

Report To:	West Norfolk Clinical Commissioning Group
Submission Date:	12 January 2015
Title of Report:	Supplementary Report: Evaluation of Dementia and Complexity in Later Life (DCLL) Pathway Changes in West Norfolk
Purpose of the Report:	Evaluate efficacy of pathway changes to inform next steps
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NHS Constitution principles	
<ol style="list-style-type: none"> 1. The NHS provides a comprehensive service, available to all; 2. Access to NHS services is based on clinical need, not on an individual's ability to pay; 3. The NHS aspires to the highest standards of excellence and Professionalism; 4. NHS services must reflect the needs and preferences of patients, their families and their carers; 5. The NHS works across organisational boundaries and in partnership with other organisations in the interest of patients, local communities and the wider population; 6. The NHS is committed to providing best value for taxpayers' money and the most effective, fair and sustainable use of finite resources 7. The NHS is accountable to the public, communities and patients that it serves. 	

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1.0 Introduction

- 1.1 This paper builds on the *Evaluation of Dementia and Complexity in Later (DCLL) Pathway Changes in West Norfolk* report submitted to the West Norfolk Clinical Commissioning Group (WNCCG) in May 2014, and provides some further feedback from service users, their carers, and GP, the main refers to DCLL Services (see section 2).
- 1.2 Some further analysis and commentary of activity within the Dementia and Complexity in Later Life (DCLL) service line in 2014 is also provided (see section 3).

2.0 Feedback Commentary

2.1 Service users and carers

The views of service users and carers on the acute services have been surveyed in 3 ways during the pilot :

1. The friends and family test;
2. A DIST service survey questionnaire; and
3. An in-depth qualitative evaluation.

2.2 Friends and family test (FFT)

The FFT is a nationally prescribed method for all NHS services to receive feedback from service users and carers. The aim is for FFT to become available to everyone using any NHS services

The feedback tool asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience.

Launched in April 2013, the FFT question has been available to NSFT service users since October 2014.

Questionnaires are given to all service users and their carers. A coordinating centre external to NSFT receives completed feedback forms via the mail and provides weekly email reports to the specific services that have received feedback in the specific period and a monthly report to the NSFT Board.

Appendix 3 includes a selection of relevant comments and Appendix 4 provides the collated FFT feedback.

2.3 DIST service survey questionnaire

A questionnaire was developed for ongoing feedback on the DIST during the pilot .

During the period of 17th August 2013 – 16th August 2014, 23 questionnaires were returned, and are included in this interim review. Questionnaires asked multiple choice questions, and asked for suggestions for improvement and comments about the best part of the service.

A selection of relevant comments are included in Appendix 3 and the responses to each multiple choice question are displayed as percentages in Appendix 5.

2.4 In depth qualitative evaluation

The in-depth qualitative evaluation report covering all acute and sub-acute DCLL services for the period up to May 2014 is attached to the original evaluation of DCLL service report, May 2014). Some relevant comments have been included in Appendix 3.

2.5 Summary of the service user and carer feedback

Overall the feedback from service users and carers is very positive and there are repeated themes of the service provided being understanding, helpful, respectful, dignified, friendly, and caring.

2.6 Recent feedback from the last 3 months of 2014 indicates that 87.5% of services users / carers are *very likely* to recommend the DCLL service and 12.5 % are *likely* to recommend the service.

2.7 Examples of service user and carer comments include:

“We have had and are receiving wonderful care, kindness and support. Without the help of the team life was very difficult. We can’t thank them enough for their patience, kindness and caring. It is so reassuring to know there is always someone we can turn to for help. We are very grateful to such a wonderful team. A very big thank you.”

“Fantastic service, so caring and understanding. Helped me and my wife so much.”

“I am pleased with everything that was discussed and provided today. Thank you. The home treatment team helped me to get back on my feet after a month long spent with depression. Have suffered from chronic depression on and off for many years. Being treated at home seems on the whole a better alternative to being in hospital although I was sceptical at first.”

2.8 GPs and other health and social care professionals

An online survey of GPs whose patients who had had services from the DIST service has been commenced by CCG staff and will be inserted in the final report.

2.9 In addition, feedback focus groups were held with DIST team members and with staff from care home providing the Alternative to admission beds pilot scheme.

The results suggested that the start-up phase of the new service settled down with the development of good communication between the teams and close working relationships. Friendly, helpful and supportive working relationships had developed and benefits for service users noted.

3.0 Data Analysis Commentary

3.1 NSFT's Norfolk West Locality encompasses all the West Norfolk CCG area, as well as Wells and Fakenham GP practices from North Norfolk and South Norfolk's mid-Norfolk group of GPs.

3.2 An analysis of population and referral data indices that an estimated 5% of the current locality activity is from North Norfolk, 25% from South and 70% from the West Norfolk CCG area.

3.3 Dementia Intensive Support Team

In the region of 294 referrals were received by the DIST Team from the West Norfolk CCG area which equates to about 6 per week, although the number each week varies ranging into the teens.

