



**Enter & View Report:
Kingston Adult
Community Services
at Tolworth Hospital**

March 2018

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About Healthwatch Kingston

Healthwatch Kingston upon Thames is the independent champion for people who use health and social care services. We're here to find out what matters to people, and help make sure their views shape the support they need.

There is a local Healthwatch in every area of England. We listen to what people like about services, and what could be improved, and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to make sure that those in charge of services hear people's voices. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Our sole purpose is to make care better for people.

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1 Introduction

1.1 Details of visit

Service Address	Kingston Adult Community Services Tolworth Hospital Red Lion Road London KT6 7QU
Service Provider	South West London & St George's Mental Health NHS Trust
Date	March 2018
Authorised Representatives	Healthwatch Kingston upon Thames Staff and Active Affiliates (Volunteers)
Contact details	Chief Officer Healthwatch Kingston upon Thames Kingston Quaker Centre Fairfield East Kingston upon Thames KT1 2PT

1.2 Acknowledgements

Healthwatch Kingston would like to thank Tolworth Hospital Community Service (service provider), service users, visitors and staff. Particular thanks to the team of Healthwatch Kingston Active Affiliates for their support with the research.

1.3 Disclaimer

Please note that this report relates to findings observed on two dates in March 2018. This Healthwatch Kingston report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed to at the time of this Enter & View visit.



1.4 What is an Enter & View

Part of the local Healthwatch programme is to carry out Enter & View visits. Local Healthwatch Authorised Representatives carry out these visits to health and social care services to find out how they are being run and make recommendations where there are areas for improvement. The Health and Social Care Act 2012 allows local Healthwatch Authorised Representatives to observe service delivery and talk to service users, their families and carers on premises such as hospitals, residential homes, GP practices, dental surgeries, optometrists and pharmacies. Enter & View visits can happen if people tell us there is a problem with a service but, equally, they can occur when services have a good reputation - so we can learn about and share examples of what they do well from the perspective of people who experience the service first hand.

Healthwatch Enter & Views are not intended to specifically identify safeguarding issues. However, if safeguarding concerns arise during a visit they are reported in accordance with Healthwatch safeguarding policies.

2 Enter & View Report

2.1 Purpose of visit

To ascertain the quality of service in the Adult Community Services at Tolworth Hospital, herein to be referred to as ‘the service’, especially from the perspective of the users of the service and specifically addressing access, timeliness, person-centredness, respect, quality of relationship, and wellbeing.

2.2 Context of visit

Healthwatch Kingston noted the following contextual drivers during the planning and reporting of this Enter & View visit:

- A review of [Lilacs](#) and [Jasmine](#) Wards was conducted by Healthwatch Kingston in 2015 and various recommendations were implemented
- Healthwatch Kingston supports local people with lived-experience of mental health to steer the development of our work plans each year, this is primarily achieved through consultation with the HWK Mental Health Task Group who identified the need for an Enter & View to Tolworth Hospital in 2017
- In light of a subsequent [Care Quality Commission \(CQC\) review of South West London and St Georges Mental Health NHS Trust \(SWLSTG\) in 2014](#), which identified the service as requiring improvement, it was decided that an Enter & View study from a service user perspective would be appropriate. Since this report there has been another [CQC review in 2018](#).

2.3 About the Adult Community Mental Health Services at Tolworth Hospital

The mental health team situated in the Acacia Unit were called the Community Mental Health Teams (CMHTs), but are now called Recovery and Support Teams (RSTs) and also the Kingston Crisis and Home Treatment Team (CHTT). There are two RSTs based in the Acacia Unit. The CHTT is also a secondary care mental health team that provides services from the Tolworth site. There are other



secondary care mental health teams not located at the Tolworth site that provide services to Kingston residents. These are the Early Interventions Service (EIS) and the Assessment/Single Point of Access Team located at the Madison Centre in the Borough of Richmond.

The service commissioning arrangement

The service is provided by SWLSTG and is commissioned by Kingston Clinical Commissioning Group to provide services that ensure all health and appropriate social care needs (including risks) are assessed, and treatment plans are co-produced with the users of the service.

Core functions

The service ensures users of the service who have complex care and social needs, that cannot be treated in primary care, are managed within the Care Programme Approach (see below) and an appropriate treatment/care plan and risk management plan is co-produced with the user, and carer if appropriate, and agreed.

