



# Improving Access to Psychological Therapy (IAPT) Services

A view from the public about what is working and what could be improved

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**Mental Health Together**

  
Mental Health  
**TOGETHER**  
Engaging with Derby and Derbyshire

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# 1 INTRODUCTION

This report presents the feelings and experiences of people from across Derbyshire County and Derby City about Improving Access to Psychological Therapies (IAPT) services.

*IAPT services or talking therapies are psychological therapy services tailored to people's needs and include counselling, group approaches, couples' therapy and self-help support for people who experience anxiety and depression.*

## 1.1 Summary of findings

The key findings are outlined in the report and have been displayed numerically in graphs. Where appropriate distinctions have been made between Derbyshire County and Derby City respondents. Where there are regional variations these have been highlighted.

- 65% of responders in Derbyshire County had heard of talking therapies. The single biggest individual category where people had heard of the service was through referral by the doctor
- 73% of responders in Derby City had heard of talking therapies. Again the single biggest individual category where people had heard of the service was through referral by the doctor
- In Derby City 51% of respondents had used talking therapies. Of those who had used the service in the city, 62% of respondents felt it helped them understand their difficulties
- In Derbyshire County, 37% of respondents had used talking therapies. Of those who had used the service in the county, 64% of respondents felt it helped them understand their difficulties
- 81% of Derby City respondents and 86% of Derbyshire County respondents who hadn't accessed talking therapies before said they would if they felt they needed to, e.g. due to depression, anxiety, etc
- In terms of what could be done in the future, the top five responses Derbyshire County were:
  - Appointments available locally
  - Having clear information about the service and how it can support me
  - A quick response time between referral and initial assessment

- Being able to access appointments promptly and conveniently after initial assessment
- Being able to and knowing how to self-refer.
- The top five elements to this selected in Derby City were:
  - Quick response times between referral and initial assessment
  - Knowing how and where to access information about the service locally
  - Appointments available locally
  - Being able to access an appointment quickly and conveniently after initial assessment
  - Having clear information about the service and how it can support me.
- The over 55s represented 40% of the overall sample, roughly 66% had heard of talking therapies through similar means as the overall sample. However, over 70% had not used talking therapies
- In Bolsover there were some noticeable variations. Although a similar number of respondents had heard of talking therapies, 65%, the biggest percentage, had heard through leaflets at the surgery and other outlets. There was a lower percentage being referred through the GPs than in other areas. Moreover, 80% of the Bolsover sample had not used talking therapies.

## 1.2 Thank you

Mental Health Together (MHT) would like to thank all participants who gave their time to talk to us about their experiences and awareness of IAPT. We also extend our thanks to the many groups and services that supported and cooperated with this engagement activity.

## 1.3 Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, family, friends and carers who have experienced IAPT services, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that patients, family, friends and carers have conveyed to MHT.

The data should be used in conjunction with, and to compliment, other sources of data that are available.

## 1.4 About us

MHT is jointly commissioned by Derbyshire County Council (DCC), Hardwick Clinical Commissioning Group (CCG), North Derbyshire CCG, South Derbyshire CCG and Erewash CCG.

MHT engagement service is about involving mental health service receivers and carers in how health and social care services are run, and the decisions made about how services are changed, ensuring that service receivers and carers are consulted and have the opportunity to co-produce shared solutions to the difficulties that the NHS and social care current face.

## 2. Understanding the issue

In December 2017 the MHT co-ordinating group was approached by Hardwick CCG to undertake a piece of work to support the recommissioning of IAPT services in 2020. They wanted a new model, one which is more locality based and provides fairer access for those most in need, i.e. not just about the number of people treated.

Procurement is due to take place 2019, so they requested the support of the MHT engagement team to gather the views of past and potential users of the services to feed into the service specification.

MHT undertook the task of carrying out engagement around barriers to IAPT/fairer access, with a wide range of people, as potentially anyone with low level mental health issues could access these services.

### 2.1 What we did in brief

A questionnaire was promoted widely across Derbyshire County and Derbyshire City but with particular focus on the following areas and groups of people to gather the views of older adults and those living in areas of deprivation:

- North East Derbyshire – Clay Cross, North Wingfield
- Chesterfield – Whittington/Brimington
- Bolsover – Bolsover West, Shirebrook, Cresswell
- Erewash – Cotmanhay
- Derby City
- Older adults 55+

Adverts and online questionnaires were placed on the MHT, Healthwatch Derbyshire (HWD) IAPT provider and CCG websites along with Facebook and Twitter.

Bulletins were sent out via MHT bulletin, Mental Health Action Group (MHAG) newsletter, NDVA and Sothern Derbyshire Mental Health Forum and P3.

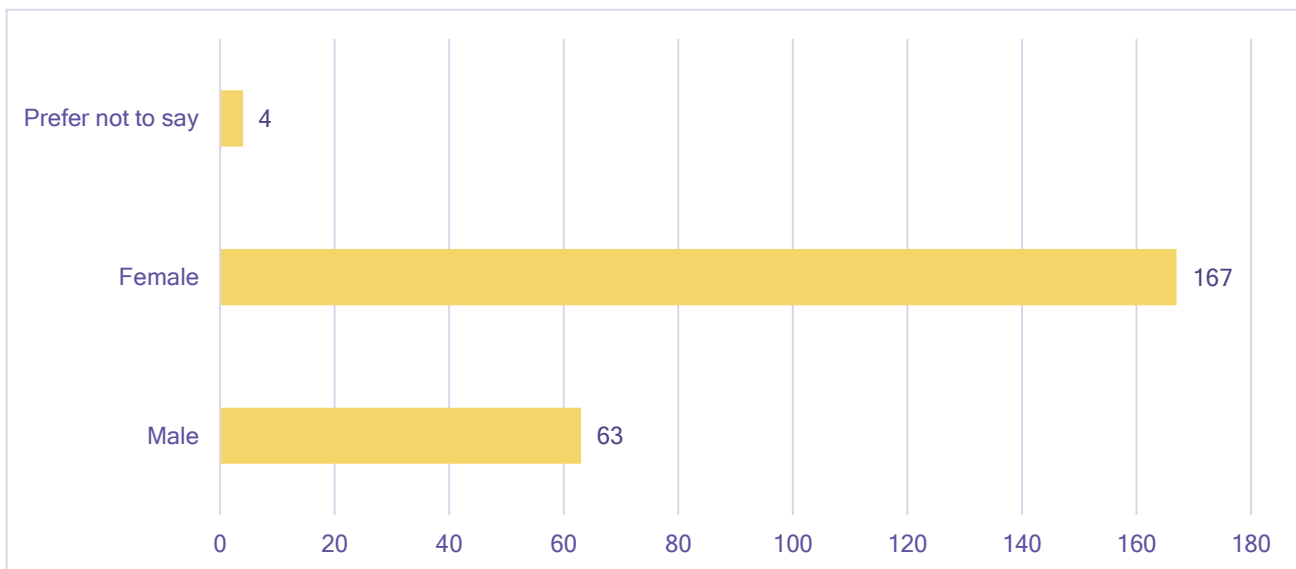
MHT engagement workers attend groups and activities throughout Derbyshire County and Derby City spending time with people speaking to them about IAPT services and gathering responses from what is a very hard to reach group, who do not traditional engage ensuring they were aware of the opportunity they had to feed into the new service.

This extensive work resulted in the team talking to 301 people from across the county and city about IAPT Services. A total of 234 people completed the questionnaires, 189 in Derbyshire County and 45 in Derby City, and the remainder took part in focus groups (36) or provided verbal feedback (31).

## 2.2 Who we spoke to

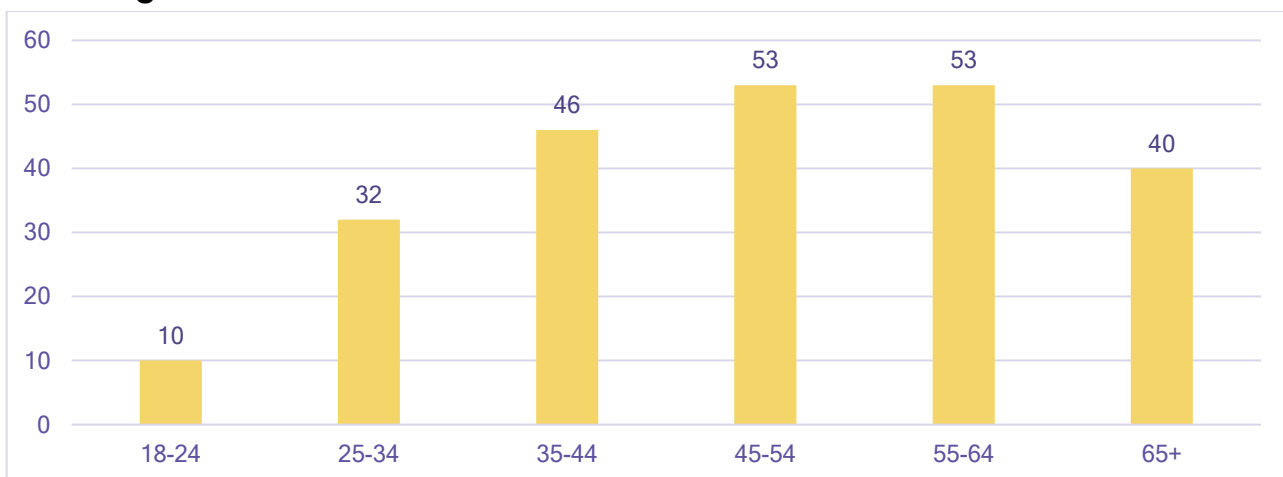
The charts below give the demographics of those who took part in the paper/online survey.