3.4 19 out of every 20 planned contacts are attended, with only 5% planned contacts not taking place either due to being cancelled in advance or with a DNA outcome.

3.5 On average DIST practitioners have 12 attended community contacts with each referred patient. Many of these only require an assessment contact and advice and support to the referrer, professional or private carer or care home. Those referrals that require more intensive support frequently receive well in excess of 12 contacts.

3.6 95% of attended contacts are for assessment and treatment purposes.

3.7 This overall level of activity shows the DIST team continue to address a clear need within the frail elderly population of West Norfolk.

- 3.8 Alternative to Admission (Paddocks Care Home) bed usage
From the 38 weeks from April to mid December, there were a total of 11 ATA admissions, 7 of which were from the WNCCG area.
- 3.9 Average LoS for completed ATA episodes of care ranged from 14 to 45 days with the average 23 days.
- 3.10 Overall occupancy of the 2 available beds during this period has only been in the region of 60% and work needs to be done to understand why higher usage has not been required.
- 3.11 Blickling Ward, Julian Hospital, Norwich (Dementia Assessment)
From the 38 weeks from beginning of April to mid-December, there were a total of 10 admission from the WNCCG area. During this time 3 beds were occupied by WNCCG patients for 13% of the time, for 53% 1 or 2 were occupied, with no beds required for 34% of the time.
- 3.12 From the information available for this report, average length of stay for completed episodes of care was 32 days.
- 3.13 Sandringham Ward, Julian Hospital, Norwich (CLL Assessment)
From the 38 weeks from beginning of April to mid December, there were a total of 13 admission from the WNCCG area. During this time 4 beds were occupied by WNCCG patients for only 6% of the time, for 56%, 2 or 3 were occupied, with just 1 bed required for 38% of the time.
- 3.14 From the information available for this report, average length of stay for completed episodes of care was 48 days, 33% longer than for Blickling Ward and likely to reflect the greater complexity of issues in frail older people with serious functional mental health problems.
- 3.15 Non-DCLL older people
People over the age of 65 without dementia or needs related to complexities of later life continue to be treated within general adult and acute mental health services, not DCLL. Consequently this cohort of patients in not included in this report.
- 3.16 Treating people on reaching the age of 65 within adult community and acute services is considered to be best practice in needs led service provision. The lack of availability of adult acute mental health beds during 2014 is a serious issue, but one that should be considered separately from the focus of this report and is not a reason to consider the reintroduction of age-demarcated services.
- 3.17 Dementia and Complexity in Later Life (DCLL) Community Team
From January to November 2014 a total of 1,357 referrals were received, of which in the region of 950 / 86 per month were from the WNCCG area.
- 3.18 From 2014/Q1 referrals for Memory Assessment and Treatment have been logged in a way that enables them to be differentiated from other DCLL referrals. This was capturing all such referrals by the start of Q2. In the 5 months between July and November 2014, a total of 654 referrals were received within the Norfolk West Locality, of which 516, or 79%, were for memory services.
- 3.19 An analysis of internal referrals from Access and Assessment to DCLL by GP practice shows in the region of 66% of all referrals are from the WNCCG area. This equates to a current full year referral rate of 1036 / 86 per month, of which 725 / 60 per month are for memory services. This referral activity closely corresponds to the estimates provided in the extract in Appendix 2 (section 5).
- 3.20 The referral trends continue to rise, with monthly referrals in the last 3 months (to November) 108% of the referrals in the first 3 months of 2014.

- 3.21 Urgent coordinated action is required in 2015 to ensure community services for Dementia in West Norfolk are able to keep up with the growing demand.