The term “Care Programme Approach” (CPA) describes the approach used in secondary mental health care to assess, plan, review, and co-ordinate the range of treatment, care and support needs for people in contact with secondary mental health services who have complex characteristics.

The aim of the Care Programme Approach is to:

- Return people to their full potential in day-to-day life
- Direct treatment and support towards fostering hope, enabling people to take back control over their lives, their problems, and the help they receive as far as possible and helping them to identify and access the opportunities they value
- Promote a team culture that fosters hope and raises expectations
- Co-create understanding and shared decision making
- Promote the needs of people with mental health problems and reducing the stigma associated with mental health care
- Actively involve service users and carers in the planning and delivering of Mental Health Services.

The service works collaboratively with other statutory and voluntary agencies to enable users of the service to access local services. They refer appropriately to other services such as: Crisis and Home Treatment, Drug and Alcohol Services, Forensic Services, Early Intervention Services, Older People Services, Learning Disability Services, Complex Needs Service, Behavioural Cognitive Services, Eating Disorders Services, Mother and Baby Services, and any other new services. They also assess the needs of carers ensuring appropriate signposting or referral to social services, if formal assessment under the Care Act is required.

Hours of operation

Core duty hours are 9.00am to 5.00pm, Monday to Friday. Support for users of the services and carers outside of these hours is accessed via borough-based protocols with the Crisis and Home Treatment Teams.

Should users of the service need assistance outside of hours, they can contact the services via the main switchboard. The options include connection to the Support Line and the Crisis and Home Treatment Teams.

Staffing

The multidisciplinary Recovery and Support Teams bring together specialist medical, nursing, psychology and occupational therapy staff. The service is commissioned with the following staff:

Kingston North Team:	FTE	Kingston South Team:	FTE
Team Manager	1	Team Manager	1
Consultant	1.7	Consultant	2
Associate Specialist	1	Associate Specialist	0
Nursing	4.4	Nursing	4
Occupational Therapy	2.6	Occupational Therapy	1
Recovery Support Workers	2	Recovery Support Workers	2
Psychology	1.4	Psychology	0.7
Total FTE	14.1	Total FTE	10.7

These numbers do not include medical trainees. The staffing is inclusive of annual leave cover, cover of clozapine clinics, depot clinic (see Appendix 4: Glossary of Terms) and duty cover which the teams jointly cover. Psychology is inclusive of senior psychology support (e.g. supervision, service development) and resources for psychology based groups.

Clinic template

Clinics run five days a week from the Acacia Unit and include the clozapine, psychology, medical outpatient and depot clinics. There are a number of groups that are run by psychology periodically throughout the year at the unit.

The service commissioning arrangement

The service is provided by SWLSTG and is commissioned by Kingston Clinical Commissioning Group to provide the services outlined as above (see “Core Functions”).

Service delivery area

The service provides secondary mental health services to all residents of the Royal Borough of Kingston.

Management/ Governance arrangements

The operational management of the Adult Community Service Line is led by the Clinical Director, Stuart Adams. The Head of Service Delivery is Gillian Moore and the Head of Quality & Nursing is Michael Hever. The Clinical Director oversees both operational and quality aspects of service provision. The Clinical Director is responsible to the Medical Director, Director of Nursing and Chief Officer for the quality and safe running of the service.

The Clinical Manager for Kingston and Richmond Adult Community Services for Adults is Richard Dalton who is accountable to the Head of Service Delivery and Nursing and Quality.

Current waiting times for service users

Non-urgent cases referred to the RST are expected to be seen within 28 days. At the time of this Enter & View visit the team learned that the longest wait for RST was currently 81 days, which was a breach of service guidelines.

Numbers of people accessing the service annually

The Kingston and Richmond Assessment service receives around 325 referrals a month and the Enter & View Team heard this is increasing.

The RSTs receive around 40 to 50 referrals each month.

The combined caseload for the North Kingston and South Kingston Teams at the time of the Enter & View visit was 768 (this has been increasing). The CPA caseload was 290 (and this was reported as static at present).



Information display in the main reception

2.4 Method

In December 2017, Healthwatch Kingston held several workshops with members of the Mental Health Task Group, to design the Enter & View process including the design of the survey questions.

Tony Williams, Chair of the Mental Health Task Group met with Richard Dalton, the Clinical Manager for Kingston and Richmond Community Adult Services and agreed an appropriate methodology for the visit. All Healthwatch Kingston Authorised Representatives attended a training session which covered confidentiality,



awareness of operational issues, procedures and the importance of acting professionally and responsibly when at the hospital.