### 2.2.1 Gender



The team worked very hard to identify groups of men and gather their views, however they only represent 27% of the respondents.

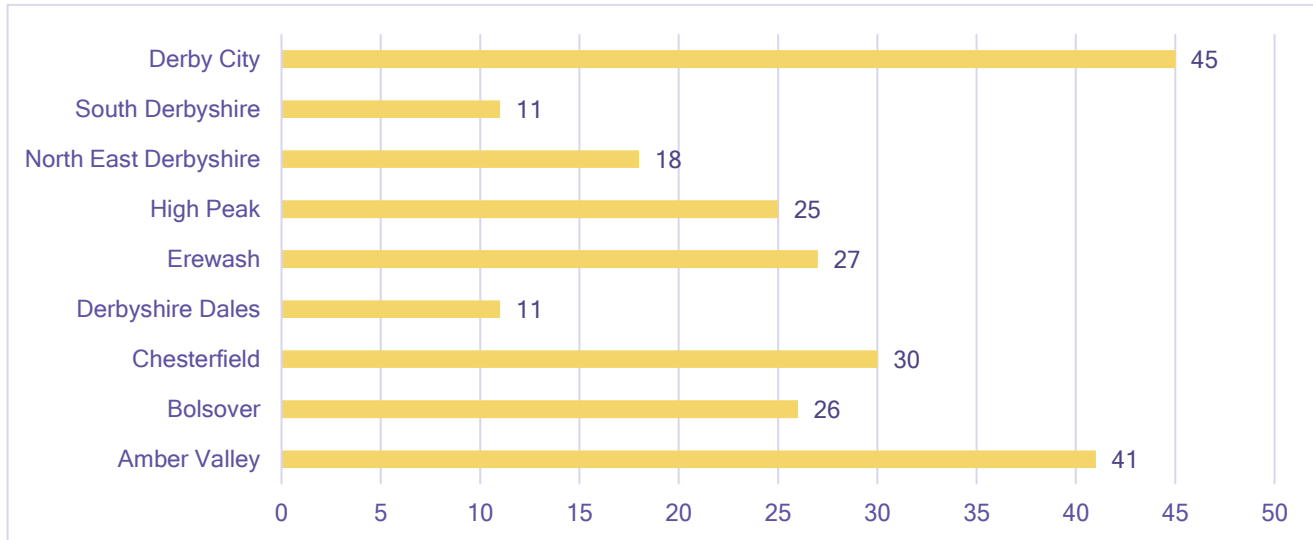
### 2.2.2 Age



The team was asked to gather the views of older adults, age 55 plus, who were identified by Hardwick CCG as being currently under-represented within IAPT services.

Almost 40% of the people spoken to as part of the engagement activity identified as 55+.

### 2.2.3 Where do you live?



Included in the brief was a request that the team attempt to gather the views of people living within the top 10% most deprived wards in Derbyshire County and Derby City as identified by the Indices of Multiple Deprivation (IMD). For the purpose of the engagement, the team focused on the local authority areas with the highest number of wards classified as deprived according to the IMD, these are:

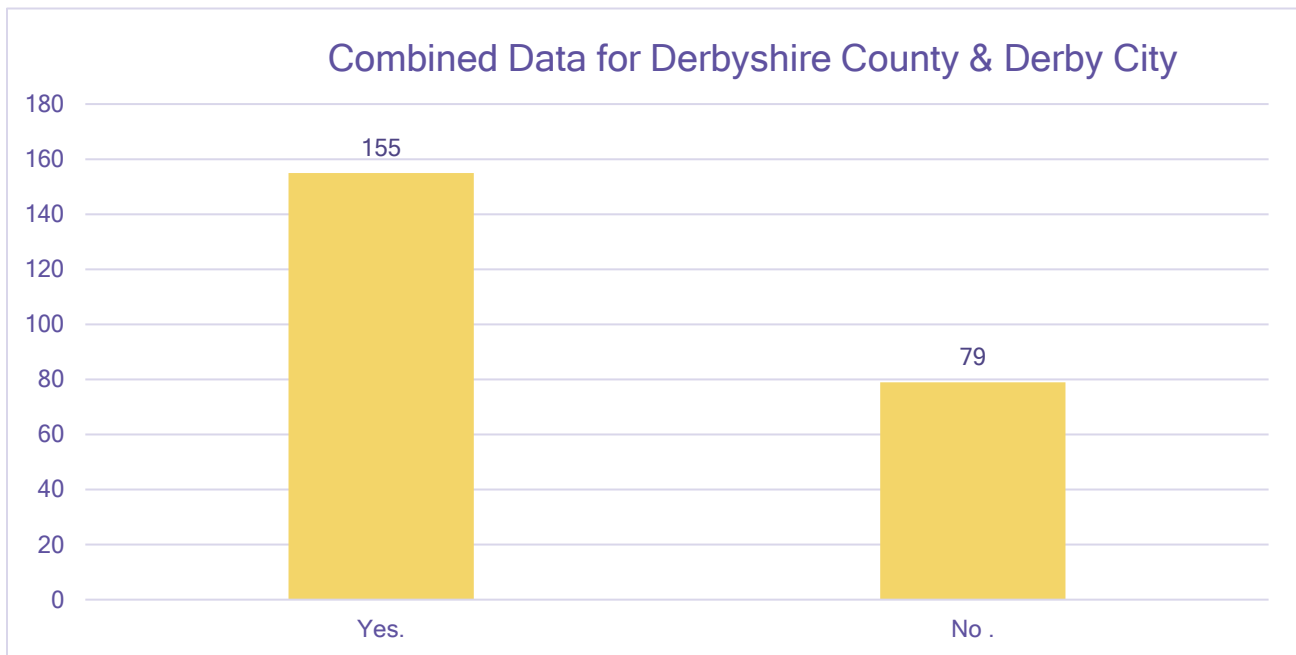
- Chesterfield – containing six Lower Super Output Areas (LSOAs) that fall within England’s most 10% deprived areas
- Erewash – containing four LSOAs that fall within England’s most 10% deprived area
- Bolsover – Bolsover is the most deprived of Derbyshire’s districts
- Derby City – Alvaston and Arboretum.

## 3 KEY FINDINGS

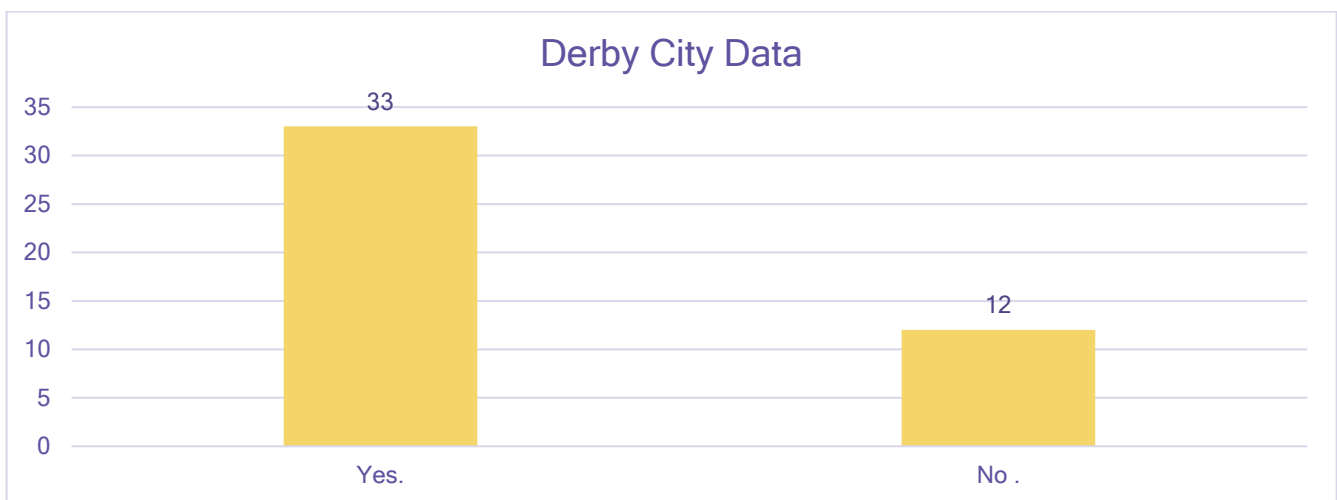
### 3.1 Awareness of IAPT service

Participants who completed the survey were asked if they had heard of talking therapies, and how they had heard about them.

