

# Healthwatch Lincolnshire Update Report

**January–March 2025**

**Published May 2025**

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# Key Performance Indicators Overview

Under LCC monitoring we have five measured Key Performance Indicators (KPIs).

	KPI area	Comment
1	<b>Quarterly</b> Healthwatch Lincolnshire delivery report	<b>Complete.</b> A Healthwatch delivery report will be produced quarterly, providing an overview of performance, activities and plans for the upcoming quarter. This is the delivery report for January to March 2025.
2	Number of people sharing their views and experiences with us. <b>1,000 half-year target</b>	<b>Exceeded target</b> Between January and March, <b>1,627</b> people shared their views and experiences on health and social care; <b>438</b> directly with our Information Signposting Team and 1,189 through our GP appointment experience survey. <b>Half-year running total: 1,931.</b>
3	Number of people provided with information and signposting. <b>1,750 half-year target.</b>	<b>Exceeded target</b> Between January and March, <b>1,180</b> people have been provided with information and signposting; <b>146</b> directly through the information signposting team and 1,034 have accessed support through our information signposting articles online. <b>Half-year running total – 2,659.</b>
4	% of positive feedback <b>90% target</b>	<b>Exceeded Target</b> – Between January and March, <b>34</b> people shared feedback with us about the Healthwatch Service. <b>97%</b> shared a positive experience.
5	% of people responded to within three working days <b>95% target</b>	<b>Exceeded target</b> – <b>100%</b> of people have been responded to within three working days during Jan – March 2025.

## Target 1 – Healthwatch delivery report

A Healthwatch delivery report will be produced quarterly, providing an overview of performance, activities, and plans for the upcoming quarter. You are reading the delivery report for January to March 2025.

## Target 2 – Number of people sharing their views and experiences with us on health and social care in Lincolnshire

Number of people sharing their views and experiences with us on health and social care in Lincolnshire	Quarter 1 Oct 24 – Dec 24	Quarter 2 Jan 25 – Mar 25	Total
Half year target – 1,000	304	1,627	1,931
KPI			EXCEEDING TARGET

This quarter, **438** people shared their views and experiences directly with us on health and social care in Lincolnshire, through our Information Signposting Team.

An additional **1,233** people shared their experiences through our access to GP services survey.

The service areas commented\* on the most this quarter were:

- GP services (45%)
- All hospital services (45%) – (8% of all comments were about A&E)
- Social care (12%)
- Mental health services (11%)
- Patient transport (9%)
- Dentistry (7%)

\*Some comments relate to multiple service areas.

56% of all comments were negative and 16% were positive. The remaining were neutral, mixed or unclear. Many of the experiences shared with us this quarter were again very case-specific.

There have been **438** comments raised and the main themes Healthwatch signposting team has heard about in this timeframe have been: –

### Not so good:

- Obtaining test results via hospitals and surgeries
- Difficulty getting through to surgeries via phone amid promotion of online access only
- Difficulties in getting an ADHD and autism assessments
- Difficulties accessing NHS dentists in the county
- BSL interpreters: patients being informed it is down to them to arrange these.

- Parking at the local large hospitals very difficult, some patients have missed appointments due to waiting for a space.

Where we have been able, we have signposted to PALs, complaints or Practice Manager to get these resolved.

During January – March 2025, **65** compliments were raised, which include:

**Praise for:**

- Merton Lodge – Alford
- Swineshead GP Practice
- Well Pharmacy – Market Deeping
- Urgent Treatment Centres – Louth, Spalding, Gainsborough
- MacMillan Team Lincoln/Boston
- St Barnabas Hospice
- East Lindsey Medical Group

To name but a few.

## **GP services**

### **East coast**

This quarter, access to GP services continues to be a problem along the east coast (supported by the findings of our access to GP services survey). Difficulties included getting appointments over the phone and online. The askmyGP service in some cases was being closed very early in the morning despite patients being directed to this to book appointments.

