



Quarterly Report January 19–March 19

Healthwatch Lincolnshire
making a difference.



Welcome to our latest *Making a Difference* Quarterly Report which provides an overview of:

- Statistical Achievements (Front Cover)
- