



# Intelligence report

May 2019

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All our reports can be found on our website:  
<http://www.healthwatchderbyshire.co.uk/category/our-work/>

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## Our most recent work:

### NHS Long Term Plan (LTP):

The NHS has written a LTP so it can be fit for the future and it is based on the experiences of patients and staff. For more information on the NHS LTP please visit: <https://www.england.nhs.uk/long-term-plan/>

Healthwatch England (HWE) were commissioned by NHS England (NHSE) to support public engagement around the plan across the 42 Sustainable Transformation Partnership (STP) areas. Derbyshire's STP is called Joined Up Care Derbyshire (JUCD), which brings together health and social care organisation across the county. For more information please visit: <https://www.joinedupcarederbyshire.co.uk/>

The engagement phase took place between March and April 2019 and we were tasked to complete 250 surveys and facilitate two focus groups around how people think the NHS should change, including how people think support for long term conditions could be improved.

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**Next steps:** We will shortly receive the findings from HWE and we will generate a report which will be shared with our local STP and published on our website once complete.

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### Carer's Engagement:

During January to March 2019, we engaged with carers around their experiences of health and social care services.

Derbyshire County Council (DCC) undertake a regular Survey of Adult Carers (SACE) which had left DCC with gaps in their knowledge and understanding around the quality of life for carers. Their survey indicated a decline in satisfaction, and nationally the survey suggested there had been little movement in terms of improving outcomes for carers.

As a result, HWD was asked to talk with carers both in, and not in receipt of services to explore their views and experiences around the themes known to DCC. It was hoped the information would help DCC to understand the challenges faced by carers and how they could best respond to them as an authority.

We are currently in the process of analysing the findings from the engagement which will

be collated into a report and the experiences of carers will be used within the refresh of the Derbyshire Carers Strategy which is due to happen later in 2019.

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**Next steps:** The full report will be available on our website once complete and responses have been received.

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### **Creative engagement with Children and Young People (CAYP):**

In June 2018, HWD met with commissioners for children's services, who explained they would be keen to find out what helps CAYP to make healthy lifestyle choices. Their information suggested that in Derbyshire being a healthy weight, exercise levels, tooth decay, teenage pregnancy, smoking, drugs and alcohol are real issues and challenges within the county.

We spoke to approximately 900 CAYP and their parent/carers about the barriers to making healthy lifestyle choices, and we asked how they felt this could be improved. We ran interactive sessions and encouraged CAYP to share their thoughts through writing, drawing and art.

The report was delivered to the Children's STP Board on Friday 12<sup>th</sup> April and the Board were asked to make ten pledges in response to the report.

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**Next steps:** The full report will be available on our website once the pledges have been received.

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### **Rural engagement:**

Over the summer of 2018, we paid specific attention to rural communities across Derbyshire to explore how living in a rural area could impact on the health and social care services that people use.

#### **Summary of findings:**

- Long waits for a range of mental health support services and mental health professionals in the community
- Many people experienced loneliness which was sometimes, linked to a lack of transport and rural isolation
- People explained the importance of being involved in their relative's end of life care
- People found it difficult to know what services were available in the local area
- There were many examples of repeat visits to a GP, and/or repeat attendances at A&E when people did not feel their condition had been treated/resolved adequately
- There appeared to be a number of inappropriate attendances at A&E

- People expressed concerns that patients would not manage safely back at home once discharged, explaining that sometimes discharge feels premature without sufficient support in place
- One difference between areas seemed to be the variability around access, promotion and engagement in falls prevention services for people at risk of, or with a history of falling.

Once we began to analyse the data, it appeared the findings would be particularly useful to the eight Joined up Care Derbyshire (JUCD) place alliances across Derbyshire. 'Place' is about empowering people to live a healthy life for as long as possible through joining up health, care and community support for citizens and individual communities.

For more information around JUCD Place, please visit:  
<https://www.joinedupcarederbyshire.co.uk/our-places>

With this in mind, we are looking to receive a coordinated response through the JUCD Place Board.

