signposting is clear and we are happy to improve this and resend the information sheet. We can also review our website information and update this.

5. If a patient is unable to attend Coleman Street, who does the triage? As in if he is physically unable to attend Coleman Street, he cannot be triaged there - what happens then?

If a patient were unable to access the clinic they would be deemed eligible for a domiciliary visit.

However domiciliary care is not a panacea. Care is often compromised by environment and safety considerations. Resolution of an acute problem would be our main aim on a domiciliary basis for the majority of people, if it was safe to provide this with support to attend a dentist for continuing treatment if at all possible. Equipment is available for doing dentistry for those individuals who have absolutely no alternative.

(continued in next page)

CASE STUDY

THEME OBSERVED – ACCESS

PROVIDER – DERBYSHIRE COMMUNITY HEALTH SERVICES TRUST

Our dental service is committed to working with representatives from the care homes to improve the understanding of the current systems and improving available information/signposting. We hope the additional information above provides further clarification and context to your queries, however please do not hesitate to get in touch if we can be of any further assistance.

Lana Lee Jackson
Head of Patient & Family Centres Care
Derbyshire Community Health Services NHS Trust



CASE STUDY TWO – ILLUSTRATION OF COMMUNICATION DIFFICULTIES

CASE STUDY

THEME OBSERVED – COMMUNICATION

"I was referred to Gynae one-stop clinic at the Royal Derby Hospital for a hysteroscopy. I arrived at the clinic and spoke with the consultant, and a male nurse who took my details down. They were reviewing my ultrasound scan which I'd had half an hour before and decided that I had polyps that needed removing.

They asked if I was happy to have it done then and there without any anaesthetic and I replied that I guessed it would be but didn't really know what to expect. An advice leaflet said that some women experience discomfort. I went through to the 'surgery' and prepared myself on the Couch.

To my horror, the nurse carried out the procedure with the consultant standing away in the corner. I'm not sure if he was watching a monitor or not because then the pain hit and I was in absolute agony. They offered me gas and air to relieve the pain but I found it made me feel very numb in my hands and feet but not where it was needed!

I was in quite a shocked state and had to stagger off to the loo unaided, blood and water dripping! Afterwards a nurse did give me paracetamol and I was able to sit somewhere quietly to recover.

I felt the literature should have prepared me better by saying that it can be extremely painful for some women. Luckily I was being picked up as I didn't feel well enough to drive. I do not want to make a complaint. On the positive side of the above - it is very good that you can see your GP on a Wed afternoon, ring the hospital Wednesday tea time for a Gynae outpatient appointment, get given an appointment for only 5 days later! That is quite impressive"

Healthwatch Derby received full consent from the patient prior to publication. Response from provider follows in the next page.

CASE STUDY

THEME OBSERVED – COMMUNICATION

PROVIDER – DERBY TEACHING HOSPITALS NHS TRUST

PROVIDER RESPONSE

“All patients for Outpatient Hysteroscopy, including those attending the 'One-Stop' clinics should be sent an information leaflet with their appointment. As this lady was booked into a one-stop at such short notice, she may not have received this in time to read it properly and have the opportunity to ask questions. This is something we will discuss with the team to ensure that patients are given enough time to read the leaflet thoroughly, if they haven't already done so.

The information leaflet does explain that whilst some women don't require pain relief, there are some women for whom this is uncomfortable and that entonox (pain relieving gas) will be offered. A few women do find this procedure very painful but please be assured that this is not the usual experience of most women undergoing hysteroscopy and polypectomy. The leaflet does recommend taking pain relief prior to attending clinic, however if the lady had not had the leaflet before her appointment, she would not have been able to do this. Again this is something we will review as in this instance, the nursing staff usually give pain relief in the clinic.

The 'male nurse' was a clinical nurse specialist who has had advanced training to undertake these procedures. I am sorry that this was not made clear to the lady - again this is something we will remind staff to do. I am sorry that the lady was not assisted to the toilet - it is usual practice for a health care assistant to support women after this procedure”

Janet Inman

General Manager for Maternity & Gynaecology Business Unit

Derby Teaching Hospital NHS Foundation Trust



CASE STUDY THREE – ILLUSTRATION OF POSITIVE EXPERIENCES

CASE STUDY (CONTINUED FROM PREVIOUS PAGE)

THEME OBSERVED – POSITIVE PATIENT EXPERIENCE, PROVIDER - VARIOUS

"I was poorly on Boxing Day 2015 and was breathless. Went to bed. I left my husband and son to do the rest of the washing up as was not feeling well enough. I went to my GP Park Medical Centre. My GP was fantastic. Cannot fault him.

GP referred me for an X Ray which took place the very next day. X Ray revealed I had a litre and half of water in my lungs. I took the X Ray back to my GP. He gave me tablets for water in lungs. ECG done at the GP's surgery. GP put me on medication to thin blood. Then I was given a 'choice and book' option of various cardio help locations, none of which could see me for the next 8 weeks. Waiting time for my appointment was a full eight weeks. My husband did not want to wait so long. We decided to go private at Nuffield health. I was seen immediately, and another ECG was done. I was given medication which helped improve the heart and allowed me to walk. However this resulted in me breaking my ankle!

Ambulance came and took me to Royal Derby A&E. The treatment was absolutely fabulous. Patched up and admitted as an inpatient for nearly four weeks. Service was brilliant. Consultant came and explained why my ankle was not to be operated right away. Too swollen. They looked after me over a week before it went down fully and then it was operated. Ten days after my admission, I was operated on. Post Op I spent two and a half weeks in the Royal Derby Hospital.

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CASE STUDY (CONTINUED FROM PREVIOUS PAGE)

THEME OBSERVED – POSITIVE PATIENT EXPERIENCE, PROVIDER - VARIOUS

Again fantastic service. Food of good quality and plenty of choice. Experience at discharge from start to end was very good. Day before was advised of discharge. Family advised and kept updated by phonecalls. I was asked if there was transport to take me home. My husband brought a wheelchair kindly lent to him by a friend.

The hospital even gave us advice on how to get wheelchair inside the house. District nurse came out to me every day at first, and then less often. They were very good. I had a sore on my bottom from hospital which the nurses looked after. At the hospital they were aware of the sore and they gave a special mattress and cushion to help me. I was made to feel very comfortable. I developed the sore due to lying in one position while my ankle was mending. Once my ankle was better, the sore also recovered. I went to the DRI for occupational therapy. I was sat on an old sewing machine with foot paddles as part of my therapy. I could exercise my feet on it and it was fun to paddle! 2 plates 11 screws in my foot. They have made me a pair of corrective shoes for my feet which are just fantastic. I quite like the choice of footwear it isn't boring. I love the fact that my ankle is fully supported. I would say I have received a faultless service"

PROVIDER RESPONSES (Responses were sought from all providers but only two providers sent a reply recorded below and in the following page)

"It is lovely in these times when we all hear so many negative stories about the NHS and Healthcare in general to hear of a patient having such a good passage through her illness journey, and it is very kind of her to take the time to kindly say so as well. It means a great deal to me to hear such stories"

Dr J Cox
Park Medical Centre

"Many thanks to Healthwatch Derby City for providing this invaluable feedback. There are a few points we would like to make in response, as follows: Firstly, let me apologise that there was going to be a long wait (approx. 8 weeks) for cardio treatment prompting the patient's decision to go private for treatment. Most of our services (including cardio) are seeing record levels of demand, though most patients are still treated within the national target of 18 weeks from referral date. We appreciate, however, that 8 weeks can be a dauntingly long time to wait for an individual and we can only apologise for that. Secondly, I am very pleased to hear that your experience in our A&E department and as an inpatient was a pleasant one. I would be most grateful if you could provide the ward number/s so that we can share the feedback with frontline staff.

CASE STUDY (CONTINUED FROM PREVIOUS PAGE)

THEME OBSERVED – POSITIVE PATIENT EXPERIENCE, PROVIDER - VARIOUS

I am particularly pleased to note the food quality was good as we do get mixed feedback in this regard. We are making improvements all the time in collaboration with our meals provider - both to the menu itself and to the cooking and serving processes. It is good to hear when we are getting it right. Thirdly, I am delighted to hear your discharge was swift and personable. This, again, is something we get mixed feedback about and are making steps to improve the process all the time. Again, it is good to hear when we get it right for our patients. Finally, I am delighted to hear that our occupational therapy service met your needs, especially as the therapy you received (sitting at a sewing machine) was quite innovative. We pride ourselves at Derby on not being afraid to try new things and I am pleased it worked for this patient. It is also assuring to know that patients are being given a personable service with patient choice a key consideration”

Sarah Todd
Patient Experience Manager
Derby Teaching Hospitals NHS Foundation Trust



CASE STUDY FOUR – ILLUSTRATION OF POOR STAFF ATTITUDE



INFORMATION GOVERNANCE – The patient has also provided signed consent to use photographs as part of this case study. The patient has also provided signed consent to use their patient experience as part of any Healthwatch Derby report or publication. Case Study continues in the next page.

	CASE STUDY THEME OBSERVED – POOR STAFF ATTITUDE
	<p>"During 2013 I was pregnant with my daughter. I had a neucal scan in April and ultrasound for down's syndrome. I was asked to see foetal midwife and told that there was a one in five chance of my foetus developing chromosomal disorder. They were very kind when they informed me. They paid for my parking and also gave me a coffee. I was given a lot of information to look at.</p> <p>I was in a state of shock. We elected to go for amneo scentisis. It came back as positive, and I was devastated. They were very kind and again very supportive. They focused on us as a couple. They were really good. My child was born with natural birth.</p> <p>Pre birth medicine was very good. Foetal medicine team were brilliant. They put you first before anything else. They understood your needs. Midwives were nice on the ward, but the impression I got was that there was difference. Less midwives available. Rushed off their feet.</p> <p>I feel at times because you are giving birth and are incredibly stressed staff get away saying anything - and can be quite off hand in their comments.</p>

CASE STUDY

THEME OBSERVED – POOR STAFF ATTITUDE

At one point during labour I was told there may not be enough doctors and it may affect the birth of my child! This upset me and it made me fearful. I was next to a room with the midwives and once I heard them say 'the lady has the baby with the down syndrome, well something is better than nothing isn't it'. I could not see who said this as I was in the room, but it still hurts me.

My child got jaundice. She was taken away. The jaundice was not detected until right up to discharge. That is when they noticed it and said they would put my baby under the UV lamp. I was discharged and told that the midwife would come out to see me within 24 hours. This did not happen as the midwife did not complete the discharge paperwork properly with the correct stickers etc. My GP helped me, as did the emergency midwife helped me out and came out to me. Afterwards the hospital community midwife came home and continued to help me. The midwife in charge on the ward who found out Kara had jaundice was told I always had my 'boob in the baby's mouth' so they didn't have a chance to tell me about the jaundice!

If I hadn't been articulate and know the system things could easily slip through. In 2010 with my first child there was a lot of help, but with my 2nd child there wasn't enough help in 2013.

A young midwife actually said you had to put a hat on the baby for some reason (hospital was cold). I know this is a cause of cot death, so I do not know why they said this. If I was a less confident mother then this misinformation would be dangerous.

With breastfeeding I was made to watch a video which was patronising. I was told not to shake or smack the baby. If we didn't see the video we were told off. It felt like being in school. It was aimed at a 5 year old rather than a mother. It needs to have more thought put into it.