#### Have you heard of talking therapies IAPT?

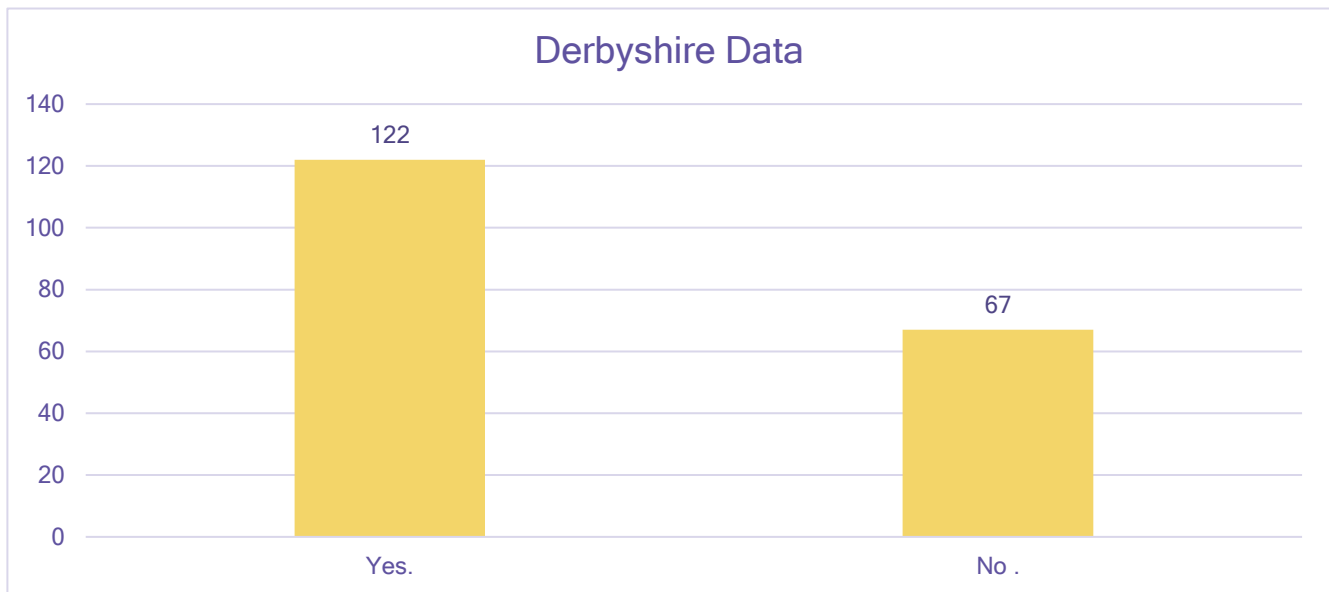


Of all the respondents, 66% had heard of talking therapies.



In Derby City, 73% of responders had heard of talking therapies.

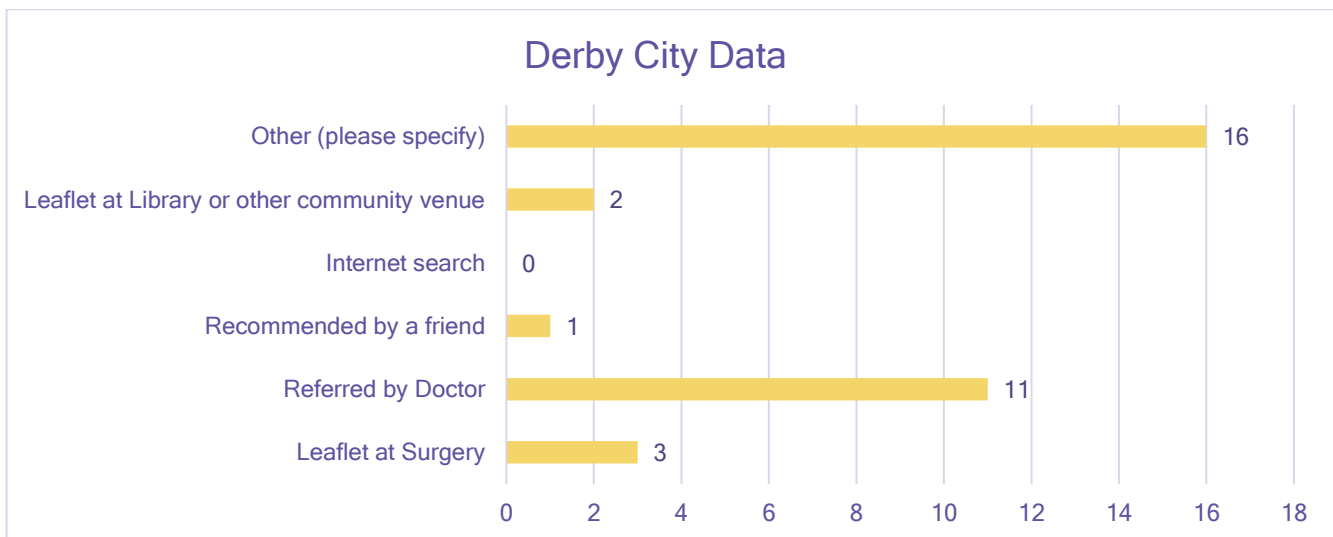


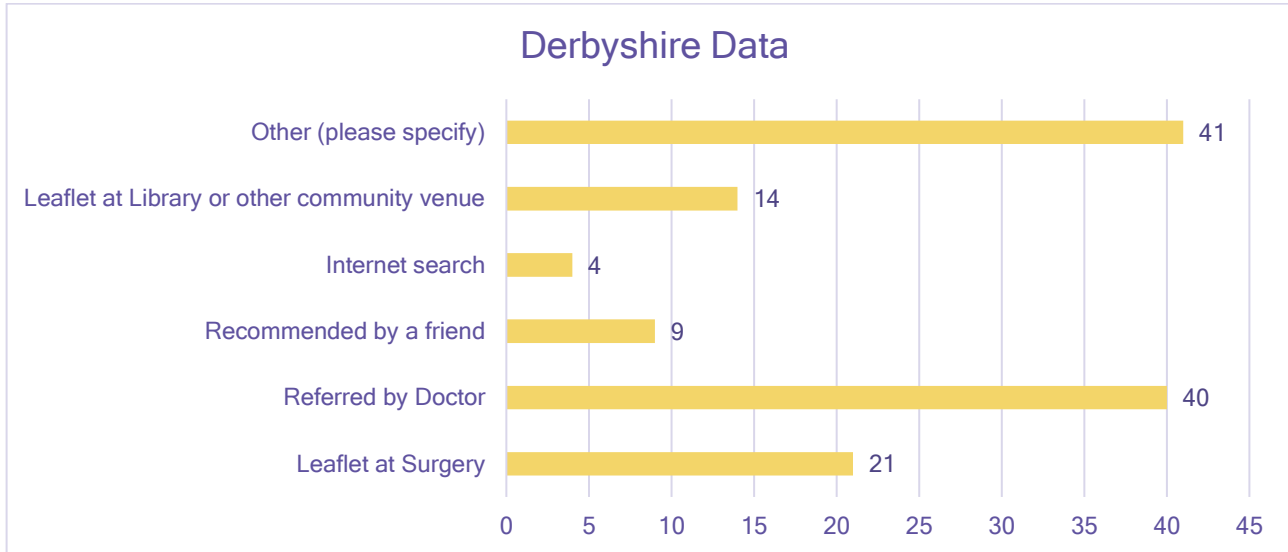


In the county, 65% of responders had heard of talking therapies.