Also, there were concerns around short appointments, perception of poor-quality care, and delays in results appearing on records and NHS app.

*Patient has sleep apnoea and a skin condition. Has been told that can only discuss one condition at each appointment, so two appointments have to be made to see someone face-to-face. "If you do get on the askmyGP app by 8am, within a few minutes all slots for that day are taken and you have to wait until the next day. If you try to ring, receptionists comment that you should use the app. You are lucky if you get five minutes with the doctor they seem to want to get you in and out as soon as possible and they don't seem to care. Nurse appointments are hard to get, though you don't seem to be so rushed in these. Patient doesn't seem to be getting support from GP surgery."* – **East Coast practice patient**

*"Unable to see an appropriate health professional on the day you need them. Have to go through askmyGP and the response time is poor: contacted askmyGP at 6am and still had not had a response by 2pm. Rang the surgery and was told to attend Urgent Treatment Centre. Contacted the Urgent Care Centre by phone who told me that they did not open till 6pm and that my surgery should see me. Rang my surgery back who reluctantly agreed to see me, actually had pleurisy and required treatment. Need to have access to a GP when required."* – **Practice in the South Holland area patient**

## Good practice

During this quarter, we received 11 comments praising **The Glebe Practice** in the Trent Care Network PCN.

People praised the ability to be able to get an appointment, a good triage system and kind, friendly caring staff. Staff listened to patients and addressed their concerns. This feedback came from in-person engagement at the surgery.

*"I had an appointment with a named GP about an ongoing problem. As usual they were very professional, caring and did their utmost to help."*

*"The triage system they use for booking appointments is very good. Used it several times for myself and my children and cannot fault it so far."*

*"Very good experience at my appointment to see the doctor. I went with a mole I was worried about and the doctor straight away put my mind at ease. They were very thorough and was good at explaining everything to me. I was given information needed to look out for which was very helpful. Overall, it was a very pleasant visit and the doctor was very kind and understanding of my concerns."*

*"I feel I am always listened to and understood. I do not struggle to get an appointment for myself or my children."*

*"One of the best doctors I've met, easy to talk to, they listen and really helps in the most friendly yet professional way. Made plenty of time for me and has improved my quality of life!! Nothing could have been better."*

## Dental services

Difficulties accessing NHS dental services persist throughout Lincolnshire. Individuals continue to raise concerns around the cost of private treatment. Isolated incidence of poor-quality care were also raised.

## Hospital services

Comments made in relation to hospital services were often individual concerns around poor quality care.

General themes included long waiting times for appointments and test results, and test results not being shared with patient and/or other departments.

## Impact of cancellations

"I received an appointment to have my 24-hour heart monitor fitted on December 24. Shortly before the appointment they rang to say it had to be cancelled as Christmas Day was the next day and the day the monitor had to be returned. They gave me a Sunday afternoon appointment.

They rang on Sunday morning to say that a monitor was no longer available in the afternoon despite my booking. I was given another date. I asked for a confirmatory text but they said this was not possible.

I turned up at the appointment on the new date only to be told I wasn't in the appointments system. I insisted on the fitting as it was my third attempt. I got the monitor but because of the delay I could only wear it for 20 hours not 24.

It was very stressful; not a good state to be in for cardiac monitoring! They really do need to sort out the appointments system.

Firstly, appointment dates need to be clear and a monitor available for 24 hours, not 20 'for administrative purposes.'

Secondly the bookings staff need to realise they are dealing with people, some of whom are really ill. We are not administrative inconveniences. Perhaps there could be a module on empathy training added to staff training.

Nothing went well other than getting a monitor at my insistence. Money must have been wasted by staff as I was told by original text that it would cost the NHS £105 if I messed it up.

Surely that works both ways?"

## **Supporting those with sensory loss**

This quarter, five comments were shared in relation to supporting those with sensory loss. The main issue raised regarded communication needs and preferences being ignored. Reasonable adjustments were not being made (e.g. longer appointments or using an interpreter), communication preferences were not respected (e.g. continuing to insist on speaking to patient over the phone) and there is confusion over who is responsible for arranging BSL translation services.