(Continues in next page)

CASE STUDY

THEME OBSERVED – POOR STAFF ATTITUDE

Lack of resources really impact the service. Maternity ward they were like headless chickens in the way they had to chase up paper work. It was hard for them and you felt empathy but frustration. Foetal medicine were very very good with time and energy invested in you. Maternity was stretched with not enough time, and not enough time to provide effort

To have safe passage you need to know the system or you will face problems"

PROVIDER RESPONSE

- **Labour Ward - less midwives - they were rushed off their feet**

*The maternity ward is a busy 47 (currently) bedded ward. As a senior team we are constantly looking at ways of making the ward work more effective and efficient. One project currently being developed involves extending the electronic white boards into maternity which will reduce the use of paper based processes.

- **Staff off-hand in their comments**

Sincere apologies are offered for this as this is completely unacceptable behaviour. This will be fed back to the staff so they are mindful of this in the future.

- **Poor communication regarding baby's jaundice**

This is concerning as all staff including the non-registered should be able to advice parents regarding baby jaundice, The midwives should fully explain to the parents the appropriate baby care and treatment if required and provide patient information.

Action: ward managers to ensure that all staff are aware of this feedback.

- **Discharge missed for Community Midwife Visit**

It is difficult to comment in more detail whilst not knowing the area or locality that the woman resides in. We do have occasional issues with cross border areas i.e. if the woman births at RDH and lives in a cross border area that requires a non Derby Community midwife.

CASE STUDY

THEME OBSERVED – POOR STAFF ATTITUDE

- **Patronising video**

This safeguarding short DVD is shown as part of the discharge session to inform parents about how to manage fraught situations with crying babies and the risks associated with newborn brain injuries and shaking babies. This is the first negative feedback that we have received regarding this DVD.

- **Staff running around like headless chicken, not enough time, chasing up paper work**

See above response marked *

Jane Haslam
Head of Midwifery
Derby Teaching Hospitals NHS Foundation Trust



APPENDIX 2

Thematic Illustrations

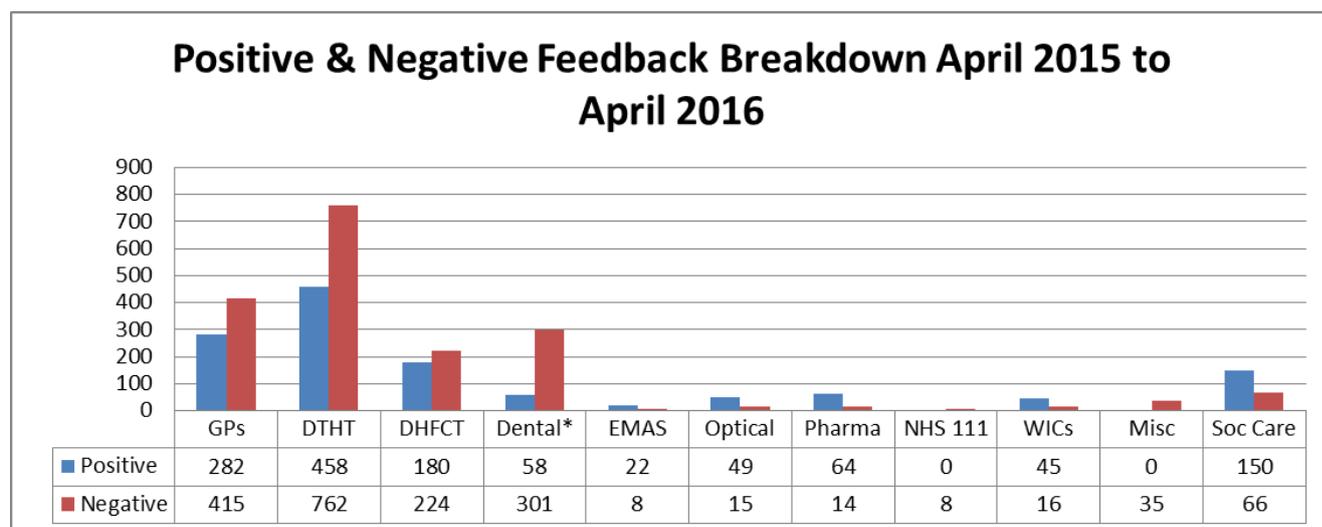


Figure 5.1 Positive & Negative Breakdown April 2015 to April 2016

N.B Dental includes wrongly signposted NHS 111 calls*

Thematic Illustrations – Positive & Negative Feedback		
Service	Positive	Negative
GPs	"I felt my GP really listened to what I had to say, and I did not feel rushed today"	"I cannot get through and sometimes have to ring 40 times to get an appointment"
DTHT	"Staff at A&E were excellent"	"Nursing staff in the ward were appalling, no empathy at all"
DHFCT	"My consultant has been very supportive and understanding"	"Complaint policy timescales are never achieved"
Dental	"My dentist is very good"	"NHS 111 did not give me any information about emergency treatment"
EMAS	"Ambulance crew could not do enough for me and my family"	"My ambulance was over an hour late"
Optical	"My optician patiently explained the whole eye test process and I was less afraid"	"Cost of new glasses is really high, and I cannot afford them on my wages"
Pharma	"My pharmacist rang me to check if I had the correct medication, really helpful!"	"Some staff have a poor attitude and will not help at all"
NHS 111		"Felt like they couldn't wait to pass me on, no real interest to help me with my enquiry"

Continued in the following page

Thematic Illustrations – Positive & Negative Feedback		
Service	Positive	Negative
WICs	"I was seen fairly quickly which I thought was brilliant given it was a weekend"	"There is very little parking at the WIC"
Misc		"I have not received any information from G4S which I could use. There is nothing in my language. I am a refugee and I need information about how to see a doctor in my language"
Soc Care	"My social worker has been so supportive, and has always been there – it has helped turn my life around"	"Care home staff were rude to my mum, and I am afraid complaining will only make it worse"