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**Next steps:** The full report will be available on our website once responses have been received

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## Responses received to reports:

### Cataract Services:

The summary of findings from this report were featured in the December edition of the intelligence report and it is now available on our website:

<https://healthwatchderbyshire.co.uk/2019/03/examining-patient-experiences-of-cataract-service-and-treatment-in-derbyshire/>

The service provider received a draft copy of the report to check for factual inaccuracies and to provide a response to the recommendations. To gain a quality response which addresses the recommendations outlined in the report, we will continue to work with the provider.

### Summary of response provided by Derbyshire's Clinical Commissioning Group (CCG):

- They will continue to engage with both providers, and primary care colleagues regarding all restricted clinical policies, including that of cataract surgery and to address concerns that some patients are being misinformed that there is a blanket ban on second eye criteria
- The NHS needs to manage demand effectively to ensure the best possible outcomes for patients and the most efficient use of resources
- The NHSE High Impact Interventions work is aimed at identifying good, evidence based practice and collating it into simple service specifications. The approaches

and interventions NHSE are developing and testing with clinicians will ensure patients see the right person in the right place, first time and will help the Derbyshire CCG's and JUCD to deliver their plans to manage the rise in referrals

- NHSE are also developing tools and guidance that will support GPs and other health professionals in managing their patients, so they see the right person in the right place, first time.

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**Next steps:** Continue to work with the provider to gain a quality response and update the report accordingly.

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### **Royal Derby Hospital (RDH) and Chesterfield Royal Hospital (CRH) Mystery Shops:**

In partnership with the RDH and CRH, HWD volunteers tested the journey patients would follow when visiting the hospitals for an outpatient appointment. Volunteers commented on their experiences from receiving a patient letter inviting them to a fictitious outpatient appointments at the hospitals, to travelling to the hospitals for that appointment, and navigating the hospital sites in order to find the correct departments.

#### **RDH Mystery Shop:**

##### **Summary of findings:**

1. Appointment letters were seen to be in an 'easy read' format which could be more easily understood by patients with a learning disability. However, in some cases the volunteers felt that the grammar and meaning along with the use of some symbols within the letters was confusing
2. Volunteers found the use of the internet prior to their appointment very helpful
3. Navigating the one-way system was considered by some to be an improvement, whilst others felt the faded road markings were confusing
4. There were insufficient parking spaces, car parking charges were not clear and the availability of a weekly or monthly pass were not widely advertised
5. Some volunteers found it difficult to cross the roads within the ground of the hospital
6. Volunteers found the hospital navigators to be "very helpful".

##### **Summary of response provided by RDH:**

- All typographical and grammatical errors have been addressed, the Trust is also producing letters in large font as well as in Braille, MP3 Audio and email when requested
- There are a number of schemes being looked at by the Trust to ease parking congestion and the road markings have now been repainted
- The hospital has agreed to look at a solution to identify where the disabled parking spaces are located when these are situated within existing car parks
- Parking tariffs will be advertised at all parking payment machines including the advertising of car parking discounts such as weekly passes
- A new zebra crossing is in place for the pedestrian entrance by the King's Treatment Centre to improve safety.

To view the report and the full RDH response please visit:  
<https://healthwatchderbyshire.co.uk/2019/02/royal-derby-hospital-mystery-shop/>

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**Next steps:** We will request an update on the response in August 2019.

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## **CRH Mystery Shop:**

### **Summary of findings:**

1. Generally, appointment letters were easy to understand and to the point
2. Most volunteers used the internet prior to their 'appointment' to look for information about directions to the hospital, public transport and a site map which they found to be useful, it was suggested for this information to be included within all outpatient appointment letters
3. Volunteers liked the illuminated sign displaying vacant spaces and the car park location map at the entrance to the hospital. However, volunteers commented on the lack of drop-off points for patients with mobility difficulties
5. The car park payment machines were easy to use and tariffs including multi-visit discounts were clearly displayed
6. Reception staff and volunteers were found to be helpful and friendly and the availability of the self-service machines allowed for swifter booking in times
7. Some volunteers felt there was a lack of resting areas to clinics and signage was positioned at a high level and therefore may not be visible to people using wheelchairs
8. Waiting areas that were well-lit, spacious with comfortable well-placed seating was welcomed
9. The LGBT rainbow was advertised on one wall and a staff member was seen wearing a rainbow lanyard which was seen as welcoming and inclusive.