### **Spotlight**

A patient who is deaf with implants needed to contact their hospital. They were unable to do it online/via email and had to ask a colleague to make the call on their behalf. It was explained that the patient was deaf but the clinician insisted on speaking with the patient directly. This was mentioned four times and each time the Clinician ignored them.

### **Spotlight**

A deaf mother gave birth to two children at Pilgrim Hospital and felt that both times were very poor experiences. No interpreter found, staff ignoring her wishes and didn't try to communicate with either parent, both of whom are deaf. The notes were not read and medication that they were allergic to given that made them very poorly. They were ignored during consultations. A midwife was the only one who tried to support by finding pictures and accessing a sign language app on their personal phone. The patient was very worried and uncomfortable in hospital."

### **Spotlight**

Patient is deaf and their first language is British Sign Language (BSL). Attended for a scan which turned out to be an MRI and they were not able to have it due to having implants. Has issues with communication and access to clinicians not communicating with them appropriately; clinicians don't make reasonable adjustments to how they communicate and insist on speaking with them on the phone when they are not able to do this. Not using an interpreter to communicate. Medical information not being shared across medical teams in relation to her deafness. Her first language is BSL but can read and write in English.

### **Group issues**

BSL interpreter issues were raised by the Boston group of Lincolnshire Sensory Services.

Most of the group have raised concerns through PALs at ULHT but feel nothing changes. Why are local BSL interpreters not being used? Appointments are being

delayed waiting for BSL interpreters. Many patients have been told that getting BSL interpreters is expensive and is the patients responsibility. PALs have not followed through with concerns raised. Nothing appears to get better.

**The group would like to know:**

- What is the Contract around booking of a BSL interpreter? Who should be informing the hospital? Why is this information not shared with professionals? What are the protocols and who is holding the Trust to account in this as it is affecting accessibility of patients and not meeting patients’ needs?
- Patients who use a BSL interpreter need extra time at appointments. This is not always addressed as sometimes medical jargon/procedures have to be explained. Many times the patient is left feeling frustrated.
- What equipment can be provided to patients with sensory loss? What needs to be provided for their care and what does the patient need to pay for or contribute to?"

**Access to GP services survey**

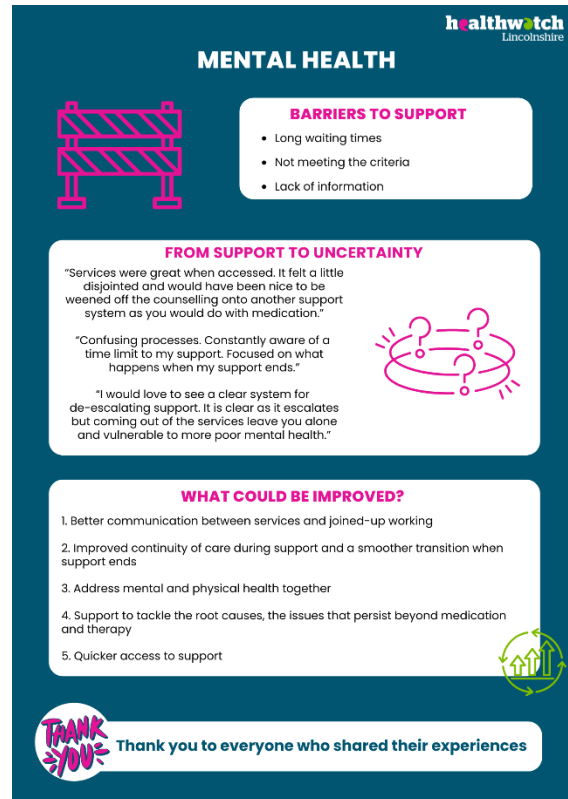
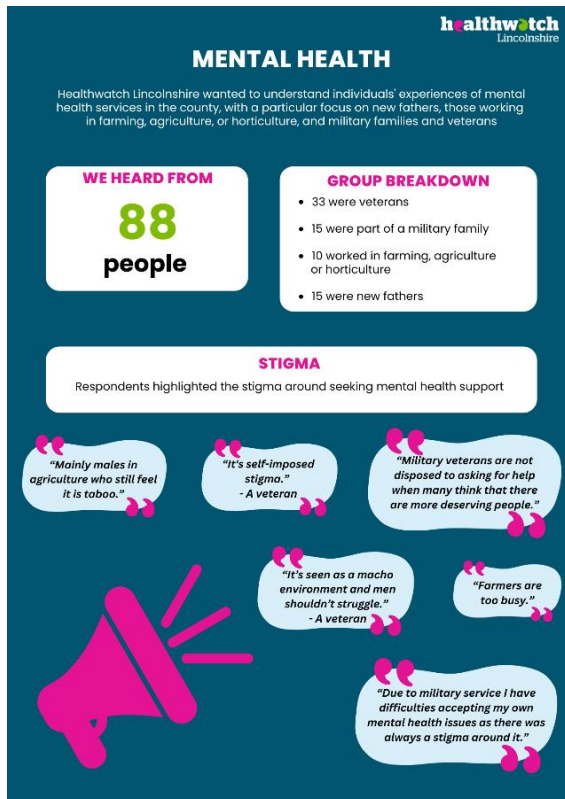
**Initial analysis**