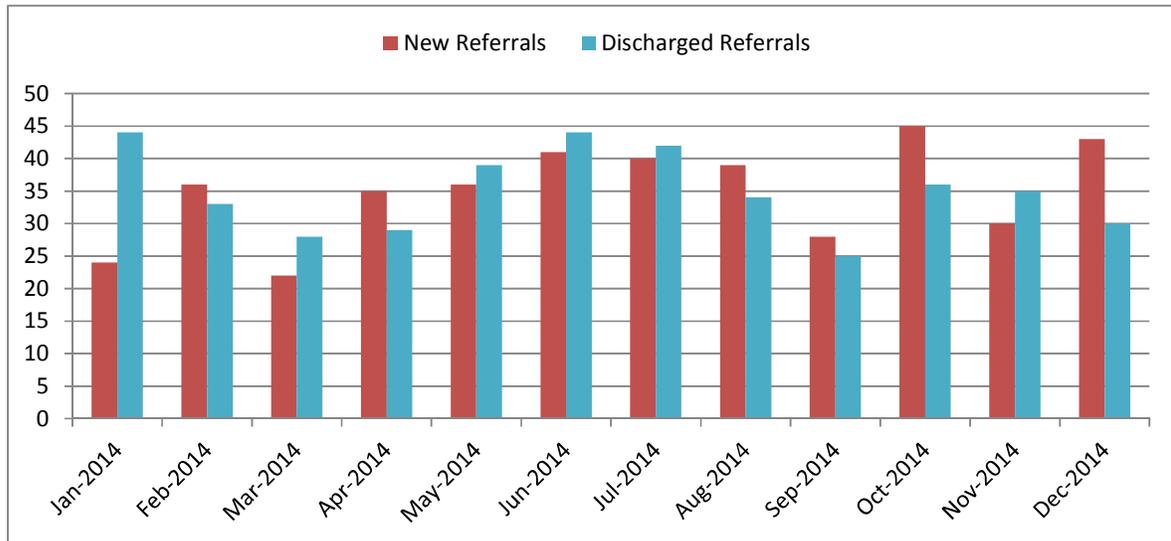
4.0 Conclusion

- 4.2 High activity levels of the DIST indicate that there is a clear need for community based acute mental health services for the frail elderly and that all parts of the acute pathway are in use and necessary from a clinical management perspective
- 4.3 The use of a range of services in the community and acute pathways ensures there are appropriate service user, carer and clinician choice in considering the best care and treatment option for patients.
- 4.4 Demand however is variable, and there are occasional lulls (below 100% utilisation) and spikes (over 100%) in acute services demand. In July 2014 for example, none of the acute DCLL beds were in use.
- 4.5 Overall however there is a clear and significant increasing demand for community based acute sub-acute and non-acute DCLL services and this needs coordinated action to be addressed effectively in 2015.
- 4.6 Service user and carer feedback and feedback from professionals indicates that the services are developing in a manner that meets needs and expectations and overall are perceived in a positive light.
- 4.7 Recent feedback from the last 3 months of 2014 from the FFT indicates that 87.5% of service users / carers are *very likely* to recommend the DCLL service and 12.5 % are *likely to* recommend the service.

Appendix 1 : Data Analysis

Dementia Intensive Support Team

a) New Referrals and Discharges by month (January to December 2014)



A total of 419 referrals have been received by the DIST team in 2014 from Norfolk West (West+). This equates to 293 referrals / 24 per month / 6 per week from the WNCCG area (70%).

b) Caseload (active referrals)

Caseload numbers are variable dependent on the ratio of referrals to discharges, but have remained consistently in the region of 40 at any one time (about 28 of which are from the WNCCG area). This is about 20% above ideal caseload numbers and reflects the challenges the team face in trying to ensure discharges keep pace with admissions amid ongoing high demand.

c) Clinical (patient) contacts in 2014 = 5,185

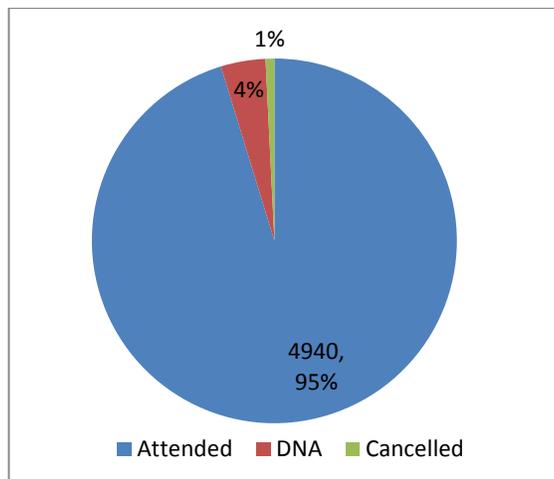
These figures only represent direct actual contacts with service users and those acting in a proxy role, but do not include the large number of contacts with GPs and other health and social care professionals.

d) Contact Analysis

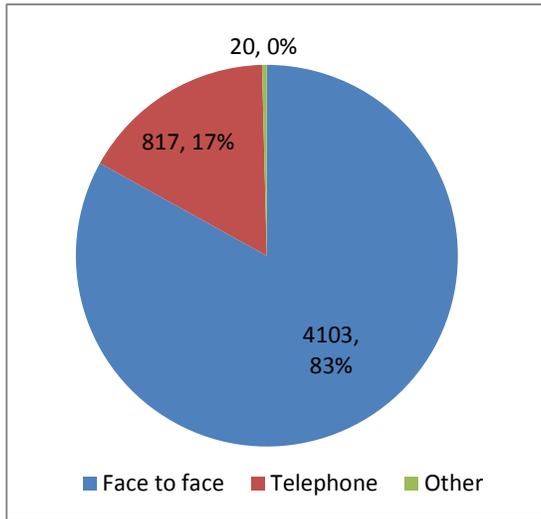
IN 2014 there have been 5,185 recorded contacts.

The analysis of these contacts shows remarkable effectiveness with a very low number of cancelled appointments and a high proportion of direct face to face contact with patients.