### **Summary of response provided by CRH:**

- The hospital is in a process of reviewing their appointment letters and the possible inclusion of additional information will be considered
- They will undertake a review of the drop-off areas across the site as a part of the site strategy
- The hospital is in the process of developing patient rest stops which will provide a place to rest and find information. The buggy service moving forward will ask anyone at the rest stop if they would like a lift
- The Trust acknowledges that the signage across the hospital requires development and the overall strategy for way finding is being reviewed as a part of the outpatient improvement plan
- Currently the hospital is in a process of reviewing all of the outpatient reception areas
- The LGBT rainbow has been discussed within the Trust and is accepted as a great way to communicate that a person has enhanced understanding/training regarding diversity issues. There is a plan to use this as a wider marker for those who have gone through specific training.

To view the report and the full CRH response please visit:  
<https://healthwatchderbyshire.co.uk/2019/05/mystery-shop-exercise-completed-at-chesterfield-royal-hospital/>

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**Next steps:** We will request an update on the response in October 2019.

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### **Orthotics at RDH:**

The Intelligence, Insight and Action (IIA) sub group of HWD, who regularly appraise all the comments and experiences received by the organisation, recommended this engagement priority to further explore comments received by HWD and provide the Trust with more independent patient feedback around the orthotics service to be incorporated into their service improvement plan.

Between November 2018 and January 2019 we visited a number of orthotics clinics at London Road Community Hospital (LRCH) and spoke to a total of 60 patients about their experiences of the service.

#### **Summary of findings:**

1. Both children, young people (CAYP) and adults explained they would appreciate an acknowledgment of their referral
2. Experiences varied with regards to the orthoses being 'right the first time', parent/carers highlighted the importance for this to be the case especially for CAYP as this can cause the original measurements to be no longer correct
3. Most CAYP who required repairs and/or replacements felt they had to wait 'too long' compared to adults who were usually happy with the length of time it took to receive their orthoses
4. Many CAYP and adults were unsure as to how many orthoses they were entitled to
5. The majority of the CAYP and adults explained their orthoses had made a positive difference to their lives
6. All CAYP, their parent/carers and adults explained how friendly and helpful they found all the staff within the orthotics department at LRCH
7. Some adults had difficulties contacting the department to chase appointments and some were concerned around leaving answerphone messages due to uncertainty of when they may hear back.

#### **Summary of response provided by LRCH:**

- There is an aim to send appointment letters to patients within seven days of a referral which acts as an acknowledgement. However, if this aim is unable to be met an acknowledgement letter will be sent to new patients
- The department have recently started a process of quality assurance registration which will help to ensure orthoses are manufactured to a standard agreed quality. However, many orthoses are bespoke and therefore minor adjustments are inevitable
- An information poster will be placed in the clinic area to detail entitlements

- Information sheets are available, however Orthotists have not been printing them due to a lack of printers, they will look to source further printers to ensure information is available
- Promotion of the orthoses and their benefits are discussed by the Orthotists during appointments. Further information will be added to the information's sheets to promote the positive effects
- Receptionist inform patients of delays by writing on the white board or informing patients verbally
- Text reminders are automatically sent to patients, a poster has been placed in the reception area advising of this and how patients can opt out
- The message on the orthotics answer phone has been updated to include advice that the call will be returned within 24 hours so people are aware of when they can expect to hear back.

To view the full report and the provider response please visit:  
<https://healthwatchderbyshire.co.uk/2019/04/orthotics-report/>

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**Next steps:** We will request an update of the response provided in October 2019.

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### **Experiences of discharge at the RDH and Queen's Hospital Burton (QHB):**

During February 2019, HWD and Staffordshire undertook a total of four engagements at the RDH and QHB discharge lounges.

A total of 23 patients were asked about their experiences of being discharged from hospital.