**1,233** people shared their experiences through our access to GP services survey.

Initial analysis shows that the PCNs were respondents found it easiest and most difficult to get appointments were as follows:

<b>Easiest to get an appointment (% easy)</b>	<b>Most difficult to get an appointment (% difficult)</b>
South Lincoln (62%)	Four Counties (91%)
K2 Healthcare Sleaford (61%)	First Coastal (83%)
IMP (53%)	Meridian (74%)

# Mental health



Healthwatch Lincolnshire's fourth research project in 2024 focused on the mental health of new fathers, military families, veterans and those working in farming/agriculture/horticulture. The reasons for this can be [read here](#).

- In total **86** service users and **2** health and care professionals shared their views.
  - 40% (33) were veterans
  - 18% (15) were from military families
  - 12% (10) worked in farming/agriculture/horticulture
  - 18% (15) were new fathers

*Some individuals belonged to more than one of the above groups.*

## Key headlines include:

- **Stigma** – there was often a stigma around seeking mental health support, including being too busy and taboo (farming), not being used to asking for help, and asking for support not being 'macho' (veterans).
- **Barriers to accessing support** – these included long waiting times, not meeting the criteria and lack of information.
- **Online resources** – online information was often easy to find and navigate. However, respondents frequently felt that the information was generic and they would prefer face-to-face support.

- **From support to uncertainty** – respondents discussed that there was often a sharp transition from receiving support to being left with minimal-to-zero help once support ended. They highlighted a need for a more gradual transition period.

### **What works well?**

Positive experiences reported by respondents appeared to be due to the actions of individual healthcare professionals as opposed to a consistent equitable approach. There was praise for specific individuals and charities that provide support to veterans in a timely manner and understand their needs.

### **What could be improved?**

- Quicker and easier access to support
- More face-to-face or person-based support rather than online
- Options beyond medication
- Better communication between services and joined-up working
- Improved continuity of care during support and a smoother transition when support ends
- Address mental and physical health at the same time
- Support to tackle the root causes and issues that persist beyond medication and therapy

## ***A closer look at improving support for specific groups***

### **New fathers**

Provide support to new fathers and signpost them to information on how they can support themselves, partner and baby.

### **Veterans**

Tackle the stigma around seeking support, raise awareness of mental health in this group and what support is available and a foster a better understanding of the needs of military families and veterans.