### How did you hear about talking therapies (IAPT)?

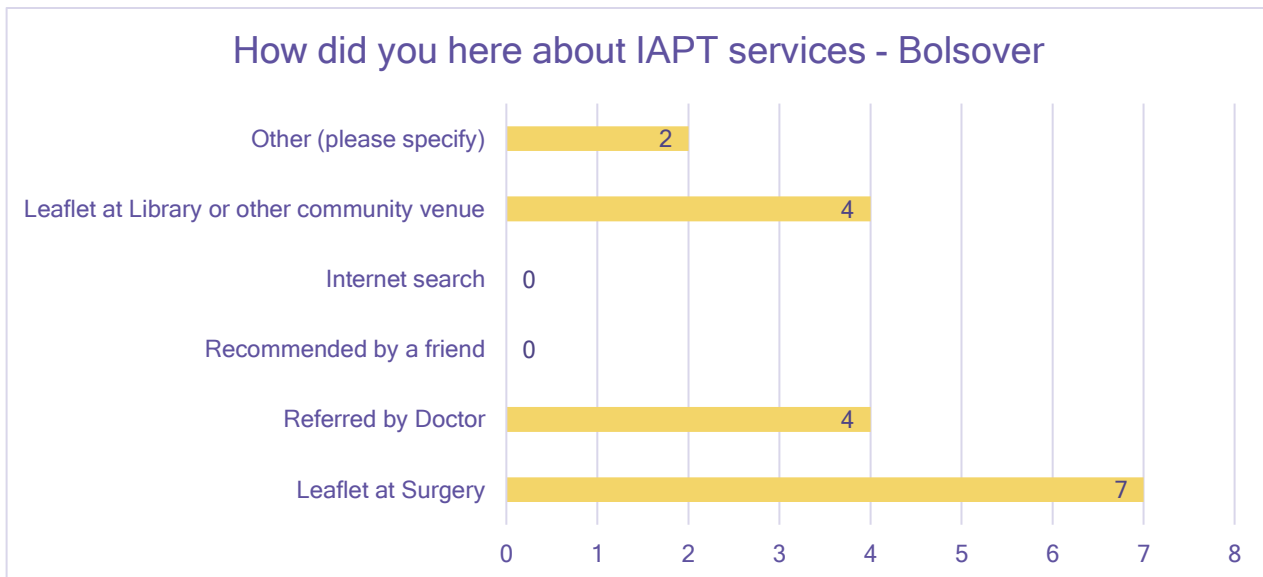
Participants were asked how they had heard about talking therapies.





The single biggest individual category where people had heard of the service was through referral by the doctor, this was for both Derbyshire County and Derby City.

This was different for Bolsover where the majority of respondents had heard through leaflets at the surgery and other venues. Subsequently, a lower percentage had been referred through the GPs than in other areas.



The “Other” category was the most common response overall. However, this was a composite category answers included, the workplace, working for the NHS, leaflets in various community settings, family connections, and signposting by different organisations.

The data suggests how critical it is that primary care environments have information available about access and referral routes through to the IAPT services.

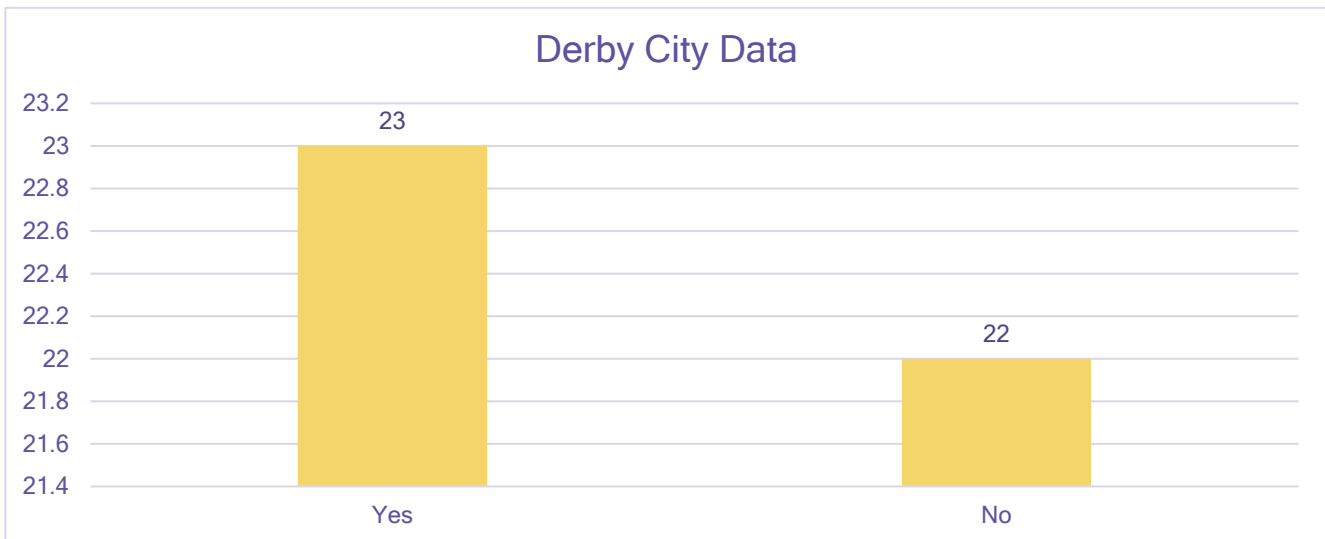
### 3.2 Use of the IAPT service

People were asked about:

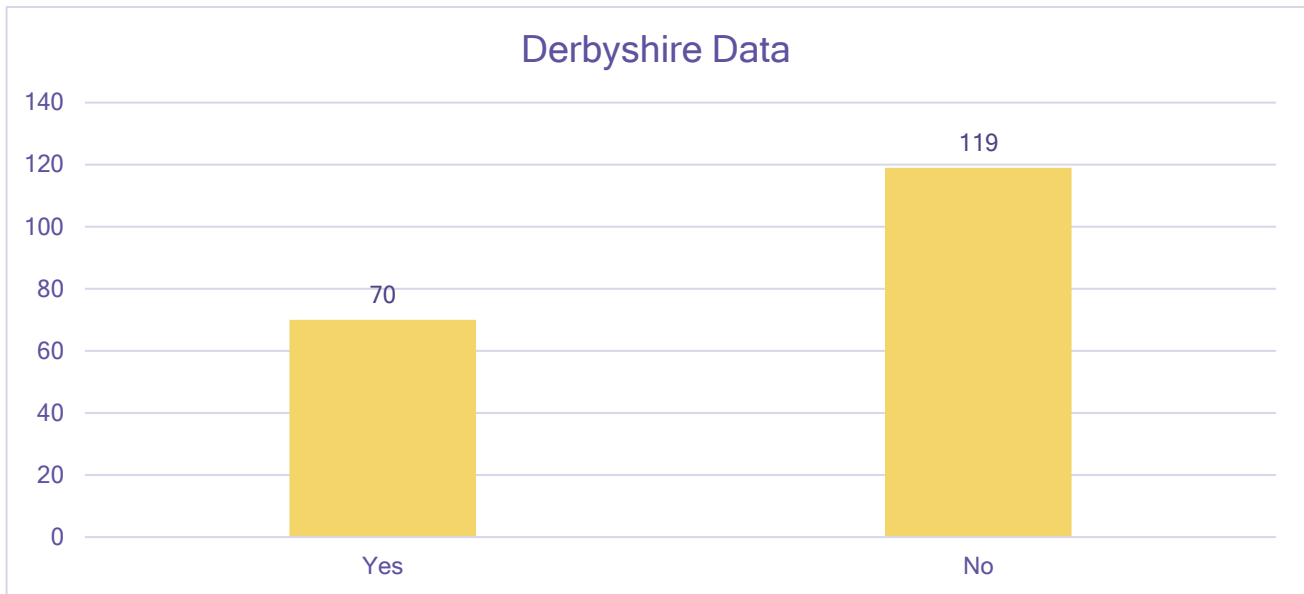
- Their use and uptake of the talking therapy services
- Whether the services had helped them understand and address their difficulties. This is a significant aspect of patient experience and service user perception of the services and critical to future use and uptake
- If they had not accessed the services would it be something they might consider using in the future to support them and what would help them in doing so.

The comments contained here represent the views of those who took part in both the paper/online surveys and focus groups.