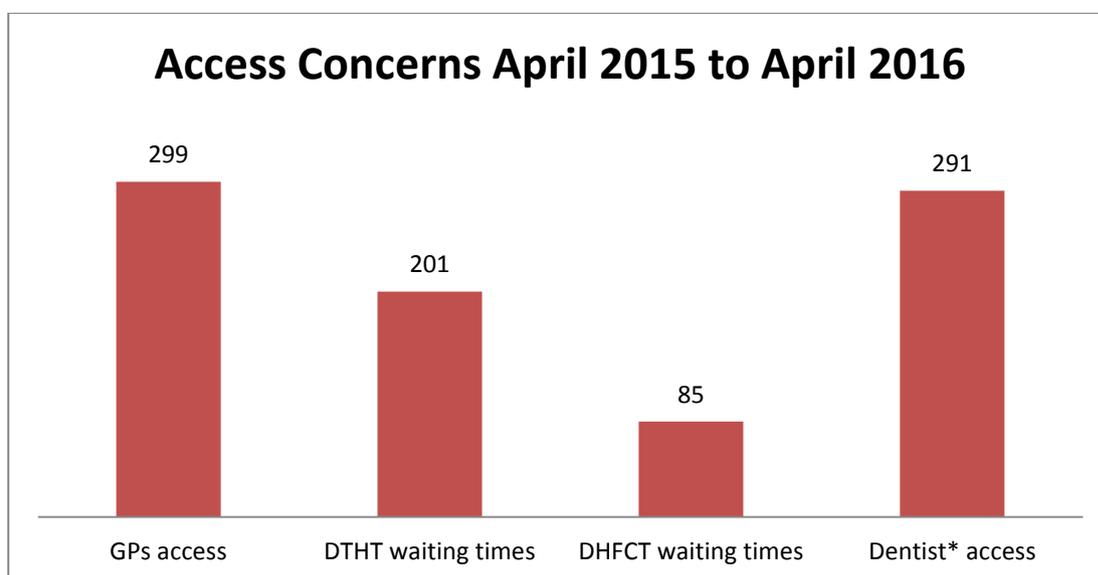


Figure 5.2 Service Comparison – Access

N.B Dental includes wrongly signposted NHS 111 calls*

Thematic Illustrations – Access Concerns	
Service	Access Feedback
GPs	"My sister rang her surgery over 90 times to get an appointment and still couldn't get through, its a joke – we just go to A&E now"
DTHT Waiting Times	"After my operation I have been waiting over 3 months for a follow on appointment, and I now have complications due to the delay"
DHFCT Waiting Times	"Waiting to see a counsellor – it seems like forever, I have been told there is a 2 year waiting list, surely that isn't fair?"
Dentist Access	"I rang NHS 111 to look for a dentist in Chaddesden and they gave me Healthwatch Derby's phone number – and now you are telling me there are no NHS dentists in Chaddesden. I cannot go to a dentist in Mackworth – I cannot afford to take two buses to get there!"

Full Breakdown of Dental Enquiries April 2015 to April 2016

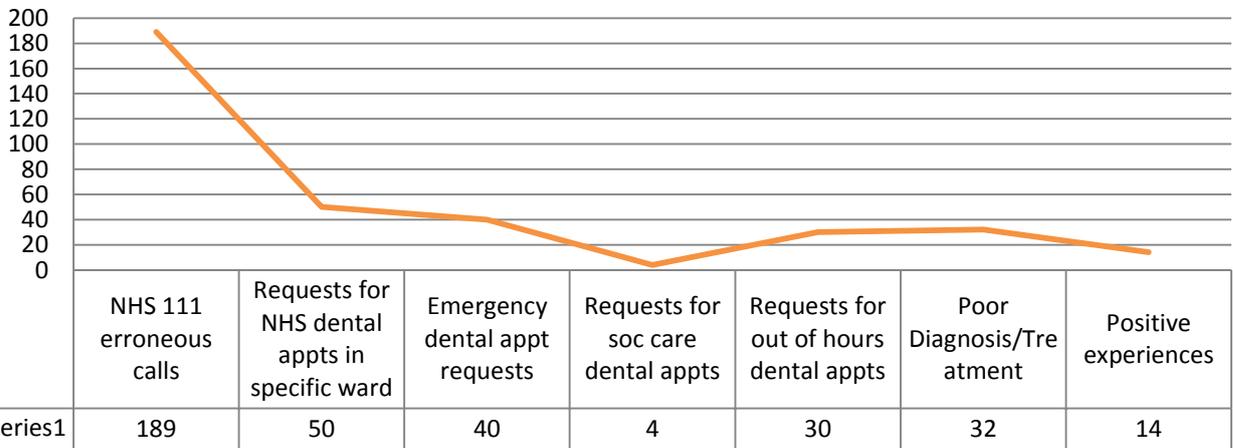


Figure 5.4 Full breakdown of dental enquiries April 2015 to April 2016

Thematic Illustrations – Breakdown of Dental Feedback	
Service	Dental Feedback
NHS 111 erroneous calls	"I am in so much pain, and I was told to ring Healthwatch Derby for an emergency appointment, why won't you give me an appointment?"
Requests for dental appts	"Can you help me find a dentist in Mickleover please?"
Emergency appt requests	"I am leaving this urgent answerphone message – please ring me back, I need an emergency dentist. I am in a lot of pain"
Soc Care Dental	"Care home staff looking after my mum said they had no idea who to contact now that the regular dentist had stopped coming. My mum desperately needs a dentist and I cannot afford private"
Out of Hours	"I have left a few different messages over the weekend, and I still haven't heard back from Healthwatch Derby – I need to see a dentist, my dentist isn't available and I need to see an out of hours dentist"
Poor Diagnosis/Treatment	"Staff at my dental surgery are really rude. I knew I was coming down with an infection but they did not help at all. I ended up going to A&E, and it was as I thought a fully blown infection"
Positive Experiences	"Dentist was very good with my daughter – she was terrified, and he helped me calm her down, the appointment went smoothly"