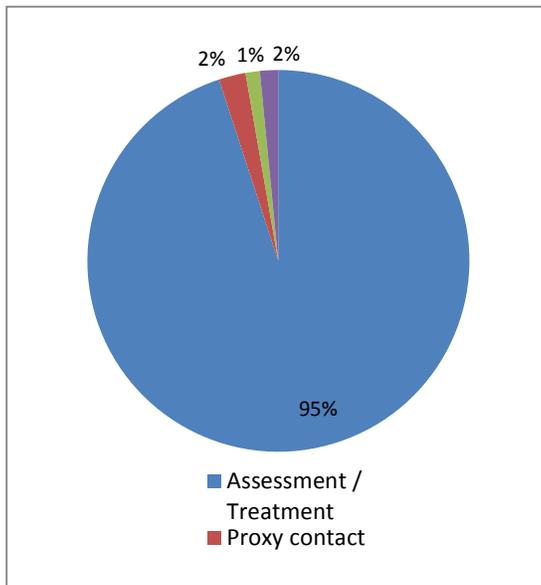
i) Attendance



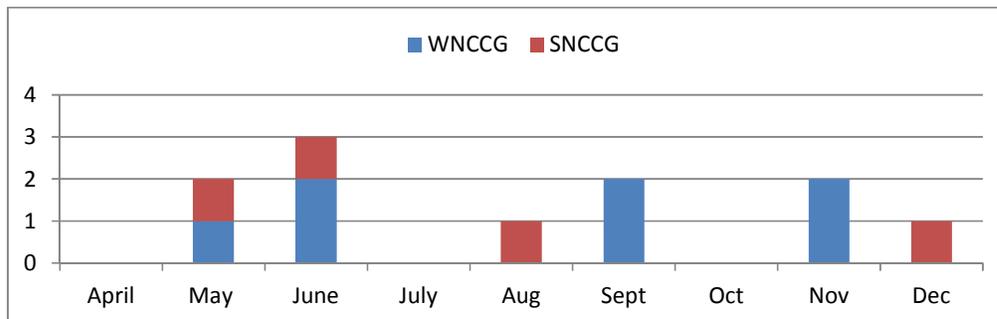
ii) Attended contacts: Type



iii) Attended contacts: Purpose



Alternative to Admission (Paddocks Care Home) Bed Usage
Admissions & Discharges (April to 18th December 2014)



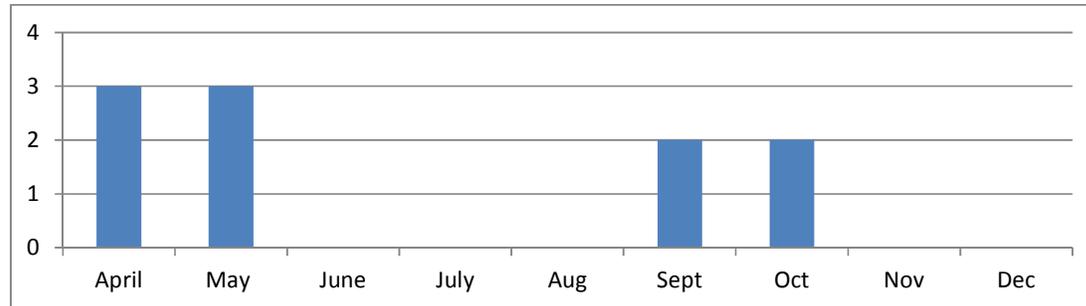
This graph shows a total of 11 admissions 4 of which were for residents of the Mid-Norfolk (SNCCG) are of the Norfolk West Locality.

Of the 38 weeks between April and 18th December, both the 2 available Paddocks beds were occupied for 37% of the time, 1 for 47%, and for 16% of this period neither bed was occupied.

1 of the 11 patients remains in the Paddocks at the time of this report. Of the 10 with completed ATA episodes of care, the shortest LoS was 14 days, the longest 45 days and average 23 days.

Blickling Ward, Julian Hospital, Norwich (Dementia Assessment)

Admissions (April to 18th December 2014)



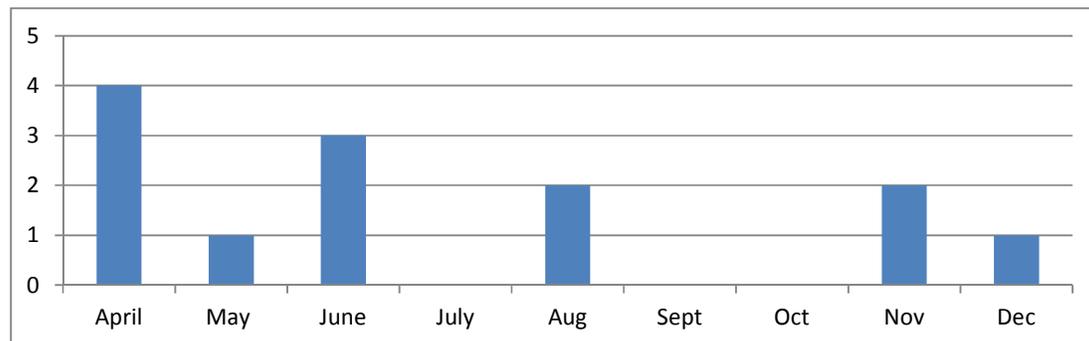
This graph shows a total of 10 admissions of patients from the WNCCG area.