#### Have you used IAPT services/talking therapies?

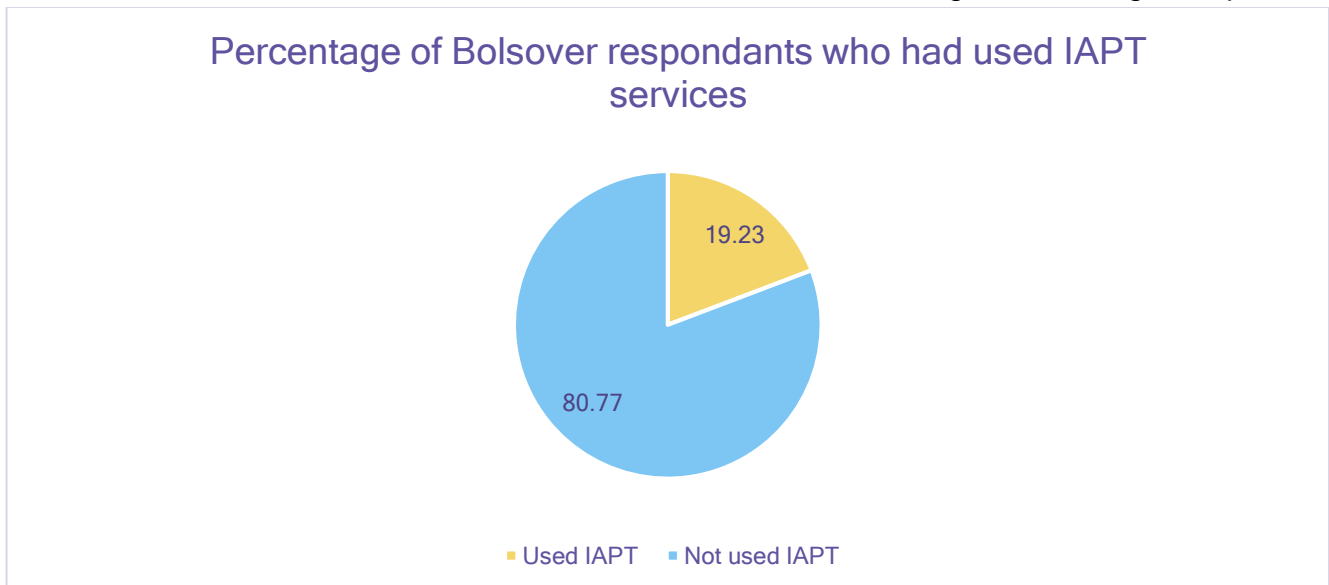


In Derby City 51% (23 people) of respondents had used talking therapies.

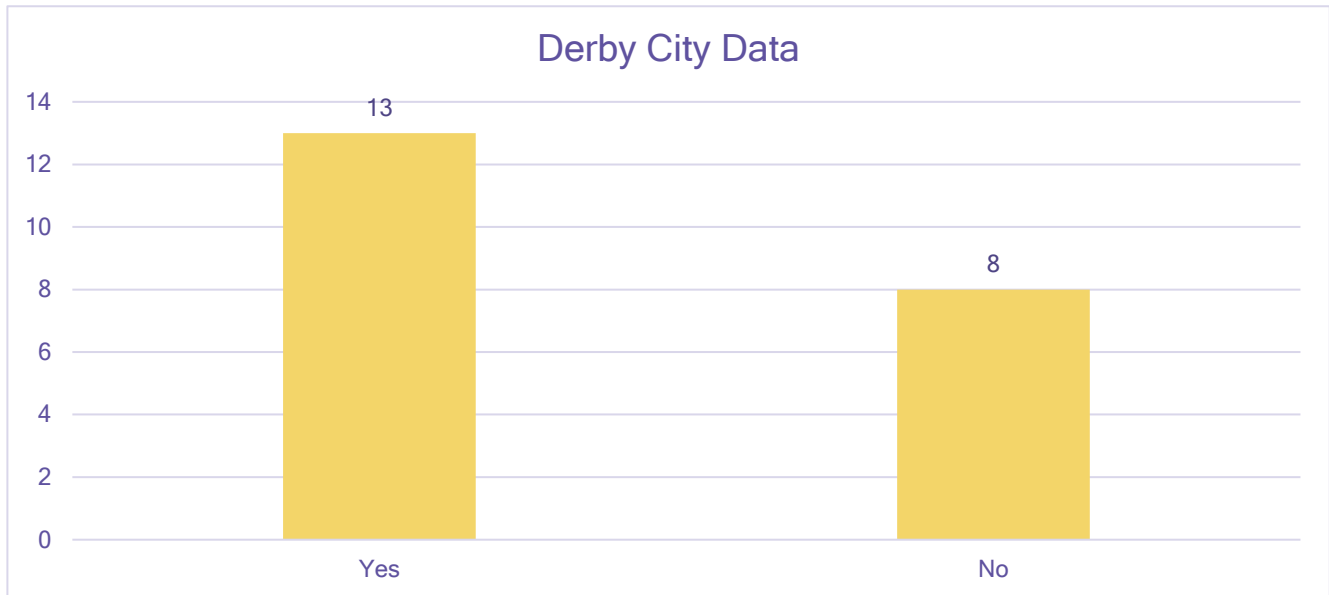


In Derbyshire County 37% of respondents had used talking therapies, less than in the city.

This was even more defined for Bolsover with less than 20% having used talking therapies.



## Do you feel that IAPT helped you better understand and address your difficulties?



Of those who had used the service in the city, and responded to the question above (Do you feel that IAPT helped you better understand and address your difficulties?) 56% of respondents felt it helped them understand their difficulties.

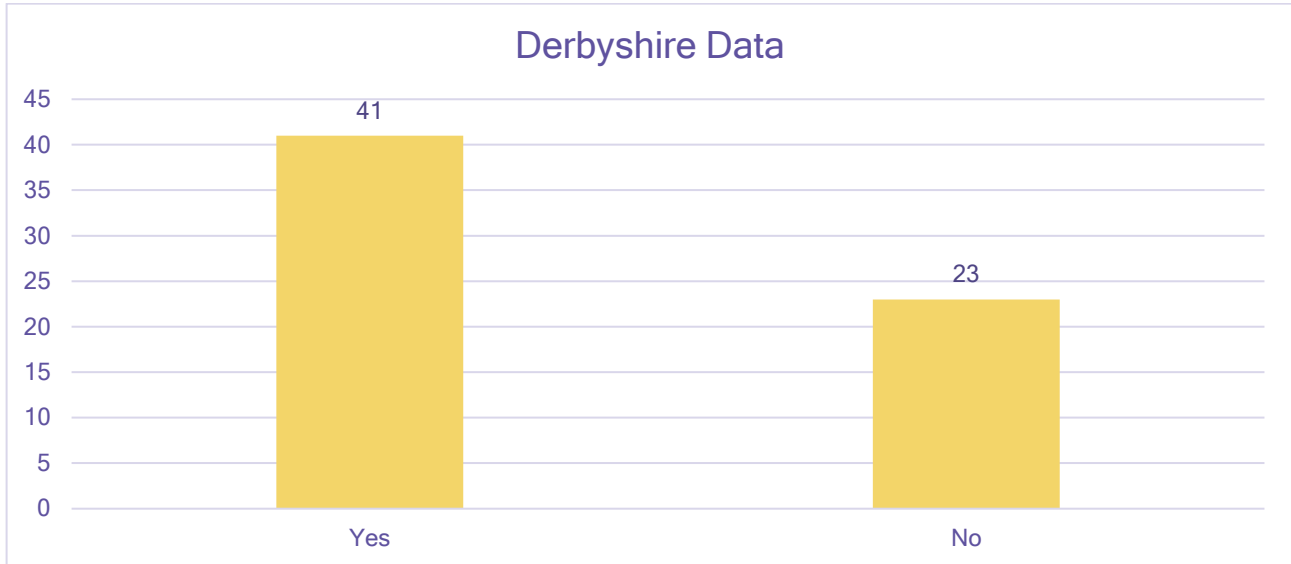
*“To some extent. Only just started sessions but it's extremely useful having someone independent to discuss issues with and to understand my thought processes behind them. You have to be willing to participate.”*

*“Learnt CBT techniques.”*

Eight people did not feel it was helpful. Various reasons were given and included:

*“It helped at the time, but I was discharged when my scores came down. I hadn't fully implemented the various techniques I was given to help at the time. I had to try and continue on my own.”*

*“Not regular and could not offer me appointments at suitable times. I had to wait six months.”*



Of those who had used the service in the county, and answered the above question (Do you feel that IAPT helped you better understand and address your difficulties?) 58% of respondents felt it helped them understand their difficulties.