#### **Summary of findings:**

1. Most patients had initial discussions around their discharge on the day of discharge and there were mixed experiences of how involved or listened to people felt
2. Not all patients were asked about facilities and support at home
3. Some patients were not provided with any information about being discharged from hospital, patients explained they would like clear messages and honest timescales
4. Most patients felt they were being discharged at the right time, however some patients did not feel ready to go home due to a lack of confidence around care arrangements, still feeling unwell and three patients were told their hospital beds were needed
5. Delays in the discharge process, were often due to medication, communication errors, discharge letters and transport
6. Most patients were not aware of the Home from Hospital scheme.

#### **Summary of response provided by RDH and QHB:**

- An accreditation scheme focused around making every day of each patient's stay in hospital count is being developed to embed the SAFER principles and achieve earlier patient discharges

- To develop a communication strategy to raise both staff and patient's awareness of the Help from Hospital scheme
- The discharge lounge aims to maintain the length of time waiting to two hours maximum and delays due to inaccurate prescribing/medication changes will be raised at the chief nurse meetings to ascertain whether any dedicated pharmacy technician support might be provided
- The Integrated Discharge Team are working on a booklet to inform patients and their carers of what to expect on discharge 'keeping you in the loop'.

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**Next steps:** We will request an update of the response provided in September 2019.

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### Update on actions received to reports:

A summary of findings for both the Improving Access to Psychological Therapies (IAPT) report and Renal EMAS Patient Transport Service (PTS) report, along with the provider and commissioner responses were featured in the December edition of the intelligence report, which stated we would follow up on the actions taken against the recommendations in March/April 2019. The below provides a summary of both updates.

#### **Improving Access to Psychological Therapies (IAPT):**

The Mental Health Commissioning Team for Derbyshire CCG provided us with an update in February 2019 to the actions they made in the IAPT report.

Mental Health Together were commissioned by the CCG to collect the views of patients and members of the public about how IAPT Talking Therapies should be delivered in the future, post 2020.

#### **Summary of update regarding the new service specification:**

- One new clear brand using an 'umbrella' approach so individual IAPT providers can be identified. A single point of access via a lead provider using one computer system
- A 'hub and spoke' model across all PLACE areas, there is a requirement in the service specification for out-of-hours appointments at all the main hubs
- Inclusion of outcome measures and a proposed payment incentive to ensure the service is easily accessible for people over the age of 65 and to ensure that everyone is able to get treatment promptly
- Explicit requirement in the service specification not to have limited session numbers and to ensure therapy can focus on how people can help themselves in the future to stay well

- An improved protocol about how IAPT works with secondary mental health services We have escalated concerns about the perceived gap between IAPT and secondary care services to the mental health STP board
- A requirement in the service specification to work with community groups and organisations supporting wellbeing
- Emphasis on case by case decision making in the service specification to address concerns that decisions may be made purely on basis of diagnosis.

To view the full report and most recent update please visit:

<https://healthwatchderbyshire.co.uk/2018/10/improving-access-to-psychological-therapies/>

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**Next steps:** We will request a further update in September 2019.

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### **Renal East Midlands Ambulance Service (EMAS) Patient Transport Service (PTS):**

We explored the use of patient transport by renal patients, due to their frequent use of the service. We spoke to a total of 37 people at CRH and 55 people at the RDH.

#### **Summary of update regarding EMAS Patient Transport Service (PTS):**

- A text system is now in place to let patients know when transport is on its way. This is only currently available for core crews and volunteers. A review of current service users is underway for regular bookings as it is required to seek permission to enable service users to access this system
- In order for EMAS to monitor the number of people leaving the PTS and to understand their experiences they conducted a patient survey in September 2018, introduced an electronic live survey system onto the vehicles which provides immediate feedback, they are continuing with their quality meetings and have introduced face to face meetings for patients who have had a reduced level of patient experience on more than once occasion
- They have also introduced a dedicated Renal Patient Liaison Service which allows them to capture specific individuals who have poor service levels in real time, to try to resolve issues in a more timely manner and also this individual monitors daily journeys and amends journeys ahead of potential issues occurring
- A shortfall of coverage on Saturdays has been identified and rectified with recruitment to full establishment
- To be able to streamline the process for renal patients to make journeys as time efficient as possible, EMAS have implemented new changes to key performance indicators (KPIs) which have enabled the planning team to utilise the vehicles more effectively.