One month before the Enter & View visit, posters were displayed on the noticeboard in the patient waiting area of the Acacia Unit (see Appendix 1). Prior to the visit, a short survey (see Appendix 2) was also made available in the service reception area for service users to complete and send back to Healthwatch Kingston. This survey was made available to service users, on the day of the Enter & View, that did not feel like speaking with Healthwatch Kingston Authorised Representatives in the time they were at the Acacia Unit.

A team of ten Healthwatch Kingston Authorised Representatives (three members of staff and seven Active Affiliates, who volunteer with Healthwatch) were involved in the pre-arranged visit to the Acacia Unit on Tuesday 20 March, from 9am to 4pm.

As part of the Enter & View visit, Healthwatch Kingston was also given permission to speak informally with service users before a STEPPS (Systems Training for Emotional Predictability and Problem Solving) workshop held at the hospital (see Appendix 4: Glossary of Terms).

On the day of the visit Healthwatch Kingston Authorised Representatives held a pre-visit briefing session with lead service staff and then met again at the end of the day to informally feedback initial key themes.

Healthwatch Kingston engaged with 28 people as a direct result of the Enter & View visit including:

- 8 scheduled interviews (service users and their carers where appropriate)
- 20 service users engaged in the lobby area and the waiting room

As part of this exercise ten paper surveys were completed. The hospital provided Healthwatch Kingston with two rooms to conduct the interviews. Each service user was interviewed by a couple of Authorised Representatives, one asked questions (see Appendix 3) and listened while the other made anonymised notes of the interview conversation. At the beginning of each interview, Healthwatch Kingston made it clear who we were, why we were there and how we could be contacted after the interview, should people wish to speak further with us. Service users interviewed were also told they could stop the interview at any time if they needed to.





Interview room 15



Interview room 14

2.5 Results of visit

The service users that were interviewed and those who completed a paper survey were asked a set of questions about the following areas identified by the Healthwatch Kingston Mental Health Task Group during the Enter & View design process.

- Access
- Timeliness
- Person-centredness
- Quality of relationships
- Wellbeing

ACCESS

How easy is it for you to access this service?

Service users told us that they did not always get the help that they needed early enough when they start to develop mental health problems. They felt there was a lack of knowledge with some GPs when discussing mental health issues and they were not well informed on how to refer people into the local mental health system, nor were they aware of what other useful services were available.

It was sometimes difficult to access the right support because of problems like long waiting times for an initial diagnosis.

Individuals said that once in the system they didn't always receive consistent



support to guide them throughout the process and there were long periods of not knowing what was going on.

“It took over a year before I saw someone I felt understood my condition.”

Almost all of those interviewed found making an appointment with the service was difficult. One user commented that letters to confirm appointments often arrived days after the appointment date and when they called they would be told they had missed their appointment. This would result in them being signed off and having to return to their GP and then needing to be referred again.

Another service user mentioned that in the past they had received calls from a private number but because no message was left they were not aware that they had missed a call from the hospital, so they were also signed off and had to return back to their GP.

Healthwatch Kingston also heard of some problems with appointments being mixed up or not recorded properly on the hospital’s appointment system. One of the service users said that when she arrived for her appointment they had *‘been fitted in’* but felt that this would then have an impact on another service user’s time.

Two service users found accessing the service straightforward and did not have any difficulty when making their appointments.

The telephone system was almost universally disliked and feedback from service users interviewed was critical about the new ‘Single Point of Entry’ (SPOE) telephone number. When service users call the Tolworth Hospital site they speak to an operator based at Springfield Hospital, who then redirects all calls. This gatekeeper system was not popular with those we interviewed as people preferred to call directly to the reception at Tolworth. People also felt that it took a long time for the phones to be answered and then it was difficult to get through to the right person.

One service user felt that it was easier to physically go to Tolworth Hospital to arrange an appointment, rather than to try and speak to someone over the phone.



“Having to call a number at St Georges rather than contact Tolworth direct, is not good and added to the stress when ringing up about an appointment.”

Only one service user out of those interviewed felt that communication with the service was good.