*“I have had some excellent and life-changing experiences of talking therapies – some though not so good, but always helpful. The main benefit I would say is learning to understand more about why we sometimes feel low/anxious etc. and developing skills for managing it and processing negative emotions. I would 100% recommend others to get a referral and to see it as an opportunity for increased wellbeing.”*

*“Tim was brilliant, had one-to-one and group therapy and it was really incredibly helpful at a time of a significant event occurring in my life, helping me survive and thrive!”*

*“The only thing is that I had wait to four to five months for an appointment. Now I have the service it is brilliant, the counsellor is very understanding and the service is local.”*

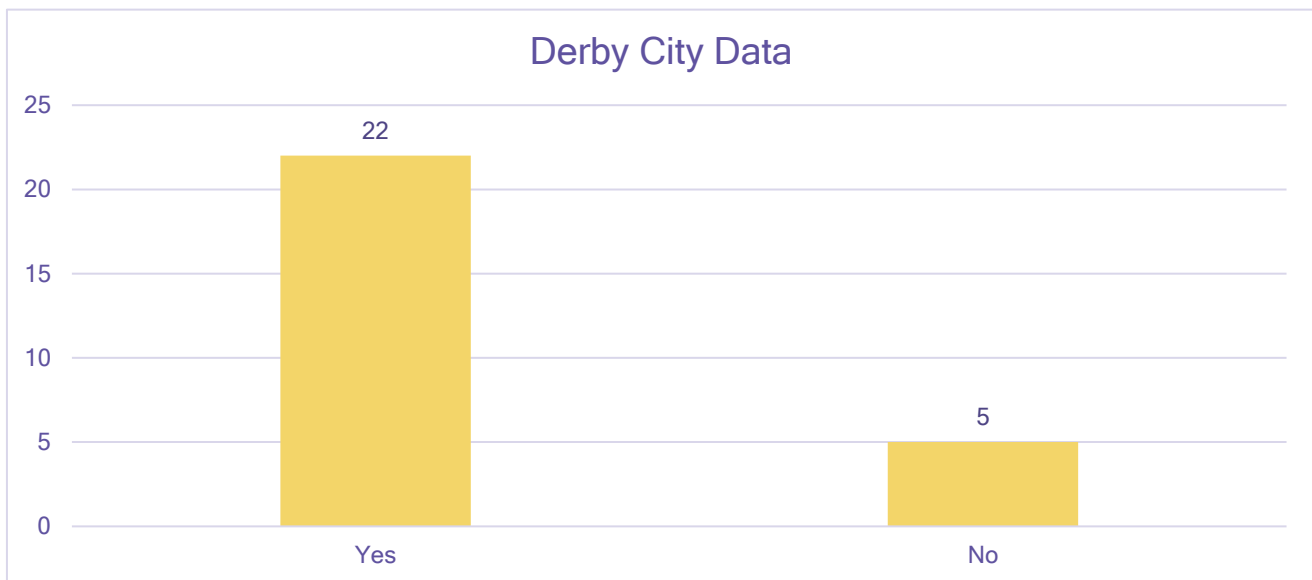
23 people did not feel it was helpful. Various reasons were given which included:

*“Sometimes but not enough to help facilitate long-term change. The number of actual therapy sessions always seemed to be too few, and very long waiting times before the therapy actually starts, months sometimes.”*

*“No real understanding of PTSD from military service (at that time).”*

*“Therapist had no idea about deaf people's lives, was just trained for mental health of hearing people. Came out feeling worse! Horrible experience!”*

**If you have not accessed talking therapies is it something you would consider if you found yourself experiencing depression, low mood, stress or panic?**



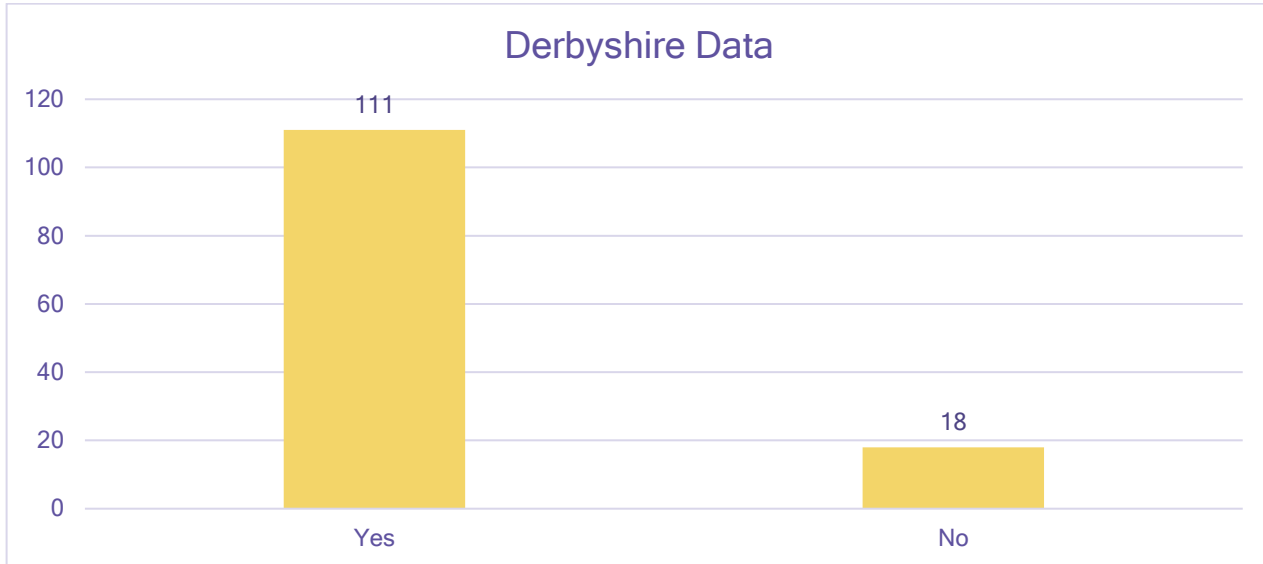
In Derby City 81% said ‘yes’ they would. The 19% (five) respondents who said they wouldn’t the following reasons were given:

*“I am unsure what they know about deaf issues and how it compares to a hearing person with the same health issues.”*

*“I was told that because I was under a psychiatrist it would be detrimental to my recovery ... I was very disappointed.”*

*“Full of cognitive bias as journals will only publish positive studies, no randomised double blind studies... has no control group. Also IAPT pressure on clients to return to work.”*

*“I don’t think the research done on the long term outcomes of IAPT point to a satisfactory solution to people’s problems long term as the number of sessions is so limited.”*



In Derbyshire County 86% said 'yes' they would. The 14% (18) respondents who said they wouldn't the following reasons were given:

*"I would rather deal with it myself."*

*"Tried to access repeatedly."*

*"Nothing I just don't need it."*

*"Prefer something less formal."*

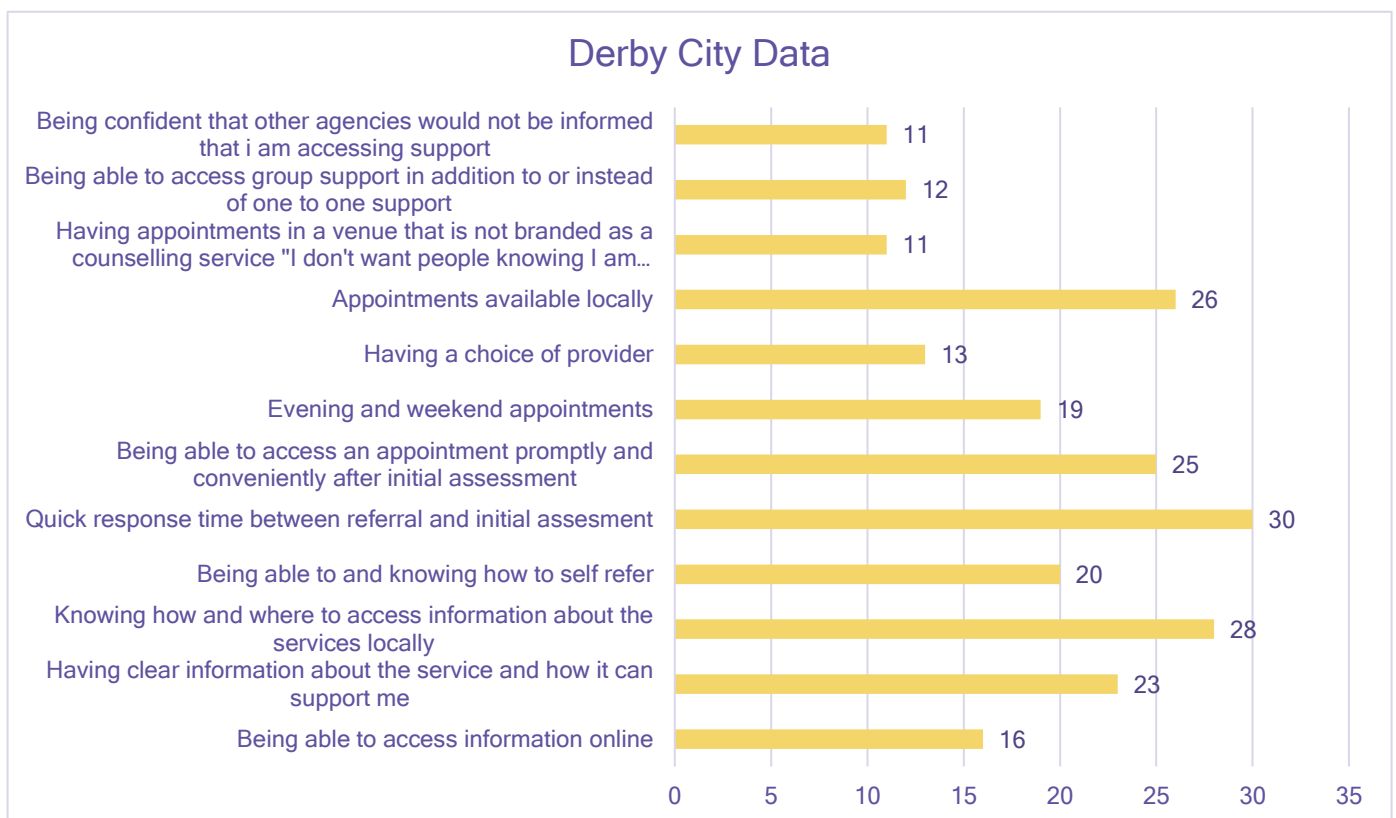
*"Put off by waiting list and timescale and ability of therapist."*