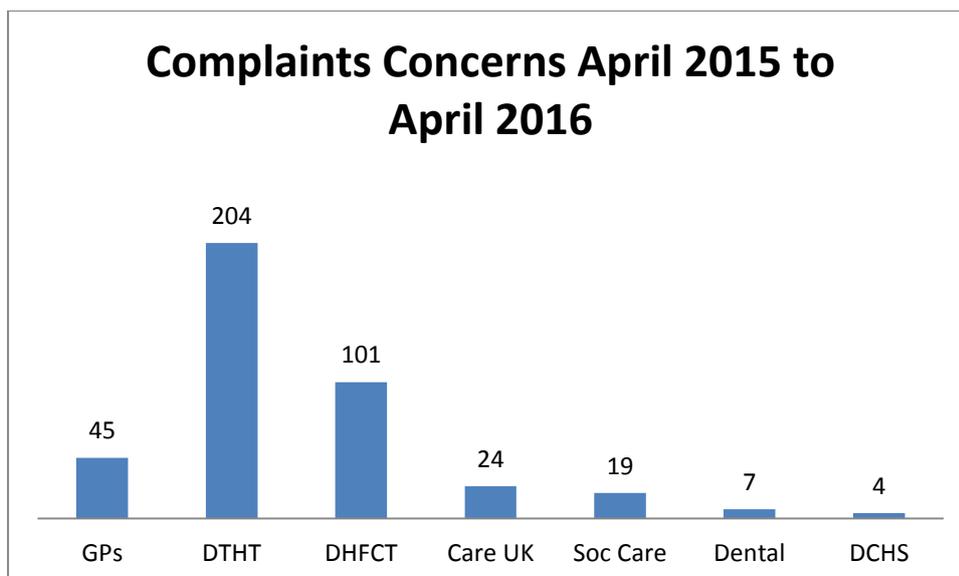


Figure 5.4 Complaints concerns April 2015 to April 2016

Thematic Illustrations – Breakdown of Complaints Feedback	
Service	Complaints Feedback
GPs	"The receptionist is very rude, and she is also the person I need to ask for a complaint form – I don't want to ask her for a complaint form!"
DTHT	"After over a year of handling my complaint, they still managed to delay it further, and they got my dead husband's name wrong in the outcome letter. They just don't care"
DHFCT	"The problem is once you have complained you are waiting so long to get any kind of response, its really not worth mentioning anything to them"
Care UK	"I felt like they were just not prepared to listen to me"
Social Care	"I am worried my complaining has possibly made things worse for my dad in the care home, and its really not a good situation for either of us"
Dental	"The surgery totally ignored my complaint, despite me chasing it up"
DCHS	"I am not happy with the service, and I didn't feel like my complaint was looked at properly – felt like they pulled rank and did not want to listen to what I had to say"

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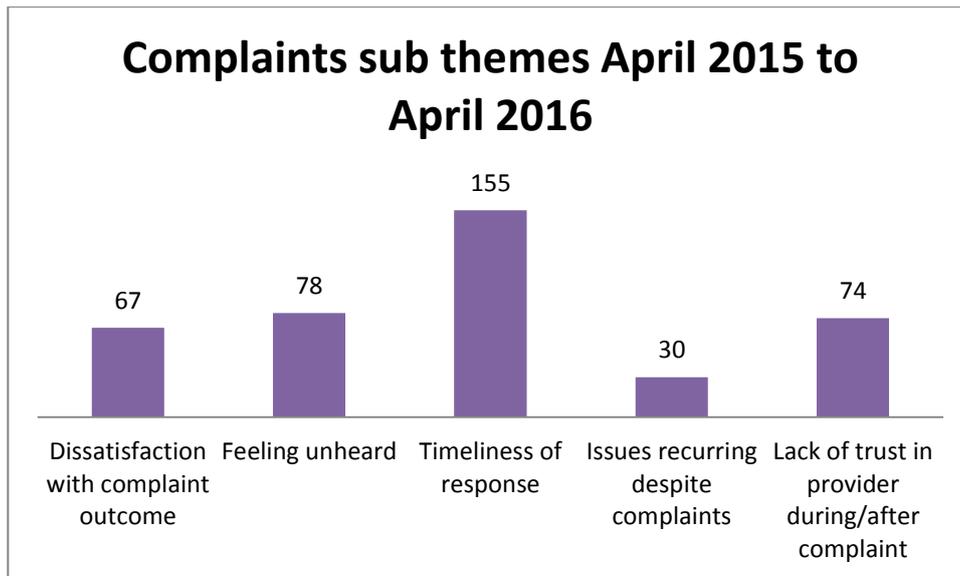


Figure 5.6 Complaints sub themes April 2015 to April 2016

Thematic Illustrations – Breakdown of Complaints Sub Themes	
Category	Complaints Feedback
Dissatisfaction with complaint outcome	"My husband passed away due to poor service, and apart from apologizing Royal Derby hasn't really done anything to discipline staff involved"
Feeling unheard	"My GP knows I am unhappy but the surgery does not seem to be at all interested in my complaint"
Timeliness of response	"Derbyshire Healthcare took over 3 months to send any correspondence about my complaint"
Issues recurring despite complaints	"Crisis team still don't seem to learn and I continue to get either no information, wrong information or inadequate information about my son's condition"
Lack of trust	"I don't feel like anything will be done or that me raising issues will actually make one jot of difference – they are not prepared to change"

