

By: Alan Marsh, Cabinet Member for Public Health
To: Corporate Policy Overview Committee – 26 March 2009
Subject: Kent HealthWatch
Classification: Unrestricted

Summary: To update the Committee on recent activity and planned development of Kent HealthWatch

1 Introduction and Background

1.1 Kent HealthWatch was launched on October 10th 2008, to provide an easy, accessible way for members of the public to express their views on the provision and delivery of social care and health services. KCC works very closely with all health agencies to promote and support good health and like any other form of customer feedback, the Kent HealthWatch calls are intended to act as an aid to improving services by capturing people's experience both positive and negative. The Kent HealthWatch number is staffed by specially trained Contact Centre staff and is open 24 hours per day, 7 days a week, including all bank holidays. There is always a real person who answers the phone - members of the public are never put through to answer machines or automated telephone services. Kent HealthWatch is primarily a signposting service – staff advise callers who they should best call directly to obtain the appropriate response (using contact points given by NHS organisations and social care). If a caller requests it, KHW staff will pass on to the NHS or to Social Care the content of a telephone call by email.

1.2 All the calls taken by Kent HealthWatch are recorded on a database and given a unique identifying call number. Calls are categorised as comments, concerns, compliments, information requests, follow-ups or not relevant, with the appropriate level of information. Other information recorded includes the PCT area of the caller, their location and the type of service they are calling about, etc - in order that KHW can respond appropriately. How and where the information is recorded and with whom it is shared are all done under the terms of the Data Protection Act and the Freedom of Information Act.

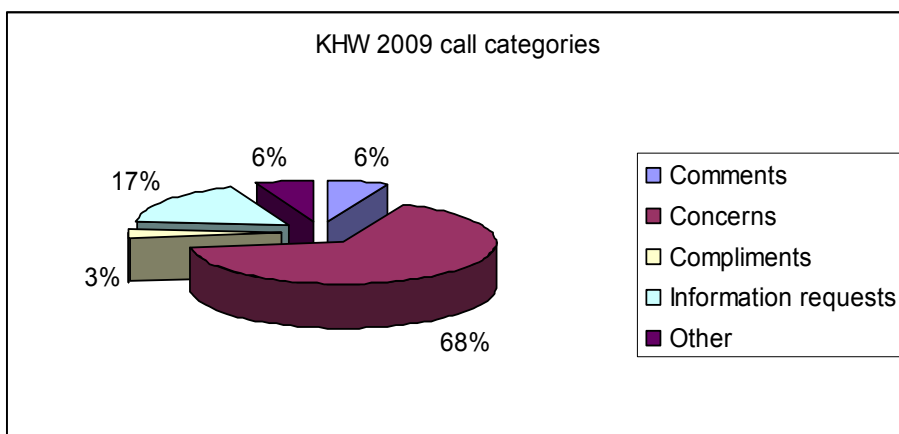
1.3 Members will have noted the very recent reporting of the unfortunate events at Stafford Hospital wherein, according to the Health Commission "about 400 more people died at Stafford Hospital between 2005 and 2008 than would be expected". This matter is of course now the subject of a full Government inquiry with Mid Staffordshire NHS Foundation Trust, which runs the hospital, focusing on the years 2002 to 2007. The Health Secretary has also said there will be an independent review of the trust's emergency care and the early warning systems for underperformance across the whole NHS.

1.4 The Stafford Hospital incident is not dissimilar to that experienced in Kent at the Maidstone and Tunbridge Wells NHS Trust, which led in part to the establishment of Kent HealthWatch. Early reports have indicated that Monitor (Independent regulator of NHS foundation trusts which determines whether NHS trusts are ready to become NHS foundation trusts; ensures that NHS foundation trusts comply with the conditions they signed up to – that they are well-led and financially robust; and supports NHS foundation trust development) was not aware of any complaints about the services provided at Stafford Hospital and as such their investigations into an application for Foundation Trust status did not address those concerns. It is of course extremely difficult to prove, but one does have to question if a Staffordshire HealthWatch would have made a difference to the services being provided at Stafford Hospital. Quite clearly the existing lines of communication either did not work, or were not trusted by those immediately affected by the standards of care being provided at the hospital.