### 3.3. Facilitating the use of talking therapies

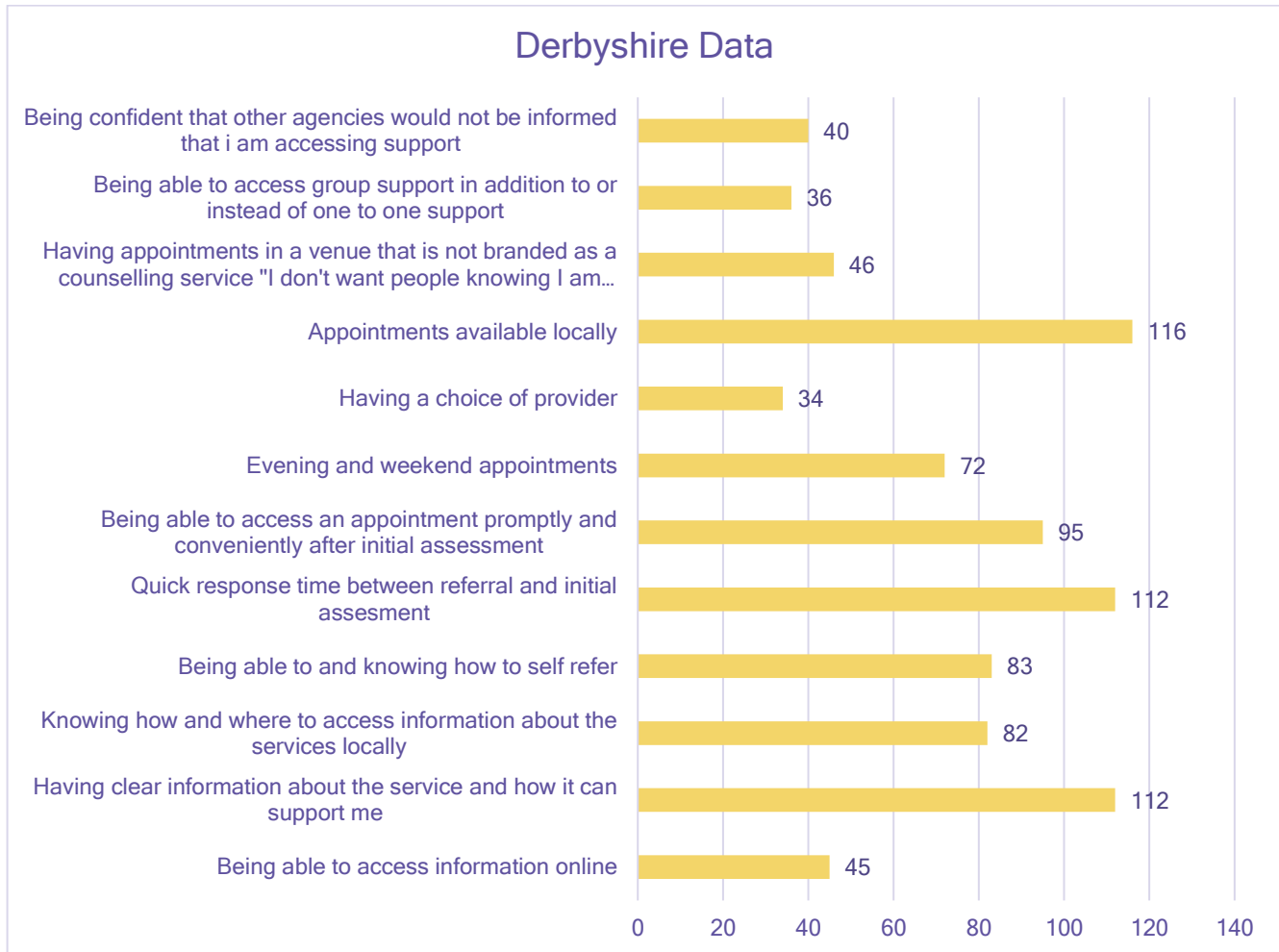
In order to effectively commission a new specification for IAPT it is critical to understand the motivators to engagement and the practical aspects which facilitate or hinder access and use of the services. We asked respondents to the survey to select the top five elements that would facilitate their use of the services.

#### If you found yourself experiencing, depression, low mood, stress or panic in the future what could be done to make you more likely to access IAPT services?



The top five elements to this selected in Derby City were:

1. Quick response times between referral and initial assessment
2. Knowing how and where to access information about the service locally
3. Appointments available locally
4. Being able to access an appointment quickly and conveniently after initial assessment
5. Having clear information about the service and how it can support me.



The top five responses for Derbyshire County were:

1. Appointments available locally
2. Having clear information about the service and how it can support me
3. A quick response time between referral and initial assessment
4. Being able to access appointments promptly and conveniently after initial assessment
5. Being able to and knowing how to self-refer.

The final part of the survey allowed respondents to highlight anything else they believed would support them to access talking therapies the comments people come from those who took part in the survey focus groups and provided verbal feedback.

*“Better administrative approaches to avoid confusion and misinformation, e.g. if you request to be called in the evening or wished to have an evening appointment for this to be*

*recognised and acted on. The self-referral form seems pointless as the administrative staff clearly don't read them before calling you."*

*"The phone staff need to be more engaging as they sound depressed themselves over the phone, they don't seem too friendly given the people they are in contact with."*

*"Not being able to access evening and weekend appointments is a barrier to the working population or full time carers."*

*"Being able to access support on the internet rather than going into the office."*

*"I had to take time off work to use the service which didn't help the problem."*

*Both centres I have been to have been outside the city centre, one doesn't even have proper parking, just a busy street."*

*That you aren't discharged too soon as your scores show you are in recovery, I could just be having a really good week and then end up in crisis again the next week, but I have been discharged because the scores show recovery."*

*"It seems to depend very much on the first encounter if that is positive then maybe we will access these therapies again."*

*"People being made aware that it isn't being weak accessing help."*

*"Not discharged from services too quickly. Being left open for a period of time in case of relapse."*

*"GP to have a comprehensive knowledge of what other services are available."*

*"Not being turned away, makes it worse when you are depressed, makes it less likely to try again."*

*"To know the service has changed since I accessed it. I waited four months between referral and initial assessment then five months for a CBT group. That didn't help. All the service did was make me feel more isolated and frustrated. I needed to know the waiting times were shorter, that I could work it around my work commitments as I had to owe time back to attend. The initial appointment needs to be thorough enough to recommend a therapy."*

Respondents from Bolsover who seem the least likely of all our respondents to access talking therapies said:

*“Need to be able to access locally. I had to go to Chesterfield, bus fare was expensive, and when I got there the appointment was upstairs, I have difficulty walking.”*

*“Being able to access it locally and somewhere like here (Shirebrook Freedom Cafe) we need to know about the service, I have not seen any leaflets or posters.”*

*“Explanation of what it is, how it can help and how to get to the appointments.”*

*“The GP referring when you ask them to, instead of fobbing you off.”*

*“Being able to take my husband with me so that he could understand what it is I'm going through, and information that he could access.”*

### **3.4. Age-related impacts**

- The over 55s represented 40% of the overall survey respondents
- 66% had heard of talking therapies through similar means as the overall sample
- 70% had not used talking therapies
- Of those who had used the service 58% (14 out of 24 people) felt it had helped them address their difficulties
- Of those who had not accessed talking therapies 69% (59 out of 86 people) have said they would consider it if they found themselves experiencing low mood, stress or panic.

When asked what would make them more likely to access talking therapies responses included:

*“I would like to know if there are any other talking therapies available, e.g. one-to-one counselling, as my GP only seems to know about CBT.”*

*“Make services available at all GP surgeries.”*

*“Home-visits, or making sure venues are on bus routes.”*

## 4. WHAT SHOULD HAPPEN NOW?

We have spoken to and gathered feedback from over 300 people about their awareness, experience and suggestions for improvements to IAPT services. As part of the discussions and conversations we had with people we talked to them about how important their experiences are and how their feedback would be used to shape the future commissioning of IAPT and how they could continue to be involved. 55 people have advised us that they would like to continue to be involved in and support the re commissioning of IAPT.