The facilities at the service were seen as good with plenty of parking on site, with charges for parking viewed as reasonable and much cheaper compared to other local hospital sites. Those who we spoke to did not evidence any difficulty travelling to the service either by car or public transport or getting around the building. However, none of those interviewed that used public transport, came from the South of the borough where there is an issue with use of public transport to and from the Tolworth Hospital site. It is hoped this will be addressed at upcoming meetings between local residents and Transport for London (TfL), especially with the investment and expansion of services by the NHS going on at the Tolworth Hospital site in the near future. The service may wish to retain a focus on this issue in any subsequent consultation with TfL.



Stairwell to reception



Top of stairwell



Lift to disabled toilet



HWK RECOMMENDATION 1: ACCESS

As the referral process to the community service seems to take longer than expected and service users do not feel that they are kept informed, it would be helpful if the service could explore ways to speed up this process and ensure information on the process is provided to service users.

HWK RECOMMENDATION 2: ACCESS

The service should reassess the new telephone system as the way callers are initially referred to Springfield Hospital before being transferred to Tolworth makes the process of contacting the service feel disjointed.

HWK RECOMMENDATION 3: ACCESS

The service needs to ensure that GPs are better informed on how to refer people into the mental health system and should have an awareness of what community services are available.

TIMELINESS

How was the timing of your appointment? (day of week, time of day etc.)

Healthwatch Kingston heard that service users were generally satisfied with the timing of their appointments. Although several did mention that they would like a better range of appointment times. The majority of service users interviewed reported that they were seen quite promptly for their appointment and only one person complained that there were often delays. Most service users told Healthwatch Kingston that the length of their appointments was as expected but some, on occasion, felt that they would have liked a bit more time to talk and one person mentioned they had to wait six weeks between appointments.



There were mixed views over appointments for clozapine. On balance, fixed appointments were preferred over drop-in arrangements.

Everyone interviewed was aware of the details of their next visit.

HWK RECOMMENDATION 4: TIMELINESS

The service could explore varying appointment duration and frequency based on individual service user needs.

PERSON-CENTREDNESS

Do you feel the service is designed to meet your needs?

There was a mixed response in this area and some positive feedback along with several comments made about the professionalism of the staff.

“I never feel anxious about coming here, the staff are very professional in their expertise.”

Service users did generally find the right support, treatment and understanding they were looking for but it was sometimes a struggle getting to this point.

Some felt that there was at times a lack of empathy and that their needs were not always listened to. Two carers commented that their input to the discussion on proposed care for those they looked after was dismissed by the service, even though they believed that they could make a valuable contribution to the support that was needed.

One service user said that they did not have a care coordinator and were expected to do everything themselves.

We also heard that service users were not always able to make choices about how their treatment was delivered. Several mentioned that they would have preferred individual therapies as opposed to group therapies and felt that they were not listened to when they requested a change to medication due to side effects. Another felt that they had been bounced between SWLSTG and the iCope service.



Several users of the service chose to opt to find support privately as they felt the services that were offered were too limited and did not meet their needs.

HWK RECOMMENDATION 5: PERSON-CENTREDNESS

The service should improve the way it creates treatment plans for service users, along with the range of therapy options offered, taking particular care to include the perspectives of carers and family members.

RESPECT

How do you feel you are treated here?

Healthwatch Kingston found that service users often did not feel that they were always treated with respect, sometimes feeling intimidated and not listened to.

“It feels more like a parent - child relationship between the staff and I.”

Service users felt doctors would sometimes misinterpret conversations and talk in psychological terms and that this can come across as patronising.

One service user felt that their views were totally disregarded, and they were told that their condition was not severe enough to warrant engagement with the Crisis and Home Treatment team even after they had self-harmed. They told us that the STEPPS programme had been ‘*dangled before them*’ and then got withdrawn.

Another service user felt that the doctors did not listen to them and they did not feel they could ask for help. They were seeing a counsellor privately and did not feel able to tell the doctor because ‘*they would not be happy about it.*’

Two of the service users interviewed were very positive and felt that they were respected and treated well.



HWK RECOMMENDATION 6: RESPECT

The service must ensure that service users are treated with respect, that they feel listened to and that people are encouraged to provide regular feedback to the service.

QUALITY of RELATIONSHIPS**What is your relationship like with people who deliver the service?**

Healthwatch Kingston received a mixed response to this question with service users feeling differently about their relationship with the service staff.

One service user said that they did not look forward to coming into the service as they felt that the doctor had given them the feeling that they were taking up services from 'more deserving' people. Another mentioned that during an assessment the doctor tended to complete his paperwork rather than listen to them and was told that it was a waste of time giving them services as they may not be able to continue treatment because of their circumstances.