## Target 3 – Number of people provided with information and signposting

Number of people provided with information and signposting		Quarter 1 Oct 23 – Dec 23	Quarter 2 Jan 25 – Mar 25	Year to Date Total
Annual target: 2,000		1,479	1,180	2,659
KPI				EXCEEDING TARGET

**Exceeding target.** Between January and March, **1,180** people have been provided with information and signposting, **146** directly through the information signposting team and **1,034** have accessed support through our Information Signposting articles online.

### Outreach

Healthwatch Lincolnshire signposting and information team arrange to go into different areas of Lincolnshire for the community to access in-person signposting and to gather feedback.

We are always looking for other areas in the county to support and offer this service. **Please call 01205 820 892 or email [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)**

During these months we have attended Warm Spaces around Lincolnshire:

Horncastle x 2	Gainsborough x 2
Alford x 2	Boston
Mablethorpe	

This gave us access to people within the community where gathering patient experiences from the hard-to-reach (seldom heard) population is always difficult.

### Outreach

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### January:

- Louth – Learning Centre
- Skegness – Storehouse

- Spalding – Citizens Advice Offices

#### February:

- Lincoln – Whisby Natural World Centre

#### March:

- Grantham – Citizens Advice offices
- Spalding – Citizens Advice offices
- Ruskington – Ageing Well

- ❖ There were no safeguarding concerns or poor practice concerns raised during this period.

During the period of January – March 2025 there have been 438 comments recorded. Here are some highlights.

## Quarterly case studies

### **Veteran's medication concerns resolved**

#### **You said:**

A veteran contacted Healthwatch regarding ongoing difficulties with accessing appropriate medication through their GP practice. Since December 4, the patient had attempted to resolve medication-related issues but had not received any of the six scheduled telephone appointments. Each time, the patient contacted the surgery again to follow up, but no progress was made.

The patient was trying to get the dosage changed for one medication and have another added to their repeat prescription. They also mentioned that magnesium should be prescribed but had not yet received this.

Additionally, the patient requested for all medications to be brought in line so they could be collected at the same time each month, helping to manage their health more effectively.

Due to a rare incurable disease that affects their ability to eat, the patient experiences challenges with going out and had requested a face-to-face appointment when phone contact repeatedly failed. This was declined, although the patient would still prefer telephone contact due to their condition.

#### **We did:**

The patient asked Healthwatch to contact the Practice Manager on their behalf. After a few days with no response from either the practice or the Practice Manager, Healthwatch called the surgery. The Practice Manager was on leave, so we spoke with

a receptionist, explained the situation, and emphasised that this was now the seventh attempt by the patient to get a call back. The receptionist agreed to speak to a doctor urgently and highlight the issue.

**Outcome:**

The following day, the patient confirmed they had finally received a call the previous evening and that the issue had been resolved. They thanked Healthwatch for the support and intervention.

## **Supporting a terminally ill patient's move to a new care home**

**You said:**

A relative contacted Healthwatch for advice about moving their parent from a care home in Navenby to one in Waddington. They were looking for a transport service that could provide support for someone who uses a wheelchair and ideally required a stretcher. The parent is under palliative care with a terminal illness, so comfort and appropriate support during the transfer were essential.

**We did:**

Healthwatch provided details of a service based in Newark, along with other alternative transport options that could meet the specific needs of the patient.

**Outcome:**

The relative contacted the firm suggested by Healthwatch and was able to book the transport. They shared that it was more affordable than other services they had tried and, importantly, it meant their parent could travel in comfort on a stretcher to their new nursing home. They thanked Healthwatch for the support.