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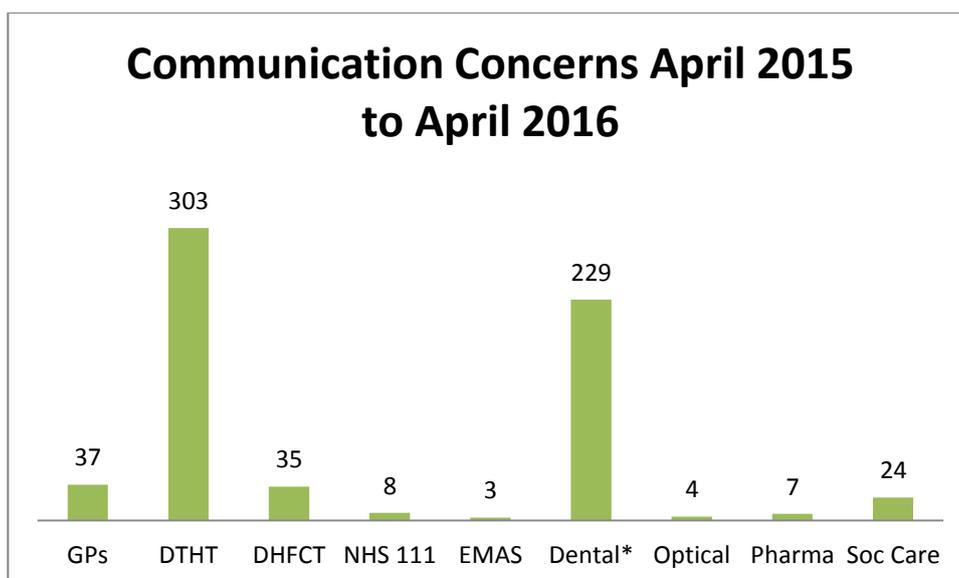


Figure 5.7 Communication concerns April 2015 to April 2016
N.B Dental includes wrongly signposted NHS 111 calls*

Thematic Illustrations – Communication Concerns	
Service	Communication Feedback
GPs	"My hospital consultant has sent across all the notes but the surgery is so incompetent they lost it somehow"
DTHT	"I wasn't given enough information about the kind of tests I was going to have, and they were very painful"
DHFCT	"The information on display is out of date in the wards"
NHS 111	"I was told this dentist is taking on new patients but the surgery told me they have not taken any new patients for over a year"
EMAS	"Ringing the customer service line was a challenge, they seem to employ very inexperienced staff"
Dental	"Not happy with my dentist – I wasn't aware they did not take on patients on a Friday. I had my treatment on Thursday, and I now have to wait till Monday before I can be seen. No information about what to do while I am in pain"
Optical	"We need more information about how to get free eye tests"
Pharmacy	"I wasn't aware my pharmacy did a prescription collection service"
Social Care	"I have left a few messages for the duty social worker – they never call back"

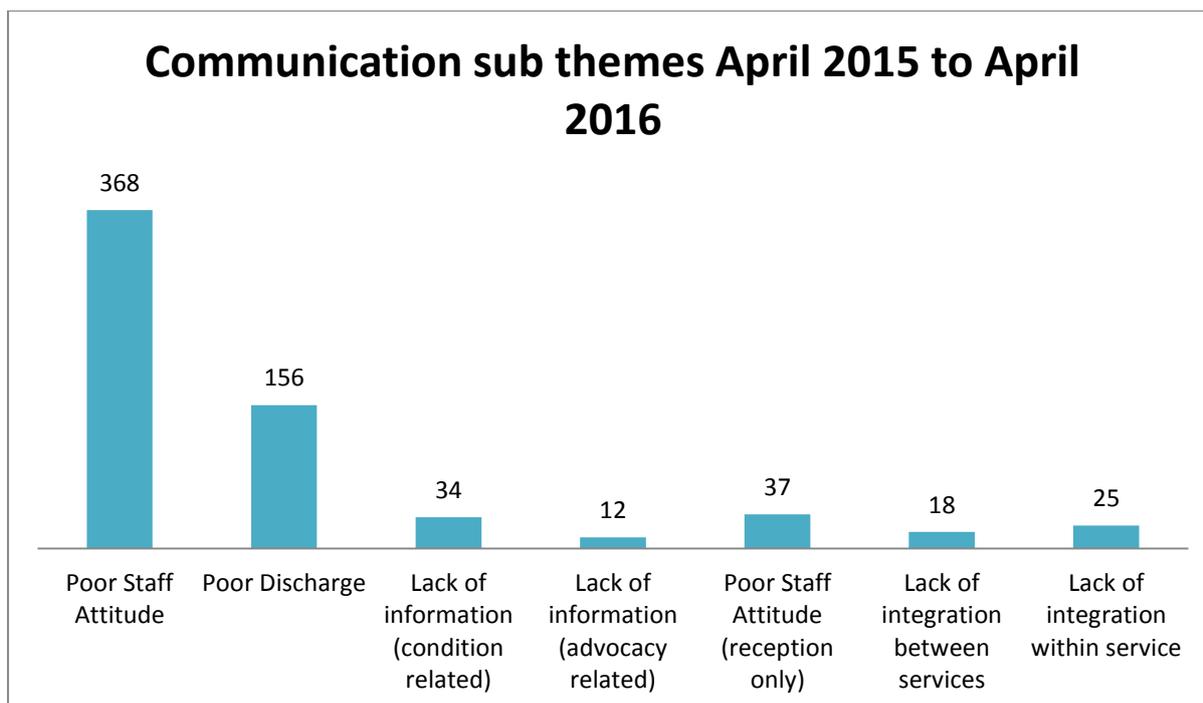


Figure 5.8 Communication sub themes April 2015 to April 2016

Thematic Illustrations – Breakdown of Communications Sub Themes	
Category	Communications Feedback
Poor Staff Attitude	"Maternity service at Royal was horrible. Nurses have a really bad attitude at Labour ward"
Poor Discharge	"I was waiting for 3 hours in the discharge lounge, and I felt like they had forgotten about me"
Lack of info – condition related	"My GP could not give me any information about any help or support organisations for my mental health condition"
Poor Staff Attitude – Reception	"Receptionist at my GP's is like a gate keeper, will not give out appointments"
Lack of Integration between services	"A&E sent notes to my GP, which never seem to arrive – and my GP sent notes to the hospital consultant which also got lost – I just don't seem to matter much to anyone"
Lack of Integration within services	"Consultant told me at 9am I was ready to go home, but apparently pharmacy and transport were not booked, so I had to wait till 5pm before I got sorted out and could go home"