“The doctor makes assumptions about what I am experiencing, quashing my feeling of desperation.”

Several service users felt that the service staff are knowledgeable and provided an efficient service.

Another felt that relationships were generally good - particularly with the Crisis and Home Team and that their counsellor was helpful, and they felt that there was a good structure and focus on where to get help.

There were however some negative comments made about the reception area.

People felt that it was not suitable for mental health patients because:

- The area is too small.
- The lack of privacy when talking to the receptionist (everyone can hear your conversations).
- It feels uncomfortable sitting with a lot of other 'ill people'.





Waiting area



Front desk of reception

HWK RECOMMENDATION 7: QUALITY of RELATIONSHIPS

The service should review the layout of the reception area to improve privacy and ensure service users can speak confidentially with reception staff.

WELLBEING

How is the service here affecting your wellbeing?

One service user felt that they were always treated well as an outpatient, this was reassuring and good for their mental health and made them feel positive.

Another felt that overall, the service is having a positive effect on their wellbeing - and was impressed that the Trust was looking at improving available mindfulness treatments.



“It feels like I am starting a journey and that the outcome will be good.”

There was however, some negative feedback with a service user finding some of the processes and people they met very stressful and not really conducive to dealing with people with mental health problems. They felt that the system should be helping patients to deal with their anxiety and stress.

Several service users felt that their wellbeing could have been improved if they had been informed about local groups and services that provide additional support to users of the community service and their carers.

HWK RECOMMENDATION 8: WELLBEING

Whereas HWK notes from the service that ‘appropriate referral’ is made to ‘other services’, the service should consider improving the levels of signposting and referral to other relevant community groups and sources of support. This should include social prescribing through ‘Connected Kingston’, as it becomes available.

2.6 STEPPS Workshop

As part of this Enter & View visit, Healthwatch Kingston was given permission to speak informally with service users before a STEPPS workshop held at the hospital. As context, the descriptions of the following three service areas (STEPPS Programme, the Recovery College and the SUN Project) were provided to Healthwatch Kingston by the service (see Appendix 4: Glossary of Terms)

Method used to engage with service users of the STEPPS Programme

Five service users (two males, three female) took part. Tony asked to speak to those present without staff being present and this was granted. He recorded their feedback on a flipchart page in sight of those present and summarised points during the discussion.



Opinions expressed by service users of the STEPPS Workshop

STEPPS is seen as an alternative to 1-2-1 treatment and those present at the workshop had been previously offered it after some initial 1-2-1 sessions. Once accepted, 1-2-1 treatment was withdrawn, which was not well received. Those present felt that this caused repression of issues rather than helping them to deal with them. It was also seen as a means to stretch limited resources. People felt they were obliged to retell their stories over and over again, to a mental health system which did not appear to hear them, or to care. They felt they needed a long-term solution that dealt with their individual needs rather than being given what the service had available.

Appointments with health professionals, when attained, were said to be *'too short, and hurried'*. If the terms of the appointment were not kept to the letter clients said they were *'bounced'* from the service.

The Recovery College and the SUN Project (see Appendix 4: Glossary of Terms) were seen as positive initiatives, with services in other areas seen as better quality to those in Kingston.

Getting to services could involve lengthy journeys including changes of transport. This not only could be costly to people who were often financially constrained but involved attending sessions which could raise raw emotional issues then having to face a busy and complex transport system.

Generally, it was felt that there was too little understanding of mental health issues, not only by the public but by health professionals, including at A&E.

Communications around the programme were felt to be poor. Instances were cited where appointments could be cancelled without notification, where clients would attend the service only to be told to go home again. It was not felt that treatment options open to clients were well explained. The new phone system was criticised, and the crisis line was busy on occasion.

Security was said to be present in the interests of staff, not of clients, therefore violent clients presented a risk to other service users.

The Home Treatment Team were intended to follow up on interventions which those interviewed said did not happen.

The separation of clinical and social work personnel was seen as a step backward for service users.



People shared that when they are discharged from services there was inadequate support for them to recover independently, sometimes with serious consequences, including suicidal ideas.