## New information signposting articles this quarter

- **Where can I get help for health out of hours?**  
<https://www.healthwatchlincolnshire.co.uk/advice-and-information/2025-01-22/where-can-i-get-help-health-out-hours>
- **Getting a second opinion about your care**  
<https://www.healthwatchlincolnshire.co.uk/advice-and-information/2025-02-03/getting-second-opinion-about-your-care>
- **Do you need help travelling to NHS services?**  
<https://www.healthwatchlincolnshire.co.uk/advice-and-information/2025-02-25/do-you-need-help-travelling-nhs-services>
- **NHS 111: Booking your A&E appointment**  
<https://www.healthwatchlincolnshire.co.uk/advice-and-information/2025-03-06/nhs-111-booking-your-ae-appointment>
- **Think 'Pharmacy First' for Fast NHS Treatment**  
<https://www.healthwatchlincolnshire.co.uk/advice-and-information/2025-03-06/think-pharmacy-first-fast-nhs-treatment>

## Volunteers

	Volunteering Hours Jan-Mar 2025	
	Number of activities	Number of hours
<b>TOTALS</b>	<b>85 activities</b>	<b>274 hours</b>

29 volunteers and 7 Trustees were registered with HWLincs as of 31st March 2025.

The table below shows the activities volunteers engaged within the quarter:

January	February	March
Newshound	Warm space engagement – Gainsborough	Newshound
Readers panel – QA Immunisation report	GP engagement – The Glebe Practice, Saxilby	Warm space engagement – Horncastle x3
Warm space engagement – Horncastle	Newshound	Readers panel – pelvic health report QA
Healthwatch Steering Group meeting	HWLincs conference – volunteer support	

### Future Engagements

- Volunteer week, coffee morning in June the chance to celebrate our volunteers.
- Community Learning in Partnership (CLIP), Mablethorpe engagement event
- Veterans' open day, Boston engagement event
- Listening clinics at GP practices across the county
- Focus on asking volunteers to support the Healthwatch social care project, engagement in the community.

As part of our ongoing efforts to enhance the volunteer experience at HWLincs, our Engagement Officer, Oonagh Quinn, is seeking interest in launching a Volunteer Forum to help shape volunteer roles and activities over the next 12 months.

Volunteers have been invited to participate in this initiative, which will also contribute to the development of a reward and recognition programme. The forum will provide a platform for volunteers to share their ideas and feedback, ensuring their voices are central to improving our approach. A meeting date will be arranged shortly to begin these discussions and work together to create a more engaging and supportive volunteering experience.

## Website & social media stats

	Quarter 1 Oct 24 – Dec 24	Quarter 2 Jan 25 – Mar 25
Website page views	11,208	11,625
Facebook post reach	58,173	45,527

Across this quarter we have had **11,625** website page views.  
We have reached **45,527** people on Facebook.

With our social media scheduling software we are able to provide and plan a variety of social media content. We will also be Increasing our promotion of information and signposting advice which we share on our website.

## Engagement and involvement

### Engagement and Involvement Activities (Involvement Officer)

#### Seldom Heard Community:

- Long Term Conditions Spalding
- Disability Action Group Boston
- Grantham HIVE Military Families
- Lincolnshire Sensory Services Community Group, Boston
- Healthy Lifestyle Working Group VoiceAbility
- Dementia Support Group Louth

### Community Engagement Activities

Over the past quarter, our Involvement Officer has actively engaged with local communities to gather insights into their experiences of health and care services. Key engagement activities included:

- LPFT Conversations on Mental Health Urgent Care Services in Lincolnshire (Spalding)
- Warm Spaces **January 2025** contact made with a number of Warm Spaces across Lincolnshire – set up dates for Feb / March 2025. All feedback forms shared with signposting and advice officers
- Butterfly Hospice Community Connections

- **Warm Space** Mablethorpe
- **Warm Space** Alford – the Storeroom
- **Warm Space** Horncastle – Berts House (with volunteer support)
- **Warm Space** Alford – the Storeroom
- **Warm Space** Boston – Centenary Church (with volunteer support for KW)

### Key Themes Emerging

Access to face-to-face appointments, lack of communication with patients, emergency medical care and long waits to be seen in A+E, lack of support for people with sensory impairment at acute hospitals

## HWLincs VOICE Conference



**Lincolnshire Charity HWLincs celebrated and elevated the power of public voice at its first annual conference in Lincoln in February.**

Health and social care professionals and community group leaders each shared pledges at the event, as well as ideas for how the sector can work better together to improve the wellbeing of people in Lincolnshire and beyond.

