

Healthwatch Lincolnshire

Thematic Statement from the November report regarding:	Patient Comments related to GP services Sexual Health Service Joined Up Services - DETOC Autism Waits for Assessment Mental Health - Interim Care
In response to:	Patient feedback Healthwatch Lincolnshire representative internal feedback
Date prepared:	4 th December 2018
Statement circulation for response	Lincolnshire East, South, South West and West Clinical Commissioning Groups

Why is Healthwatch Lincolnshire bringing this to your attention?

We consider points 1 to 5 listed below in this report to be emerging themes which have evolved over time, but ones where we are still continuing to hear patient concerns. HWL believes that it is our role as the independent public voice to continue to raise these concerns. Whilst we appreciate that many, if not all of these issues raised, will not be of a surprise or new, we are mindful that we are not seeing changes in the experiences of patients, carers and service users we talk to in the ‘here and now’. We also acknowledge that whilst in some areas there are plans and strategies coming to fruition, this does not help the number of people we hear from who are currently struggling and for who we do not seem to be able to share any acceptable solutions or pathways.

It is for these reasons we are raising these issues with your organisation. This paper includes questions which we believe are in the interest of the public, and also services and commissioners as they provide a mechanism for dialogue.

1. Patient Comments related to GP services, in particular access to appointments and attitudes of reception staff

GP services are a consistent feature of our reports and in this report we hope to put brief context around the issues. We acknowledge that 55% of the experiences we hear about are related to GP services, of these 55% are related to access to appointments. Of that proportion 34% shared with a positive view of access to appointments and the systems put in place. HWL is aware of the challenges for practices and recognise that the gap between a positive and negative response is not that far removed. However addressing the concerns of those with a negative approach, we feel a countywide (maximising resources financial and otherwise) approach to patient messages would be beneficial specifically around:

- All the different routes for patients (GP, NP, MIU, UCC, Pharmacy and 111)
- Change of name for receptionists to a consistent ‘care navigator’ named function, to help patients better understand their role in supporting them as a patient.

What has HWL done already?

We have met previously with the LMC to look at the potential for GP roadshows, our discussions include how we can share information and messages across the patient and staff population to support and share a positive approach to dialogue. We are continuing our conversation with the PPGs into the New Year to look at their engagement and involvement in supporting this process, as well as continued dialogue with LMC relating to the dialogue with practices.

How do we feel this affects patients?

Having provided some context and balance around the continual GP service issues and that are being presented, we recognise that one size does not fit all. It is worth noting that HWL receives a good number of positive comments as well of concerns. However, underlying this is the need for better communication in perhaps more innovative ways to reach our patient population.

Questions for CCGs

- a) *What is currently being done to support practices and provide a consistent message across all CCGs about how patients access their services?*
- b) *What is currently being done to look at how the 'receptionist' is presented in an attempt to win hearts and minds of the patient population?*

2. Sexual Health Service

We have previously experienced a number of calls relating to sexual health services in the county (LISH), these have previously been focussed on general awareness and access to the service. We are aware that the service may soon be scheduled for recommissioning and that a review of patient experiences would be an integral part of service design. The areas of concern raised currently are related to access (by phone) and the lack of support in relation to going to treatment and support.

What has HWL done already?

We have previously raised concerns with LCC as commissioners of the service and continue to raise the issues as they arrive.

How do we feel this affects patients?

We are concerned that patients are not getting the access they need or experiencing barriers which are prohibiting patient access.

Question for CCGs

We are not asking for a formal CCG response, however any collective view you have regarding sexual health services in Lincolnshire is appreciated.

3. Joined Up Services - DETOC

The experience below was heard by HWL. When reviewing this experience, we were concerned that there appears to be a breakdown in communication between services which meant that the patient was in limbo and not in the best place for on-going support and care. This created a DETOC which we know has been an ongoing challenge for the county.

Please note, after the intervention of HWL on behalf of the patient's family the issue was resolved and patient received the outcome required.

Resident of Care Home being discharged by Lincoln Hospital. Has advanced dementia, fractured femur and is frail, walks with a frame but currently nearly bed-bound. Returning for end of life care.

Manager is happy to accept patient back but an air mattress would be required. Hospital say the patient doesn't need one. District Nurses won't supply one. Manager knows the patient needs one or will get bed sores then become a safeguarding concern. Has refused discharge at present until this can be resolved in the best interests of the patient.

What has HWL done already?

HWL advised the family to make contact with PALs and Winter Room. UPDATE - District Nurses have now provided an air mattress, so this patient could be discharged comfortably.

How do we feel this affects patients?

HWL feels the patient was potentially and unnecessarily kept in a hospital setting at EoL and direct result of a difference of opinion between the teams supposed to be integrating the care in the best interest of the patient.

Question for CCGs

This is a specific case, however we are concerned that communication issues across organisations persist and in this case have impacted on EoL care and DETOC. What can the CCG do to ensure that lessons from examples such as these are being shared?

4. Autism Waits for Assessment

We referred in the last Governing Body report the concerns HWL have relating to the autism referral to assessment and diagnosis for children. We understand and appreciate the response from the Federated Team but still await a formal response from West CCG. However, what we need to stress is that the plans and developments referred to do not help the patients and families in the here and now.

What has HWL done already?

Raised an escalation paper, this has been shared with all 4 Lincolnshire CCGs, and other relevant bodies in the county. Met with Children's Services to discuss joint concerns about access issues for families.

How do we feel this affects patients?

HWL is extremely concerned that patients in Lincolnshire are being treated unequally, and most importantly where they are not able to access assessment and diagnosis their health and wellbeing will significantly deteriorated. In addition, delays in diagnosis impacts in other areas such as education, employment and family well-being.

Question for CCGs

We continue to ask for a response about how families should access timely referral, assessment and diagnosis for autisms services in the immediate future, please understand that we continue to receive feedback from families 'at the end of their tether', as there appears to be no in or out of county support. In addition, are the CCGs not able to apply pressure to encourage that NHS clinicians providing private assessments (through family desperation) to accept the diagnosis?

5. Mental Health - Interim

HWL continues to receive on-going concerns related to our mental health services, specifically around access, long waiting times and lack of support from the patient's perspective at the point of discharge from a CPN.

What has HWL done already?

Have previously raised MH concerns, have invited LPFT to attend HWL Patient Experience Committee earlier in the year, and have commented at QPEC and Quality Accounts related to the services.

How do we feel this affects patients?

We know from what patients are telling us that they often feel let down and alone in the mental health system with limited levels of support perceived by the patients.

Questions for CCG

HWL are currently looking at the 44 NHS indicators for mental health in its approach to identifying a key area for our project work. HWL are also working with LPFT to explore patient experience data with a view to improving overarching service delivery and models of care.

- a) Do the CCGs believe that the current indicators used for demonstrating assurance on performance at Boards and assurance committees are the right ones and if so why?*
- b) Which of the other 44 indicators do they feel would add greater understanding of what works well and what doesn't within the Trust delivery?*

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