Of the 38 weeks between April and 18th December, 3 beds were occupied for 13% of the time, 2 for 24%, 1 for 29% and for 34% of the time, no beds were occupied by patients from the WNCCG area.

Average bed occupancy over the 38 weeks of patients from the WNCCG area = 1.2.

Sandringham Ward, Julian Hospital, Norwich (CLL Assessment)

Admissions (April to 18th December 2014)



This graph shows a total of 13 admissions of patients from the WNCCG area.

Of the 38 weeks between April and 18th December, 4 beds were occupied for 6% of the time, 3 for 39%, 2 for 17% and 1 for 38% of the time.

Average bed occupancy over the 38 weeks of patients from the WNCCG area = 1.7.

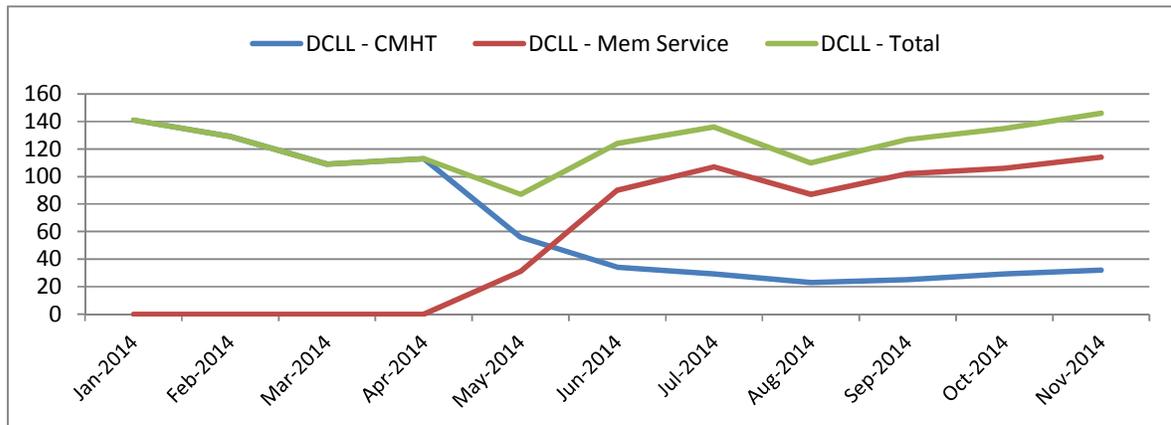
Non-DCLL older people

People over the age of 65 without dementia or needs related to complexities of later life continue to be treated within general adult and acute mental health services, not DCLL. Consequently this cohort of patients is not included in this report.

Dementia and Complexity in Later Life (DCLL) Community Team

a) New referrals January to November 2014

To aid future reporting of referrals received for memory assessment and dementia treatment referrals to DCLL Services were disaggregated into Memory Service referrals and all other referrals received by the CMHT. The following graph shows this new referral logging system fully in place by July 2014.

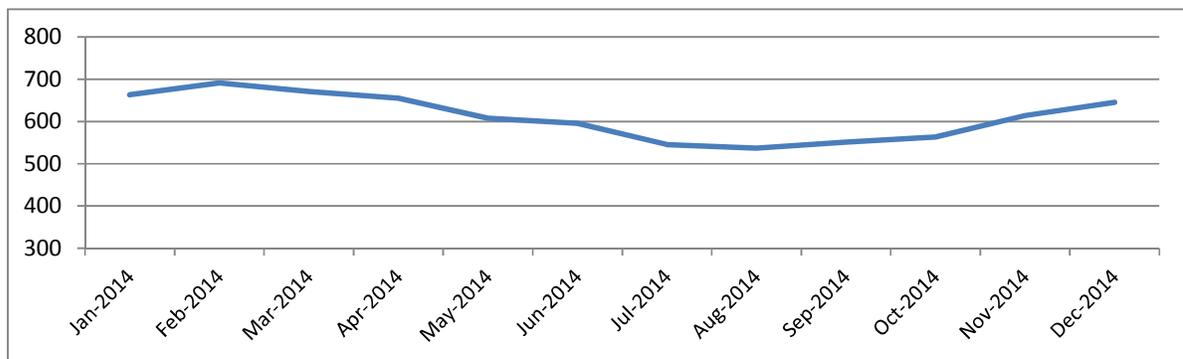


In the 5 months between July and November 2014, a total of 654 referrals were received, of which 516, or 79%, were for memory services.

Approximately 66% of the referrals are from the WNCCG area. This equates to a current full year referral rate of 1036 / 86 per month, of which 725 / 60 per month are for memory services.

b) Caseload (open referrals) by month in 2014

The upward trend in caseload numbers directly corresponds to the differential between discharges and referrals in the above chart.