2.7 Summary of findings

The feedback from service users interviewed and those that completed surveys illustrated the following for consideration by the service:

- **ACCESSIBILITY** - Service users do not always get the help they need early enough when they develop problems and the service requires more responsive, coordinated and flexible mental health support
- **CHOICE and CONSISTENCY** - Involving service users, their carers and their families, and giving them more choice about how their care is delivered is the key to helping them feel in control of their care
- **COMMUNICATION** - Sharing information and knowledge is paramount. Health and social care providers need to provide support both in the clinic and in the community
- **NEEDS-LED CARE** - To be effective, mental health services should be designed on a needs-led basis rather than a service-led basis. This means adapting services to the needs of services users.



2.8 Healthwatch Kingston upon Thames Recommendations

During this Enter & View visit to the service, Healthwatch Kingston listened to the views of service users and carers and provides the following recommendations for service provider review and response:

HWK RECOMMENDATION 1: ACCESS

As the referral process to the community service seems to take longer than expected and service users do not feel that they are kept informed, it would be helpful if the service could explore ways to speed up this process and ensure information on the process is provided to service users.

HWK RECOMMENDATION 2: ACCESS

The service should reassess the new telephone system as the way callers are initially referred to Springfield Hospital before being transferred to Tolworth makes the process of contacting the service feel disjointed.

HWK RECOMMENDATION 3: ACCESS

The service needs to ensure that GPs are better informed on how to refer people into the mental health system and should have an awareness of what community services are available.

HWK RECOMMENDATION 4: TIMELINESS

The service could explore varying appointment duration and frequency based on individual service user needs.



HWK RECOMMENDATION 5: PERSON-CENTREDNESS

The service should improve the way it creates treatment plans for service users, along with the range of therapy options offered, taking particular care to include the perspectives of carers and family members.

HWK RECOMMENDATION 6: RESPECT

The service must ensure that service users are treated with respect, that they feel listened to and that people are encouraged to provide regular feedback to the service.

HWK RECOMMENDATION 7: QUALITY of RELATIONSHIPS

The service should review the layout of the reception area to improve privacy and ensure service users can speak confidentially with reception staff.

HWK RECOMMENDATION 8: WELLBEING

The service should consider improving methods of signposting and referrals to relevant community groups and other sources of support, including social prescribing through 'Connected Kingston', as it is available.



2.9 Service provider response to recommendations

A team of ten Healthwatch Kingston Authorised Representatives, three members of staff and seven Active Affiliates, who volunteer with Healthwatch were involved in the pre-arranged visit to the Acacia Unit at Tolworth Hospital on Tuesday 20 March, from 9am to 4pm.

Healthwatch Kingston engaged with 28 people as a direct result of the Enter & View visit including

- 8 scheduled interviews (service users and their carers where appropriate)
- 20 service users engaged in the lobby area and the waiting room

The report naturally did not identify any of the 28 individuals who had been interviewed nor did it specify if the 20 service users engaged in the waiting room were receiving services specifically from Kingston North and Kingston South RSTs as the Acacia lobby services other community teams.

The Enter & View report was factually accurate and helpfully identified areas for improvement, some of which had been identified by the recent Care Quality Commission (CQC) inspection also conducted in March 2018.

The report identified 8 Recommendations and these have been incorporated into an action plan.



Action Plan

Kingston Healthwatch Enter & View Visit in March 2018

Areas of review	Healthwatch Kingston Recommendations	Comments/Notes	Actions	Completion Date
Access	1. As the referral process to the community service seems to take longer than expected and service users do not feel that they are kept informed, it would be helpful if the service could explore ways to speed up this process and ensure information on the process is provided to service users.	<p>The Trust have an Assessment Centre (Single Point of Access) for all referrals to secondary services.</p> <p>Appointments are scheduled based on need – Emergency within 24hrs, Urgent within 5 days and standard within 28 days.</p> <p>Clients receive an appointment letter and text following triage.</p>	The Assessment Team with the support of IT will edit the appointment letters to incorporate information on how to contact the team should they go into crisis or wish to amend their appointment.	October 2018
Access	2. The service should reassess the new telephone system as the way callers are initially referred to Springfield Hospital before being transferred to Tolworth makes the process of contacting the service feel disjointed.	This issue has been raised by the CQC in their recent review and work is underway to address this.	A QII session was set for mid-September and a project team is being established to look at improving the work of the contact centre.	October 2018



Areas of review	Healthwatch Kingston Recommendations	Comments/Notes	Actions	Completion Date
Access	3. The service needs to ensure that GPs are better informed on how to refer people into the mental health system and should have an awareness of what community services are available.	<ul style="list-style-type: none"> • The Assessment Centre acts as a single point of access for all referrals to secondary services and GPs are aware that their referral will be directed to the appropriate team. • The GP referral guidelines were recently up-dated and distributed to GP practices (20th July 18). This includes the referral pathways and criteria for each service. Also how to refer. 	There is a programme of work, led by the Medical Director, on engaging GPs in the work of the Trust. This includes identifying how GPs would like to be kept informed and engaged in the developments taking place. In addition each GP will have a named consultant psychiatrist contact.	June 2019
Timelines	4. The service could explore varying appointment duration and frequency based on individual service user needs.	Clinical teams are supported to be flexible when offering appointments to clients to accommodate mobility problems and occupational needs. Flexibility issues are addressed on a case by case basis.	The Community Service Line Management Team will circulate a bulletin reminding all teams to be flexible and responsive when arranging appointments.	August 2018



Areas of review	Healthwatch Kingston Recommendations	Comments/Notes	Actions	Completion Date
Person-Centredness	5. The service should improve the way it creates treatment plans for service users, along with the range of therapy options offered, taking particular care to include the perspectives of carers and family members.	<ul style="list-style-type: none"> The Trust have developed a set of 10 Care Planning Standards linked to a dashboard to monitor the quality of care plans. In March 2018 the Trust launched a Service User and carer involvement plan and is rolling out a comprehensive programme. All Kingston Community Teams have completed the Triangle of Care (ToC) Self-Assessment. Service Line Development Day session took place on 8th August 2018 on carer involvement – hosted by a Sutton Carer. 	<ul style="list-style-type: none"> Monthly Case Notes Audits to monitor the quality of care planning. Data collected from the ToC Self-Assessments will be analysed and action plans will be developed. Full rollout of the Service User & Carer involvement plan. Comprehensive Action Plan running up to March 2020. Advert to go out for Users & Carers from Kingston & Richmond to sit on the Implementation Group. 	<p>On going</p> <p>Nov 2018</p> <p>March 2020</p> <p>August 2018</p>
Respect	6. The service must ensure that service users are treated with respect, that they feel listened to and that people are encouraged to provide regular feedback to the service.	<ul style="list-style-type: none"> See above reference to the Service User & Carer Strategy. Real Time Feedback (RTF) terminals are located within each community hub to capture service user & Carer feedback. 	<ul style="list-style-type: none"> Reception staff will be encouraged to prompt service users & carers to use the RTF machines. 'You said we did' boards will be posted within each community hub to report on improvements. 	<p>On-going</p>



Areas of review	Healthwatch Kingston Recommendations	Comments/Notes	Actions	Completion Date
Quality of Relationships	7. The service should review the layout of the reception area to improve privacy and ensure service users can speak confidentially with reception staff.	The Trust is undergoing a comprehensive Estates Management Plan (EMP) that will significantly impact all sites.	Head of Nursing & Quality for the Community Service Line will raise the issue of confidentiality in reception areas with the EMP team.	August 2018
Wellbeing	8. The service should consider improving methods of signposting and referrals to relevant community groups and other sources of support, including social prescribing through 'Connected Kingston', when it is available.	<ul style="list-style-type: none"> All services maintain a comprehensive database on local resources both statutory and 3rd sector and refer and signpost when appropriate. The Assessment Team based at the Madison Centre who signpost as above when appropriate. 	The Trust will develop links with 'Connected Kingston' when it comes on line.	On-going



3 Further Reading

Mental health - the public's number one issue for 2016

https://m.healthwatch.co.uk/sites/healthwatch.co.uk/files/20150210_mental_health_briefing.pdf

CQC Report - Tolworth Hospital 2014

<http://www.cqc.org.uk/location/RQY08>

Enter & View Visit: Tolworth Hospital, Jasmines Ward - 2015

http://www.healthwatchkingston.org.uk/sites/default/files/hwk_enter_view_report_tolworth_hospital_jamines_ward.pdf

Enter & View: Tolworth Hospital, Lilacs Ward - 2015

http://www.healthwatchkingston.org.uk/sites/default/files/hwk_enter_view_report_tolworth_hospital_lilacs_ward_1docx.pdf

CQC Report - Tolworth Hospital 2018

<https://www.cqc.org.uk/news/releases/outstanding-cqc-rating-kingston-hospital-nhs-foundation-trust>



4 Appendices

Appendix 1: Poster displayed in waiting area at Acacia Unit



healthwatch
Kingston Upon
Thames

Want To Share Your Experiences Of Outpatients Here?



