

## Healthwatch Lincolnshire

<b>Thematic Statement from the November report regarding:</b>	<b>Patient Comments related to : Ear care; Fragility of Primary Care services; Pain Management</b>
In response to:	Patient feedback Healthwatch Lincolnshire representative internal feedback
Date prepared:	11 <sup>th</sup> February 2019
Statement circulation for response	Lincolnshire East, South, South West and West Clinical Commissioning Groups

### **Why is Healthwatch Lincolnshire bringing this to your attention?**

HWL believes that it is our role as the independent public voice to continue to raise concerns. Whilst we appreciate that many, if not all of these issues raised, will not be 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’.

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. Ear Care / Syringing**

The inequity for patients in terms of accessing ear syringing has been raised by ourselves before, however we are now hearing more concern from patients about the lack of and inequality of service in the county.

### **What has HWL done already?**

We have spoken to LCHS as we noted they were providing ear syringe training for their staff and they have shared that they think some commissioning will take place for LCHS to provide ear syringing for parts of the county where GP services don’t offer it. We have also contacted the LMC who told us that ear care is not part of the GMS or PMS contract, so practices are not commissioned to provide it. We heard that some practices have provided an ear care service, but now they are finding it difficult to provide contracted core services they have had to stop doing ear care. Also new guidance suggests that syringing should be replaced by micro-suction, and thus practices do not have the equipment or skills to do this. Some CCGs have offered an enhanced service to practices which includes ear care, but many practices have not signed up for this service, so are not providing it.

### **How do we feel it affect patients?**

We know from patients that not having access to necessary ear syringing can be debilitating which can lead to further issues both in terms of health and general wellbeing.

### Questions

- a) What are the current commissioning arrangements for ear care and syringing across Lincolnshire?
- b) How many practices of the total are not delivering an ear care service?
- c) What is being put in place to address any inequalities?

**2. Fragility of Primary Care services and links to managing patient safety**  
Every month we receive patient comments about access to GP appointments. However what we are seeing is a growing potential for patient harm as a direct result.

Below are a couple of examples from this month where lack of access to appointments has had a direct impact on patient care.

*Scenario 1: Patient had an appointment at Lincoln Hospital put on medication for 14 days and Consultant requested that the patient see their GP within the 14 days. No appointments forthcoming even though patient contacted the surgery throughout this period. Spoke with Consultants Secretary and was informed the surgery would be in touch with the patient, patient heard nothing so contacted the hospital secretary again who made an appointment with the Consultant for the review at the Hospital. - **Where is the communication/expectation breakdown occurring and is this process putting the patient at the centre?***

*Scenario 2: A number of patients expressed concerns around appointments for spirometry tests, after waiting more than 6 weeks and chasing appointments patients are being informed by the surgery that they do not know if the appointment will be at the hospital or in the surgery. - **What impact is this having on an individual's health and emotional wellbeing?***

*Scenario 3: Patient saw a specialist mid-January 19 regarding kidney failure and was informed to make an appointment at the GP surgery within 2 weeks. Patient contacted the surgery every day and was told there were no appointments. Went online to see if they could book it that way, but no appointments available. - **Similar to scenario one, how is this communication breakdown is supportive of the patient or providers?***

### Questions

- a) HWL would like to ask and request a response as to how the CCG consider that primary care can be supported to improve patient care between acute and primary?
- b) HWL would like to know with the continuing expectation of care closer to home and more preventative support for patients being suggested

through the NHS Long Term Plan how is going to be managed for the kinds of patients described above?

### 3. Pain Management

Patient perception of pain management services has been on our highlight report a number of times. However we have recently completed an immediate escalation paper due to the growing concerns raised from the current providers of pain management services.

Previously only patients were telling us they were receiving mixed messages about the future of the services from the existing providers, but we have also now seen this from the providers themselves telling us they are uninformed in the developments for pain management services to the point they cannot advise patients, when or where their next appointment will be, causing anxiety for both patients and staff.

Whilst we have seen a long list of actions from the CCG which details the dialogue which has taken place with staff and the new provider, we are concerned that the only dialogue we can see with patients was in spring 2018 and made reference to the following:

“Services will continue to run as they do now so you do not need to do anything differently for the time being. We will contact you again to let you know what is happening along the way, but you can also access updates on our website”.

Neither of these actions appear to have happened, and it is therefore understandable the angst of patients.

### Questions

With the above in mind we would like to ask:

- a) Why has more communication **not** been carried out with patients ‘along the way’ as stated in the original letter? We understand from patients that more concern has resulted from the lack of information.
- b) Why is it taking so long to articulate more publically the locations of the service in terms of locality?
- c) What lessons have been learned from this process?
- d) What evaluation has been planned for the new service and when?

This statement has been prepared on behalf of Healthwatch Lincolnshire

Healthwatch Lincolnshire

Unit 12

1 - 2 North End

Swineshead

Boston

Lincs

PE20 3LR

01205 820892

[info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)

[www.healthwatchlincolnshire.co.uk](http://www.healthwatchlincolnshire.co.uk)