Appendix 2 : Dementia in West Norfolk

(Extract from *Dementia Support Service Proposal: meeting the needs of people with dementia and their carers in West Norfolk*, submitted on 22nd September 2014 by Marcus Hayward, NSFT West Norfolk Locality Manger, for consideration by GPs for funding from of £5 per head provision.)

Dementia in West Norfolk

- 2.1 Currently, an estimated 3,000 people in West Norfolk have dementia (diagnosed or undiagnosed), with in region of 1 in 4 resident in care homes.
- 2.2 An estimated 12% (360) will have severe or advanced dementia, 33% (990) moderate needs and 55% (1650) mild symptoms.
- 2.3 Although West Norfolk has the lowest detection rates for dementia in Norfolk, in 2013-14 the number on the QOF register increased by 5.62% (see Appendix II), the largest increase of all CCGs in Norfolk and Waveney.
- 2.4 However, the actual number on the register in West Norfolk is in region of only 1,200, suggesting 1,800 remain unidentified.
- 2.5 Based on the demographics of West Norfolk the estimated incidence of new dementia cases is in region of 800 per year.

Demand for NSFT Services for Older People

- 3.1 In 2012 the total number of new external referrals from the WNCCG area to NSFT's services for older people at Chatterton was 341.
- 3.2 Following NSFT's Service Strategy (TSS) implementation in 2013 these services are now provided by the Dementia Intensive Support Team (DIST) and Dementia and Complexity in Later Life (DCLL) services that include memory assessment and treatment.
- 3.3 Based on WNCCG area referral activity to the post-TSS services from January to August 2014, the full year total for 2014 is estimated to reach in the region of 1300. This is more than three times the referrals received in 2012.

Referrals to the Dementia Intensive Support Team

- 4.1 The DIST team has been established to provide time-limited (i.e. 4 weeks) intensive support for people with moderate to severe dementia with behavioural problems. The caseload capacity that equates to the WNCCG area is 20-25 at any one time.
- 4.2 From January to August 2014, the DIST received 173 referrals from the WNCCG area. This equates to yearly referrals of 260 and averaging 22 per month. More than 50% of these referrals are from Care Homes.
- 4.3 With an estimated 1,350 people with moderate to severe dementia in West Norfolk it is not surprising that the DIST team are struggling to maintain a sustainable caseload that allows the intensive support needed.
- 4.4 In any one year current DIST resource can therefore only provide a service for 20% of the target population.
- 4.5 There remains an unmet need for this cohort, particularly in non-residential care settings that is putting increased pressure on family cares, primary care services and wider system.

- 4.6 This situation increases the likelihood of carer burnout, crises, acute hospital attendances and admissions, and the premature transition into expensive longer term residential care.

DCLL Referrals for Memory Assessment and Dementia Treatment

- 5.1 Referrals for memory assessment and dementia treatment are primarily from the estimated 1,650 of the population of West Norfolk in the early stages of dementia (see 2.2) and include those who have developed mild cognitive impairment.
- 5.2 The number of new referrals from the WNCCG area to DCLL services from January to July 2014 was 522. Typically 80% (418) of these referrals are specifically for memory assessment and treatment, equivalent to 716 per year and averaging 60 per month.
- 5.3 Given the predicted 800 new cases of dementia per year in West Norfolk the current referral rates need to increase by at least a further 10% just to keep pace with the demographic demands.

Other DCLL Referrals

- 6.1 20% of referrals (about 180 per year) to DCLL services are for older people with:
- 1) Moderate to serious functional (non-organic) mental health illness together with complexity in later life (CLL), and
 - 2) Moderate to early stage severe dementia that does not require the intensive support provided by DIST, but nevertheless requires MDT, CPA or other specific or on-going support by the DCLL Team.

Appendix 3 : Feedback on DCLL acute pathway - extracts

Extracts of data from 3 qualitative evaluation methods

1. Indicative feedback from DCLL acute pathway qualitative evaluation report, July 2014

In line with the NSFT recent service reconfiguration, an in-depth qualitative study has been commenced to evaluate the service model so far. Service users and carers who have either been admitted to one of the wards at the Julian Hospital, or admitted to one of the alternative to admission beds (ATA) at a local care home, or have been receiving a service from the dementia intensive support team (DIST) have been interviewed and notes taken on their experiences.

This evaluation is a work in progress and further data will become available as time progresses and more service users are seen. The collection of data has been somewhat problematic due to the complexities around the service users being part of a mental health service. Although the data has been collected at random, there have been some people who have not been able to be included, for example, if the service user has since passed away, if they are deemed to lack capacity to consent and there is no carer, or if their current mental health is in a state of crisis and it is felt that to be conducting the interview at this time would lack sensitivity. All people interviewed have had the same set of questions asked of them, with the wording altered very slightly depending on which part of the service they have been part of.