Healthwatch Kingston are Kingston's independent champion for health and social care and we want to hear from you

We are visiting Tolworth Hospital to gather views on 20th March 2018

You can:

- book a slot to meet with us and contribute your experiences, or
- answer the questions on the back of this sheet and send them to us via the contact details below.

Tel: 0203 326 1255
www.healthwatchkingston.org.uk

 HWKingston  @HWKingston

Kingston Quaker Centre, Fairfield E, Kingston upon Thames KT1 2PT.



Appendix 2: Survey made available in waiting area and provided to service users during home visits

1. What do you want to tell us about the outpatient's service?

2. How easy is it for you to access this service? (What was travelling here like? How is making an appointment here? How is communication? How do you find access within the building?)

3. How was the timing of your appointment? (Was your appointment time convenient for you? When you arrived for your appointment were you seen at the time agreed? Did your appointment last for the duration that you expected? Was the duration of the appointment sufficient for your needs? Are you aware of the details of your next visit?)

4. Do you feel the service is designed to meet your needs? (Are you able to "make choices" about the delivery of the service to make it personal to you? How do you feel you are treated here? What is your relationship like with people who delivery the service? How is the service here effecting your wellbeing?)

If you need more space please continue of a new sheet or email info@healthwatchkingston.org.uk.



Appendix 3: Prompts for patient discussions

Enter & View Questions - Tuesday 20th March

What do you want to tell me about the outpatient's service?

Access

1. How easy is it for you to access this service?
 - a) What was travelling here like?
 - b) How is making an appointment here?
 - c) How is communication?
 - d) How do you find access within the building?

Timeliness

2. How was the timing of your appointment?
 - a) Was your appointment time convenient for you?
 - b) When you arrived for your appointment were you seen at the time agreed?
 - c) Did your appointment last for the duration that you expected?
 - d) Was the duration of the appointment sufficient for your needs?
 - e) Are you aware of the details of your next visit?

Person- centredness

3. Do you feel the service is designed to meet your needs?
 - a) Are you able to “make choices” about the delivery of the service to make it personal to you?

Respect

4. How do you feel you are treated here?

Quality of relationships

5. What is your relationship like with people who delivery the service?

Wellbeing

6. How is the service here effecting your wellbeing?



Appendix 4: Glossary of Terms

Depot Clinic

A clinic where a depot injection which is a slow release, long-acting form of a medication is administered. It is the same antipsychotic medication that is taken in tablet or liquid form, however when it is given as an injection because in a carrier liquid it lasts longer.

Clozapine clinic

Clozapine is a medication used for people who may have not responded to other antipsychotic medications and has good efficacy. Clozapine needs to be prescribed by a psychiatrist and requires regular blood tests and physical health monitoring, this is provided by the Clozapine clinic.

The Recovery College

The Recovery College provides a recovery-based approach to encourage people to become experts in their self-care and wellbeing and giving students the tools they need to manage their condition. Courses are run by a practitioner trainer (e.g. occupational therapist or nurse) and a peer trainer (someone with lived experience of mental health issues) in a safe, supported environment for service users to learn and contribute to discussions.

STEPPS

This is a programme which consists of two phases, the first being a 20-week basic skills group workshops in which 7 to 10 clients are offered education, information and skills training appropriate for clients diagnosed with borderline personality disorder (BPD). Phase two is called STAIRWAYS and this is also a manualised group-based intervention with meetings happening fortnightly for one year. The programme aims to teach clients skills to help them better manage the symptoms of BPD - particularly in phase one of the programme. Phase two places more emphasis on using these skills to build “more quality or meaning” into the lives of participants by managing different areas of one’s life more skillfully, for example, trying new things, managing anger and impulsivity, developing assertiveness and relationship skills.



The Sun Project

The Sun Project is a community support service based at Springfield Hospital which aims to help people better manage the difficulties associated with having a personality disorder. The service is for adults aged 18 and over who live in and whose GP is located in Kingston, Richmond, Merton, Sutton and Wandsworth. People are able to access this group by self-referral only. The group programme comprises of nine support groups weekly across the five boroughs in community venues. There is no formal assessment process. However, membership is dependent on the completion of a Crisis and Support Plan which takes place at the first meeting with support from other group members and facilitators. All work is carried out in groups and there is no care coordination or any 1-2-1 appointments. Members are free to use the groups when it suits them, and there is no limit to the length of time people stay on the programme.