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**Next steps:** We will continue to monitor comments regarding the EMAS PTS.

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### Update on a selection of earlier reports:

#### **Dementia services:**

An update of actions pledged in response to our report were highlighted in the December edition of the intelligence report. We will request a further update on actions pledged against the recommendation made in response to this report in June/July 2019.

In the meantime, we will continue to monitor the implementation of the Derbyshire Dementia Well Pathway as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of our Dementia Report and the update on actions please visit:

<https://healthwatchderbyshire.co.uk/2018/05/dementia-report/>

#### **Child and Adolescents Mental Health Services (CAMHS):**

We feel assured from the responses from providers and the Futures in Mind (FIM) Board that action is being taken to address our recommendations.

In November 2018, the FIM Local Transformation Plan Refresh was published, with reference to our CAMHS report, particularly in terms of the overwhelming theme around the lack of parent carer support.

We will continue to monitor the implementation of the plan as well as hear from people about their experiences of using services to ensure improvements are being made.

To view a copy of the FIM LTP Refresh please visit: <https://www.derbyshire.gov.uk/site-elements/documents/pdf/social-health/children-and-families/mental-health-and-wellbeing/future-in-mind-local-transformation-plan-november-2018.PDF>

To view a copy of our CAMHS report and the update on actions please visit:

<https://healthwatchderbyshire.co.uk/2018/05/experiences-of-using-camhs-services-in-derbyshire/>

## Enter and View (E&V) Reports:

HWD maintains a statutory responsibility to undertake E&V visits to a variety of NHS and social care adult services which receive any income from public funding. An E&V visit is not an inspection but is complementary to the regulatory and quality monitoring work undertaken by the Care Quality Commission.

For more information on our E&V programme please visit <https://healthwatchderbyshire.co.uk/about/about-enter-and-view/>

### Autumn Grange Care Home:

The IIA sub group of HWD, recommended this E&V visit to further explore comments received by HWD and to enable our authorised representatives (ARs) to see for themselves how the service is being provided in terms of quality of life and quality of care principles.

#### Summary of findings:

- The ARs observed staff to be supportive and friendly with the residents, showing a high level of concern and care. The staffing levels seemed to support participation in activities with the residents
- Signage around the home was good, especially in the dementia unit
- The corridors were appropriately decorated with good use of colours in the dementia unit
- Information boards were in place on many corridors throughout the home in which were clear and informative for both residents and their visitors
- A wide range of activities were advertised on dedicated information boards on each floor with the use of pictures and words for the residents
- The outside grounds were attractive and appeared well kept, with plenty of seating available for residents and their visitors.

To view the report and response please visit: <https://healthwatchderbyshire.co.uk/2019/05/autumn-grange-enter-and-view-visit-report/>

### E&V Bi Annual DCC Summary Report:

During 2018/2019, Healthwatch Derbyshire were re-commissioned by Derbyshire County Council (DCC) to conduct a range of unannounced visits to 13 of their 26 residential services across the county.

The Enter and View reports were commissioned primarily for DCC's own internal quality assurance purposes, and the individual reports are not placed in the public domain unlike other Healthwatch Enter and View reports.

Therefore, we have produced a six monthly summary of the reports which we are able to make public.

The latest and final summary report for the commissioning period represent the remaining seven visits undertaken from the end of July until late November 2018 when all the visits had been fully completed.

The summary can be found on our website, please visit:

<https://healthwatchderbyshire.co.uk/2019/03/enter-view-bi-annual-dcc-summary-report-march-2019/>

## Mental Health Together (MHT):

### Mental health information and signposting in Erewash:

The summary of findings from this report were featured in the December edition of the intelligence report and it is now available on our website.