Julian ward admission

One person was interviewed regarding their family members admission to Sandringham ward. The family member reported a very positive experience of the liaison consultant who was said to be 'amazing' and who arranged the admission. The reason for the admission and the process itself was fully explained to them and they were happy with this. They reported the care on the ward to be good, the staff was 'brilliant' and the place was 'awesome'. They felt that the staff working on the ward were responsible for getting their family member better again. They described how they were flexible with visiting hours, to fit in with the travel from Kings Lynn. Prior to the discharge process, they were told it would be planned and were aware of the arrangements and were happy with how this was done.

AtA bed admissions – qualitative evaluation

Of the 4 family members interviewed, the following themes have been found:

The staff at the care home are consistently reported to be 'friendly', 'lovely' 'helpful' and 'fantastic'. It was reported that 'nothing is too much trouble' for the staff there. The manager was reported to be 'brilliant'. Families liked that they could visit when they liked and always felt welcomed.

There was consistent praise for the fact that it is a care home and not a hospital, with families saying it was 'better than a hospital' environment and that they felt 'relief' when they found it wasn't a hospital. However there were also numerous comments that the environment seems 'dated', 'confined', 'drab' and 'dirty'.

There were consistent comments around the care, with families describing that they 'could not fault the care' and that the care was 'good'. There was also consistent praise for staff from the DIST, as being good at keeping families informed of what was happening.

2. DIST survey evaluation report

During the period of 17th August 2013 – 16th August 2014, 23 questionnaires were returned, and included in this evaluation. Questionnaires asked multiple choice questions, and also asked for suggestions for improvement and comments about the best part of the service. Responses for each multiple choice question are displayed as percentages.

Overall, the majority of users of the DIST service were happy with the care they received. They generally felt their views were taken into account and importantly 100% felt they had been treated with respect and dignity at all times. 78% rated as 10/10 that they would recommend this service to a friend or family member that requires assistance from a mental health service. All service users rated this as 8-10/10.

Service users also provided positive comments, and particularly liked that support considered carers in addition to the individual. Some suggestions were made by service users, including improved communication and prompter responses from medical staff. Positive feedback was also received from professionals working with the team. However, only 23 questionnaires were returned and completed in the evaluation and so it should be considered that the report only represents the views of 23 service users.

3. Indicative feedback from 'your say your service' (October to December 2014)

- We have had and are receiving wonderful care, kindness and support. Without the help of the team life was very difficult. We cant thank them enough for their patience, kindness and caring. It is so reassuring to know there is always someone we can turn to for help. We are very grateful to such a wonderful team. A very big thank you.
- Fantastic service, so caring and understanding. Helped me and my wife so much.
- I am pleased with everything that was discussed and provided today. Thank you. The home treatment team helped me to get back on my feet after a month long spent with depression. Have suffered from chronic depression on and off for many years. Being treated at home seems on the whole a better alternative to being in hospital although I was sceptical at first.

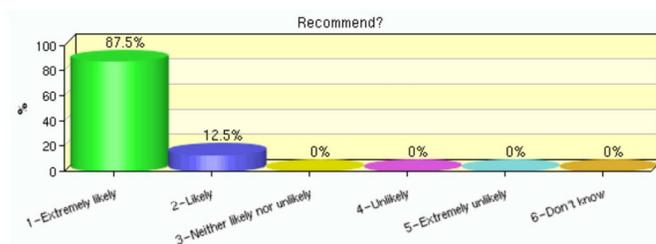
Appendix 4 : Friends and family test



Friends and Family - Quick Report for FFT

Generated on: 22/12/2014 11:21. All available dates. For teams: CT30, CT33. Total responses: 32

Summary



Feedback (by date)

CT30111/12/2014	the people involved with the visit today were patient, informative, keen to listen to everything that I had to say.
Improvements: I was very satisfied so nothing extra was needed.	
CT33103/12/2014	Your staff are friendly, knowledgeable and very professional. They went to great lengths to help us and I am very happy with their work with us, in particular Caroline Britton and Paul Collier have been very helpful.
Improvements: A cure for alzheimers disease.	
CT30130/11/2014	I had very good care. No complaints.
CT33123/11/2014	Sylvie has helped us through a very difficult time and has helped and supported us. Nothing has been too much trouble for her. She is always kind and listens.
Improvements: Nothing	
CT30117/11/2014	I thought that the way Paul deal with my mother was very good. He dealt with her with kindness and good humour. A very relaxed setting.
CT30113/11/2014	We have had and are receiving wonderful care, kindness and support. Without the help of the team life was very difficult. We cant thank them enough for their patience, kindness and caring. It is so reassuring to know there is always someone we can turn to for help. We are very grateful to such a wonderful team. A very big thank you.
Improvements: We are very happy with the visits.	
CT30105/11/2014	The person explained everything an wasnt rushing anything.
Improvements: Nothing.	
CT33131/10/2014	Fantastic service, so caring and understanding. Helped me and my wife so much.
Improvements: It was all good, we are so grateful.	
CT33130/10/2014	Very helpful with advice and sorting out benefits etc.
Improvements: Nothing	
CT33130/10/2014	they were so supportive and helpful.
Improvements: No	
CT30228/10/2014	Between them, Belinda and Kerry made a very good team this afternoon in Swaffham and we made some positive strides in the care of my mother. We look forward to continuing this positive relationship.
Improvements: Nothing that I can think of, I am so grateful.	
CT30123/10/2014	Staff very helpful.
CT30123/10/2014	I have been looked after so well. I do believe I would not be here if it was not for them. Just to have someone to listen can make all the difference. A FANTASTIC team.
Improvements: if the person who comes to see you is ill the office could just phone to say they are ill.	
CT33123/10/2014	I am pleased with everything that was discussed and provided today. Thank you.
Improvements: Nothing really, completely satisfied with the visit today.	
CT30122/10/2014	I had two people visit me today, a trainee physiotherapists and a trained psychologist, both were polite, helpful and explained everything to me clearly. I enjoyed their visit.
Improvements: Nothing, it was excellent.	
CT30121/10/2014	The care and treatment my dad received was in the highest order, he was attentive, pleasant and very polite and helpful.
Improvements: Nothing	
CT33120/10/2014	Caroline is very efficient, vary caring and kind.
CT33110/10/2014	On each visit the staff were very helpful and explained everything we need to know so we understood.
CT33109/10/2014	Everyone is so friendly and helpful.
Improvements: Nothing	
CT33108/10/2014	You were very helpful and explained everything so well.
Improvements: Nothing, everything was OK	