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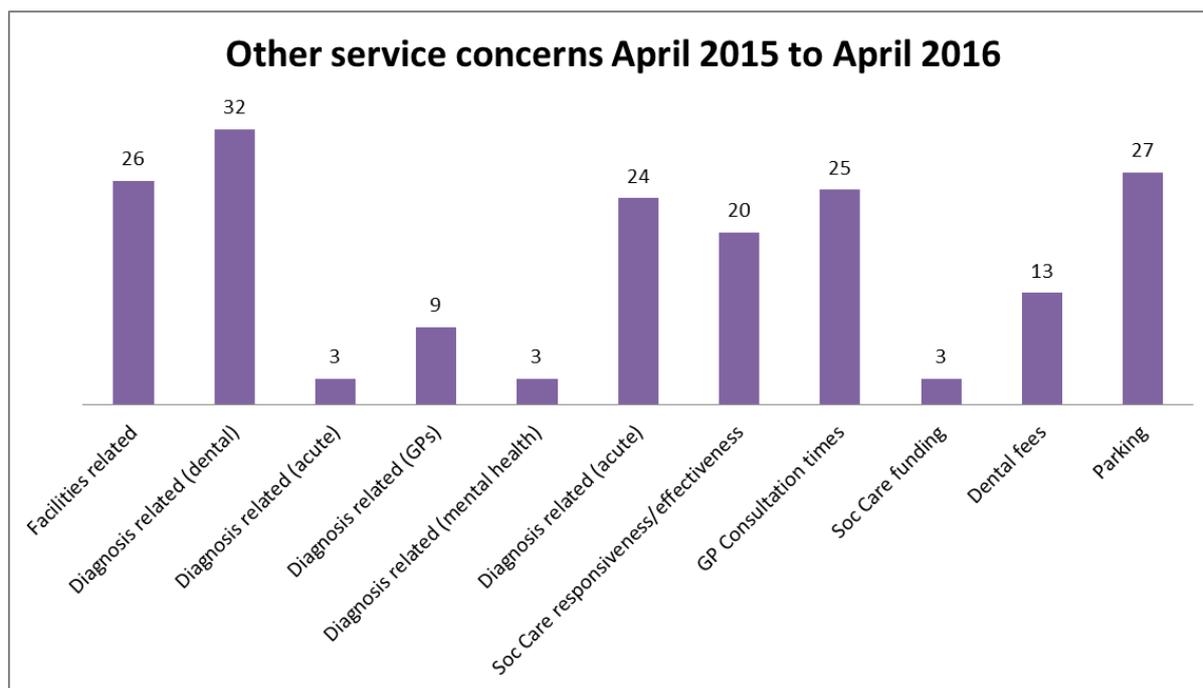


Figure 5.9 Other Service Concerns April 2015 to April 2016

Thematic Illustrations – Other Service Concerns	
Service/Category	Feedback
Facilities Related	"There isn't enough information in my native language, and this makes it tricky for me as my English is poor"
Diagnosis Related – dental	"My Dentist wants me to go through unnecessary treatment just because I am exempt from NHS fees"
Diagnosis Related – acute	"My eye exam felt rushed and it is no wonder I had to go back in having developed complications"
Diagnosis Related – GPs	"My GP thinks my hair loss is normal but I think its stress related"
Soc Care	"If your social worker is sick or on leave noone else can help you"
GP consultation times	"I take a bit more time to think these days and feel my Doctor is rushing through not ready to listen"
Soc Care Funding	"I don't think there is enough done to help self funders – we are left without any advice"
Dental fees	"I just cannot afford the essential dental work I need due to high fees"
Parking	"Parking at the Royal is a huge problem and very expensive"

Appendix 3 – Dental Information

Emergency Dental Services in Derby City

Coleman Health Centre - Clinic Information

Address

Coleman Street
Alvaston
Derby
DE24 8NH

Telephone

01332 861190

Services available at Coleman Health Centre - Clinic Information

Special care dentistry

About Us

We provide Dental care for patients with who need special treatment, or have needs which mean they cannot be treated by a high street dentist.

Some patients are unable to access the care they need from their high street dentist. This may be:-

- because their dentist cannot provide the care they need at their practice– for example treatment under gas and air sedation or general anaesthetic. If this is the case for you, then you can expect us to review the treatment needed, and provide if appropriate. We would then discharge you back to your high street dentist for the rest of your ongoing care.
- because the patient has additional physical, medical, mental or emotional needs that means a high street dentist cannot deliver their care.

How To Access The Service

We only accept patients into this service who live in Derbyshire, or whose GP is based in Derbyshire.

All patients must be referred into the service by their dentist, doctor or other healthcare professional. This is not an emergency service.

Service Locations

We provide services at the following locations :-

- [Alfreton Primary Care Centre - Clinic information](#)
- [Buxton Health Centre - Clinic Information](#)
- [The Springs Health Centre - Clinic Information](#)
- [Ilkeston Community Hospital - Clinic Information](#)
- [Coleman Health Centre - Clinic Information](#)
- [Long Eaton Health Centre - Clinic Information](#)
- [Mill Hill Dental Clinic- Clinic Information](#)
- [Swadlincote Health Centre - Clinic Information](#)
- [Wheatbridge Health Village - Clinic Information](#)

Contact Details

If you have any queries about the service, please contact the dental office on: 01246 515816.