2 Call Updates

2.1 Calls numbers are gathering momentum even though publicity and promotion has been very low key and at minimum cost. New extremely low cost ways of promotion have been initiated in the last few weeks and the annual number of calls is expected to exceed 1000. There have been 134 calls so far this year; current call rates would suggest a total call volume of approximately 750 for 2009.

2.2 Call categories – from the agreed protocols of call categorisation it is possible to show the types of calls by percentage:-



2.3 A recent exercise on further breakdown of calls categorised as Concerns showed that the most common issues raised were about Communications, Treatment and Delays. The concerns raised about Communications often centred around patient flows and the lack of communication between Health professionals.

2.4 Whilst there is relief that call numbers have been relatively small, the content of some of the calls has been worrying. Some examples are:

- KHW11152 Mr W has contacted us tonight concerned that his medication isn't right. He has angry thoughts and had made references to hurting his neighbour. He believes his medication isn't correct and that he isn't being helped in any productive way. He feels the structure is set up incorrectly and that he is pushed to the bottom of the pile for help.
- KHW11483 P is concerned that her friend R has been released too early from Maidstone Hospital. She also feels that the after care has not been sufficient. R was seen by Maidstone's A&E and had a catheter fitted, but she was then sent home at 1am in a taxi. R is now at home in a great deal of pain plus she has a temperature.
- KHW11279 My daughter had C section at QEQM hospital in Margate, in the last two weeks since the birth she has been given the wrong pills when clearly stated she is allergic to Penicillin causing her to be taken back by ambulance then she was told 5 days later by the midwife she has MRSA it was offhand and no info was offered. No doctor has spoken to her, we just get fobbed off and it is not good enough.

The KHW Contact Staff have been excellent at recognising the urgency of these types of calls and ensuring that they are very quickly passed on to the relevant professional.

2.5 Although a number of callers to KHW asked to remain anonymous or just wanted to be signposted to the relevant organisation, others were keen to provide us with feedback on how KHW had helped get their issues resolved. Of the 7 people who responded to our feedback requests in January, 4 reported that they were entirely happy that their problems had been resolved, were full of praise for the service and the quick response from the NHS pals. One caller said "I had been trying to sort this out for 5 weeks and after calling KHW it was resolved by the next day!" Another said "It works!" Of the remaining three, one reported feeling very happy that the call to KHW had resulted in an immediate call from her PALs but was unhappy with the PALs response. The second person had a received a satisfactory response from PALs but was unwilling to attribute this directly to KHW as she had contacted many people about her problem. The third reported that the NHS had still failed to respond. (This call has since been chased again by KHW and has now been resolved).

2.6 Some examples of feedback received during February:

- Caller found the service to be very helpful to her, clear about the details and by using the service felt as she had done something as opposed to feeling that it was out of her control.
- Pals contacted him on the same day and then he got a call from 'Alliance Medical' to arrange an appointment. He has since had an MRI scan and is now waiting for a neurological appointment. He said that we were very easy to contact and was very happy with the service.
- Now has an appointment, has resolved the issue and found the service helpful.

3 Analysis and future development. Now that KHW has been operational for some time and the practices and procedures are firmly embedded in day to day operations, work is underway to review the reports available. In recent discussions with West Kent Patient Advisory and Liaison Service the KHW data collection was compared with their customer services data. A meeting is now planned with Eastern and Coastal Kent PALs, the West Kent PALs, KHW Contact Centre staff and the Health Policy Manager to reach agreement about changes to information provision generally.

3.1 In late February there was a meeting between KHW Contact Centre staff and the Health Policy Manager to examine the KHW database and reach agreement about improvements.

3.2 Work is also planned for a desktop exercise to examine and compare the calls taken by KHW and those taken by LINKs with a view to ensuring that calls are being dealt with by the most appropriate organisation. It is likely that some calls will be signposted from KHW to LINKs (and vice versa) and others will be jointly worked.

3.3 Further work to explore commonality and efficient use of both KHW and LINKs resources is planned.

Recommendations

The Policy Overview Committee is asked to note the contents of this report

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