Appendix 5 : DIST survey evaluation report to August 2014

During the period of 17th August 2013 – 16th August 2014, 23 questionnaires were returned, and included in this evaluation. Questionnaires asked multiple choice questions, and also asked for suggestions for improvement and comments about the best part of the service. Responses for each multiple choice question are displayed as percentages.

1. Were the purpose and benefits of your medication explained to you?

Yes, definitely = 83%

Yes, to some extent = 9%

No = 4%

Don't know / can't remember = 4%

2. Were your views taken into account when considering medication?

Yes, definitely = 74%

Yes, to some extent = 17%

No = 4%

Don't know / can't remember = 4%

3. Have any physical concerns been addressed?

Yes, definitely = 87%

Yes, to some extent = 4%

No = 4%

Not applicable = 4%

4. Do you know how to contact someone if you have a crisis out of hours?

Yes = 78%

No = 13%

Don't know = 4%

5. Were your views taken into account when your care plan was written?

Yes, definitely = 69%

Yes, to some extent = 13%

No = 9%

Don't know / can't remember = 9%

6. Do you feel that you have been treated with dignity and respect

Yes, definitely = 100%

Yes, to some extent

No

Don't know / can't remember

7. Did you have trust and confidence in the person seeing you?

Yes, definitely = 87%

Yes, to some extent = 13%

No

Don't know / can't remember

8. How likely is it that you would recommend this service to a friend or family member that requires assistance from a mental health service?

Ranking of 10 (highly likely) to 0 (very unlikely)

Modal rating: 10

10 = 78%

9 = 17%

8 = 4%

9. The main things that you would like to see improved are?

Many respondents reported they could not think of any improvements, or left this section unanswered. However, some helpful suggestions for improvements were made. These included improved

communication, including of when visits would be and more written communication. Feedback also suggested more input, and prompter response from medical staff including consultants would have been helpful. One respondent also suggested they would have liked to be given more jobs to do.

10. The best thing about the services provided were?

A range of positive feedback was provided about the service. Respondents reported feeling well supported, and found staff helpful and friendly. People commented on how the service also supported partners/relatives in addition to the individual service user. They identified having someone to talk to as important. One person commented that the best thing was being treated with respect and dignity. People felt well looked after during a difficult time, and felt that the service gave them peace of mind.

Positive feedback from professionals

Cards received from a student nurse and 2 junior doctors describe the team as 'amazing'. They highlight the team is supportive and friendly, and that working within the team is enjoyable.

A letter was received from the acting associate director of operations reporting that they had received positive feedback from the West Norfolk CCG representative praising DIST's work with the alternative to admission beds.

Limitations of Evaluation

There are some limitations to this service evaluation. Unfortunately there has not been a record kept of how many questionnaires were given to service users. During this time period, there are some gaps of a few months when no questionnaires have been returned. It is unclear if this is due to questionnaires not being given out, or if they have not been returned.

We have received some feedback that individuals have found the questionnaires difficult to understand and have had to request help from staff. This is likely to have reduced the amount of individuals completing and returning the questionnaires.

Summary

Overall, the majority of users of the DIST service were happy with the care they received. They generally felt their views were taken into account and importantly 100% felt they had been treated with respect and dignity at all times. 78% rated as 10/10 that they would recommend this service to a friend or family member that requires assistance from a mental health service. All service users rated this as 8-10/10. Service users also provided positive comments, and particularly liked that support considered carers in addition to the individual. Some suggestions were made by service users, including improved communication and prompter responses from medical staff. Positive feedback was also received from professionals working with the team. However, only 23 questionnaires were returned and completed in the evaluation and so it should be considered that this report only represents the views of these 23 service users.