Additional Information

This is Coleman Health Centre. Coleman is a large health centre with many services on site. Please use the main entrance, and the dental department is immediately on your left. We have our own waiting room for dental and our own reception area.

At Coleman dental we:-

- care for special care patients
- treat patients using gas and air sedation if necessary
- assess patients who need to be treated under general anaesthetic.

Additionally we run a separate service offering emergency appointments for members of the general public.

For special care patients and patients needing treatment which their high street dentist cannot provide, we only accept patients who have been referred into the service by their dentist, doctor or other healthcare professional.

All our surgeries are on the ground floor and are wheelchair accessible. We have a hoist facility on site, and ask that if you need to use this facility you please notify us in advance.

Our opening hours are:

Monday to Thursday - 8.45 to 12.30 and 13.30 to 16.45

Friday - 8.45 to 12.30 and 13.30 to 16.15

Useful information:

This is not an emergency service.

Normal NHS dental charges apply to this service.

Interpreting services are available – please let us know if you need this service.

Dental Information taken from Derbyshire Community Health Services Trust Website
on 16th September 2016

Appendix 4 Our Engagements

The main role of the Engagement team is to undertake meaningful engagement with the residents, patients and service users of health and social care services in all parts of Derby.

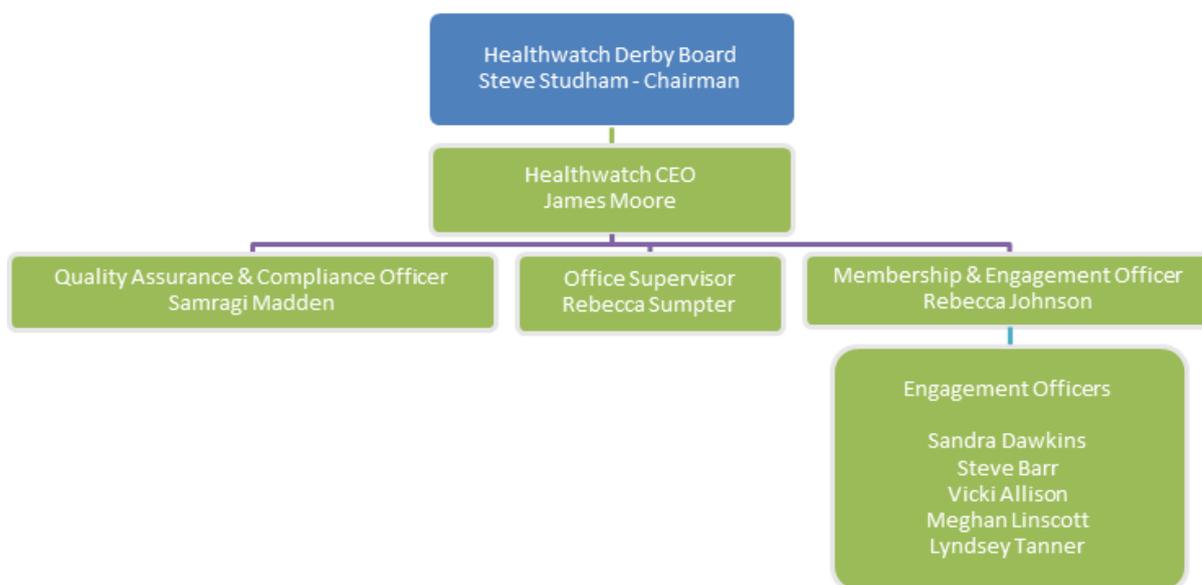
In order to hear from service users, the team attends a variety of different events at a number of community and voluntary organisations, patient forums and specific health issue related events. The majority of our feedback is collected through outreach activities. The team host engagement stalls at major healthcare provider venues such as the acute and the mental health Trust. We also visit public venues such as supermarkets, libraries, health clubs, meetings and forums.

At Healthwatch Derby our aim is to reach out to a diverse range of different patient and carer forums and include a wide range of ages, experiences, backgrounds in every ward of Derby. The following illustration shows how we have been connecting and hearing from residents in all wards of Derby city (284 engagements in total, only a selection illustrated):

Venue	Ward	Target Audience	Focus Area
Revive Council House	Chaddesden Arboretum	Young Parents Mental Health	Children's Services Mental Health & Complaints
Sunnyhill Community Centre	Blagreaves	Parents	Maternity & Children
JET Red Cross Drop In	Normanton Abbey	Public Forum New service users	Health & Social Care Access for seldom heard
Osmaston Community Centre	Boulton	Public Forum	Health & Social Care
Ryecote House	Darley	Public Forum	Parents & Carers
Irish Luncheon Club	Abbey	Over 60s	Services for Over 60s
Market Stall	Allestree	Public Forum	Health Awareness
Mickleover Methodist Church	Mickleover	Dementia Cafe	Mental Health
Oakwood Co Op	Oakwood	Public Forum	Health & Social Care
Derwent Community Library	Derwent	Public Forum	Health & Social Care
Mackworth Library	Mackworth	Public Forum	Health & Social Care
Alvaston Library	Alvaston	Public Forum	Health & Social Care
Live at Home	Spondon	Over 60s	Elderly & Vulnerable
Chellaston Library	Chellaston	Public Forum	Health & Social Care
Allenton Library	Allenton	Public Forum	Health & Social Care
Royal Derby Hospital	Littleover	Inpatients	Acute Hospital Services
Transcend Support Group	Abbey	LGBT	Health & Social Care



Appendix 4 Healthwatch Derby Organisation Chart



Healthwatch Derby Board	
Steve Studham	Chair
Dr Steven Handsley	Vice Chair
Olwen Wilson	Vice Chair
Sue Cowlshaw	Board Member
Enoch (Toby) Marandure	Board Member
Michael Mudzamiri	Board Member
Rachael Murfin	Board Member
Amarjit Amo Raju	Board Member (resigned October 2015)

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