HWLincs was proud to host three keynote speakers on the day.

Rebecca Curtayne, External Affairs Manager at Healthwatch England, shared the importance of local voice being elevated to national level and the impact that has.



Martin Samuels, Executive Director for Adult Care and Community Wellbeing at Lincolnshire County Council explained the workings of adult care and its dedication to shaping services based on public voice.

Finally, Charley Blyth, Director of Communications and Engagement at NHS Lincolnshire Integrated Care Board, talked through how the ICB works to improve the health of people within the county and how public engagement plays a key role. Charley even experienced a positive heckle during the presentation, when a member of the audience was moved to publicly praise the work of the Lincolnshire ICB.



Between speeches, people networked and forged links in the marketplace, with conversations about collaboration being at the heart of the topic. Three workshops were also held throughout the day.

The Engaging with Seldom Heard Communities workshop was hosted by HWLinCs and the NHS Lincolnshire ICB Health Inequalities Team. HWLinCs contract and project manager Tom Cassidy presented the methods and findings from two recent engagement projects for the Care Quality Commission – people who sell sex and Gypsy, Roma, Traveller communities. James Allen, Health Inequalities Improvement Facilitator and Suzanne Marriott, Health Inequalities Engagement Manager, both from the NHS Lincolnshire Integrated Care Board, then shared the ways that their team is

helping people who are socially excluded and face multiple interacting risk factors for poor health.



Sarah Bustin presents in a workshop at the HWLincs VOICE Conference

Elsewhere, a session titled Engagement to Insight had attendees observing how recent research translated public voice into positive change.

Healthwatch Lincolnshire

Contract Manager Dean Odell

discussed four successful research projects and Sarah Bustin, Lincolnshire Maternity and Neonatal Programme Communications and Engagement Lead, shared how this work was used by the NHS's newly produced maternity and neonatal materials.

The third workshop, Elevating Public Voice, was presented by HWLincs Chief Executive Officer Navaz Sutton, who shared HWLincs' vision and encouraged attendees to share their own pledge, with the aim of forging stronger partnerships. The interactive workshop gave attendees the opportunity to share connections and explore how best to reach into more communities, based on the aspiration of gaining insights into the lived experience of more people across the county.

Healthwatch England's Rebecca Curtayne and HWLincs CEO Navaz Sutton at the HWLincs VOICE Conference



Celebrating the success of the charity's first conference, Navaz said: "The day was a great success in bringing together the world of engagement and public voice from across Lincolnshire and beyond. With many conversations, guest speakers, workshops and networking taking place throughout the day, I was pleased to see everyone sharing and connecting.

"We talked a lot about collaboration and reaching communities, and I am excited

to visit the pledges made by people on the day, everyone was positive about wanting more public voices to come forward and to work with us and each other to elevate lived experiences into the strategic conversations to bring about changes for the benefit of people and communities.

“As the first conference for HWLincs, I feel this will become a staple in the annual calendar as an opportunity to reflect on the collective impact we are all having. A sincere thank you goes out to everyone that spent the day with us and to those that delivered or contributed to the delivery. I now look forward to following up on the energy and commitment in the room to help drive a more collaborative future for public engagement.”

The slides from each presentation are available on the HWLincs website.