The report captured the views of 105 mental health service receiver's and carers in Erewash around their experiences of accessing information on mental health services.

#### Summary of responses:

- Erewash Health Partnership (EHP) which represents ten GP surgeries across Erewash explained they, “Recognise the importance of signposting patients to mental health services, to provide effective support ... We are in the process of developing a range of online support packages for mental health, amongst other issues e.g. bereavement, depression, addiction etc. that service users can access 24/7
- Erewash CCG explained, “There should be a range of methods for people to access IAPT services. Evidence has shown that self-referrals where possible results in greater equality; improved clinical outcomes and faster treatment response. However, it is recognised that some people find it hard to make the first step. Therefore, it is important that providers have simple referral processes for people, as well as easy-to-use professional referral processes so professionals can support people, either online, via telephone or via letter.”
- To ensure there is better use of care coordinators with regards to mental wellbeing, Erewash Care Coordinating Team explained, “We will review this ... to ensure that all staff are aware of mental health services in the area. To also ensure they have a good knowledge of local services/voluntary groups and if not then how to access them. To discuss with individual GP practices to promote care coordinator service for mental health support.”
- In terms of all GP practice employees (including receptionists) are fully aware of mental health information, EHP explained, “All reception staff have undergone CCG provided Navigation and Signposting training.”
- People wanted to see further developments to community hubs as ‘one-stop-shops’ for information and advice around mental health support, the Primary Care

Workstream for JUCD said, “By Spring/Summer 2019 we should have a proper project plan in place with timescales for this work.”

To read a full copy of this report, along with the full provider and commissioner responses please visit: <https://healthwatchderbyshire.co.uk/2019/02/mental-health-information-and-signposting-in-erewash/>

### **Experts by Experience Training:**

Experts by experience, help to gather information from their own communities and networks, about what people think is good and bad about services, and their ideas for improvement. E.g. from groups they attend, friends, their local community etc. They attend meetings that allow them to share their own experiences, and those of others. They help services look for solutions to issues that have been identified.

We have run our second expert by experience training in January 2019 and now have a further ten expert carers and service receivers.

## **Current and future engagement priorities:**

### **Ex-offender engagement:**

Over the coming months, we will be engaging with ex-offenders to explore their use of health services.

We will be asking what experiences people have of using health services and if they have encountered any difficulties with knowing where to go and/or how to access a service.

We will also be finding out what information, help and support they received whilst in prison and what information they received on release.

The information gathered will be shared with those who run, choose and buy health services in Derbyshire to help ensure services provided are easy to use and of good quality.

### **Domiciliary Care:**

Between April and October 2019, Healthwatch volunteers will be gathering people’s experiences of home care services (Domiciliary Care Services) in Derbyshire to make sure people are receiving a good quality of care and support.

The information gathered, along with any recommendations will be shared with the relevant service providers, the Care Quality Commission (CQC) and the commissioners in Derbyshire.

## **Useful tools and resources:**

### **STOP! I have a Learning Disability:**

HWD and the Good Health Group (part of Derbyshire County's Learning Disability Partnership Board) have developed a poster entitled - STOP! I have a learning disability.

It can be given to people with learning disabilities to take to appointments and can also be displayed in GPs, dentists and hospitals.

The poster includes prompts for practitioners and patients to agree non-verbal signals if they are in pain, want to ask a question or need further support at the beginning of treatment or a consultation.

To view the poster please visit: <https://healthwatchderbyshire.co.uk/2018/01/stop-i-learning-disability/>

### **Top Tips for Learning Disability Carers:**

This leaflet is intended to provide information for learning disability carers regarding access to health and social care services for the cared for person and some additional information about carers' rights and support.

To view the leaflet please visit: <https://www.healthwatchderbyshire.co.uk/wp-content/uploads/2015/08/Top-tips-for-LD-Carers.pdf>

### **Good Practice Guide to Consultation and Checklist:**

This has been produced to ensure meaningful and lawful public engagement in changes to health and social care services.

To view the guide please visit: <https://healthwatchderbyshire.co.uk/stp-derbyshire-joined-care/best-practice-guidance-consultation/>