We recommend the following to commissioners and future providers:

1. We ask that the commissioners co-produce the service specification with those people who have indicated that they would like to continue to be involved and support the re-commissioning process
2. Continue to raise awareness of IAPT provision with GPs to ensure the continued referral into the service, with a particular focus on the Bolsover area
3. Provide clear information to GPs on who the services can and cannot support to minimise inappropriate referrals
4. Continue to ensure that information is available across the county, and communicate with relevant community groups, and organisations to ensure effective signposting to the services. Information needs to clearly state how the service can support people, who can access the service and how to access the service
5. Do further work with older adults and distinct communities to promote and adapt the service to meet their needs, including the deaf community
6. Address delays in the assessment process, and waiting times, so that people can access therapy promptly
7. Work to ensure provision is provided locally and in an appropriate venue to ensure that those who need to access the service can do without fear of traveling to unfamiliar places and worrying about transport costs
8. Consider the availability of evening and weekend appointments to support those who work and have childcare requirements
9. Look at developing a better online presence and supporting people to self-refer online.

10. Consider tailoring the number of session based on an individual's needs rather than the delivery of a specified number of sessions offering greater opportunities for self-management.

## 5. RESPONSE FROM COMMISSIONERS

Recommendation	Action taken/planned
<p>1. We ask that the commissioners co-produce the service specification with those people who have indicated that they would like to continue to be involved and support the re-commissioning process.</p>	<p>As part of this engagement the CCGs have committed to there being further opportunities to get involved and give feedback about what the service will look like, how the service might be delivered and potentially, by being part of a group to discuss how well they are running. This is because we value the input people have made and want to listen to people about their experiences. This feedback along with feedback from other stakeholders will inform the future service specification.</p> <ul style="list-style-type: none"> <li>• As a starting point we will be contacting people who indicated they would be happy to stay involved and asking them for some further feedback</li> <li>• We will also discuss with providers and our patient experience team how a lay group could operate to give further insight into service delivery and will give details of this in due course.</li> </ul>
<p>2. Continue to raise awareness of IAPT provision with GPs to ensure the continued referral into the service, with a particular focus on the Bolsover area.</p>	<p>We will continue to work with GPs and IAPT providers to promote IAPT services within primary care. We recognise that this is important and as such will ask providers to build on existing efforts to keep primary care staff informed. At present this happen via distribution of leaflets and posters, and attending various practice meetings.</p> <p>In addition, we are in the process of engaging with primary care staff on IAPT services and what information they would like about IAPT services and will consider their responses when developing the next service model.</p> <p>However there is more that can be done now.</p> <ul style="list-style-type: none"> <li>• We will work with primary care commissioners to provide a monthly update</li> </ul>

	to practices as part of the routine e-bulletin that is circulated.
3. Provide clear information to GPs on who the services can and cannot support to minimise inappropriate referrals.	<p>We will continue to work with GPs and IAPT providers to ensure that primary care staff are clear about who would be appropriate for treatment with IAPT services. To do this we will:</p> <ul style="list-style-type: none"> <li>• Review the leaflets and posters provided by IAPT services and ensure they include referral guidelines. We will also ask service receivers to view this information to ensure it is user friendly</li> <li>• We will also update our CCG webpage about eligibility criteria</li> <li>• We will also include this in the monthly e-bulletin update.</li> </ul> <p>We are in the process of engaging with primary care staff about IAPT services and what information they would like about IAPT services and will consider their responses when developing the next service model.</p>
4. Continue to ensure that information is available across the county, and communicate with relevant community groups, and organisations to ensure effective signposting to the services. Information needs to clearly state how the service can support people, who can access the service and how to access the service.	<p>As a result of the feedback given in engagement we asked IAPT providers to give details of which community groups and organisations they share information with and promote IAPT services to. This indicates that providers work extensively to raise awareness of their service with a wide range of community groups including employment support and debt management, as well as a variety of communities including women's groups, autism groups and LGBT groups. They also attend a wide range of community forums to raise awareness of IAPT and mental health more broadly. One provider is developing a community resource guide for its staff.</p> <p>However, the feedback indicates that there is more that IAPT providers can do to communicate with community groups and provide information about IAPT services.</p> <ul style="list-style-type: none"> <li>• We will be including this requirement in the future service delivery model.</li> </ul>
5. Do further work with older adults and distinct communities to promote and adapt the service to meet their needs, including the deaf community.	<p>As a result of the feedback given in engagement we asked IAPT providers to give details of how they engage with older people and the deaf community. For example, providers attend various groups for older people including church</p>

	<p>and GP practice based coffee mornings. One provider is attending Oaklands Retirement Village in Swadlincote and one provider has made links with Alzheimer's Society.</p> <p>One provider has strong links with Communications Unlimited who provide sign language interpreter service and has met with them to learn how we can better meet the needs of the deaf community.</p> <p>However, providers recognise that there is more they need to do to promote IAPT services to particular community groups and more for them to learn how services need to be adapted to meet people's needs.</p> <ul style="list-style-type: none"> <li>• We will discuss with providers regarding the possibility of arranging an event with sensory groups to improve how services can work with deaf people.</li> </ul>
<p>5. Address delays in the assessment process, and waiting times, so that people can access therapy promptly.</p>	<p>We understand that when people have sought help it is important that services respond promptly. Demand continues to increase and services sometimes struggle to manage with the resources they have.</p> <p>Waiting times are robustly monitored monthly both locally and regionally. Action is taken if performance falls below national standards. This can include a contract performance notice and/or an improvement plan. Current waiting time performance as of July 2018 is 82.8% of people have their first appointment within 6 weeks of referral, and 73.9% have their second appointment within 4 weeks of their first.</p> <p>Service constraints that affect waiting list management include; problems recruiting staff (workforce shortages), staff sickness, patient cancellations and DNAs, and the impact of services offering flexibility in terms of location and appointment times.</p> <ul style="list-style-type: none"> <li>• We will ensure that the Hardwick CCG web page is also periodically updated with individual provider waiting times to help inform patients.</li> </ul>
<p>7. Work to ensure provision is provided locally and in an appropriate venue to ensure that those who need to</p>	<p>A range of clinic locations are available across the county. Information about these is available on the CCG website and directly from IAPT</p>



<p>access the service can do without fear of traveling to unfamiliar places and worrying about transport costs.</p>	<p>providers. However, it is recognised that some areas are better served than others and the feedback supports this view. This is affected by availability of suitable accommodation and the affordability of leasing rooms in GP practices. We routinely discuss clinics in meetings with providers and have recommended places they could consider.</p> <ul style="list-style-type: none"> <li>• We will continue to do this and to encourage providers to work together around sourcing/sharing suitable accommodation and specific requests for particular locations</li> <li>• We facilitate joint provider meetings regularly to encourage a joined up approach to managing waiting lists and demand and will be strengthening this approach in the future service model.</li> </ul>
<p>8. Consider the availability of evening and weekend appointments to support those who work and have childcare requirements.</p>	<p>All providers offer evening appointments but cannot do so necessarily at every clinic and this also depends on when individual therapists are available. One provider offers a weekend appointment in a limited number of locations and an online service is available seven days a week.</p> <ul style="list-style-type: none"> <li>• Wider availability of weekend appointments will be part of service delivery arrangements from 2020.</li> </ul>
<p>9. Look at developing a better online presence and supporting people to self-refer online.</p>	<p>All providers have their own websites and the option to self-refer on line. Some providers also offer online therapeutic support. One provider uses Silvercloud, an online therapy platform, and one is currently trialling another online offer.</p> <ul style="list-style-type: none"> <li>• Further work on improving on-line presence will be completed prior to new services starting in 2020.</li> </ul>
<p>10. Participants quoted several instances of the service being limited to 6 sessions. Commissioners should work to ensure that the service is delivered in line with NICE guidelines in relation to the number of sessions offered to clients.</p>	<p>We continue to work with IAPT providers to address concerns about a fixed number of sessions being offered to clients. This is not in line with the service commissioned. We will use the options available to us in the contract to make sure that clients receive treatment that is in line with NICE guidance and takes into account their individual needs. In addition it is apparent that in order to reduce the need for people to use IAPT services repeatedly that within treatment there needs to be a greater focus on relapse prevention in the service model in the future.</p>

### IMPROVING ACCESS TO PSYCHOLOGICAL THERAPY (IAPT) SERVICES

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes: .....

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b) We will be making the following changes: .....

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