## Representation

During this quarter, Healthwatch Lincolnshire contributed to meetings, including:

- Health & Wellbeing Board/ICS Partnership Board
- Integrated Care Board (ICB)
- Health Scrutiny Committee
- Primary Care Co-commissioning Group PC3
- Lincolnshire System Quality Group
- System QPEC
- Health Protection Board
- Primary Care operational, quality, performance oversight Group (PCQP)
- Patient Experience Group (PEXG) ULHT
- Patient Panel ULHT
- Service Quality Review (SQR) LCC
- Patient Voice EMAS
- Lincs Veteran Network
- Regional Healthwatch Dentistry Meeting
- Lincolnshire Digital Inclusion Meeting
- Health Inequalities Programme Board
- Primary Care Access Working Group
- HWL,HWB, ICP, HSCFL & CQC Liaison Meeting
- Healthwatch – CPL Pharmacy
- Healthwatch LCC
- LCC Contract Update
- East & West Midlands HW Network Meeting
- Co-Producing Health and Care in Lincolnshire Working Group
- Our Shared Agreement
- Equality Diversity and Inclusion (EDI)
- Disability Action Boston (as required)
- Ed Baker Adult Social Care LCC
- Healthy Lifestyles VoiceAbility
- LinCA Care Managers Meetings
- Carer First Events
- Family HUBS LCC
- Catch up with CEO's and Chairs across Trusts and LCC

# HEALTHWATCH LINCOLNSHIRE SERVICE FEEDBACK

JANUARY - MARCH 2025

## Satisfaction



**% of people who shared a positive experience with Healthwatch Lincolnshire**

33 out of 34 people



**% of people who would recommend our service to family, friends and colleagues**

36 out of 40 people



**% of people who felt Healthwatch helped them achieve a positive outcome**

23 out of 27 people

## Feedback comments received

"Healthwatch staff have been fantastic, understanding, reliable, very good – a reasonable adjustment and allowing time!"

"Healthwatch referred me to the PALS service who were able to resolve my queries and deal with my concerns"

"Prompt response and good understanding"

HWLincs Conference "...a huge thank you for organising this event, it was a huge success..."

HWLincs conference: 90% rated the event organisation excellent and 10% as very good.  
97% found workshops useful.

Conference: "it was a really great session and the team enjoyed the workshop and feedback from participants."

"...Congratulations on the VOICE Conference... I thought it was a great exposition of engagement with the citizens of Lincolnshire and the partnership working with so many organisations..."

## Cases responded to within 3 working days

100% of cases have been responded to within 3 working days between January and March 2025



## Age Demographic

Age breakdown of those who shared feedback collected from 18 individuals



Under 18	0%	18 - 24	0%
25 - 49	9%	50 - 64	21%
65 - 79	58%	80+	12%

**FEMALE**

**MALE**

70% (23) respondents were female, 27% (9) male

# Looking forward April – June 2025

## Healthwatch Information and Advice – Outreach

The Healthwatch Lincolnshire Information Signposting Team will hold outreach clinics across Lincolnshire so the community can Healthwatch Lincolnshire's services face-to-face.

We provide information and guidance to the public and record their comments.

### Upcoming Outreach Clinic locations:

- The Storehouse, Skegness
- Mablethorpe Coastal Centre
- Cancer support, coffee and cuppa, Lady Bs Cafe, Mablethorpe
- Healthy Minds Group, CLIP, Mablethorpe
- Your Health Matters Event, Abbeyview Surgery, Crowland
- Louth Learning Centre
- Billingham Methodist Church, Mini wellbeing event
- CAB Spalding
- Boston Carers Event, Kirton
- Campa Connect

## Healthwatch Lincolnshire – Social Care Research Project

This project explores the experiences of people accessing adult social care in Lincolnshire, including unpaid carers and care professionals. It aims to identify challenges, highlight best practice, and make recommendations to improve services.

Focus areas:

- Unpaid carers – Support needs and access to respite
- Adult social care access – Barriers, especially in rural areas or for self-funders
- Care home dentistry – Oral health provision for residents

**Methods:** Surveys, focus groups, case studies, and Enter and View visits.

**Timeline:** April–July 2025

**Outcomes:** A public report with insights and recommendations for service improvement.

Healthwatch Lincolnshire  
Rooms 33-35  
The Len Medlock Centre  
St Georges Road  
Boston  
Lincs  
PE21 8YB

**healthwatch**  
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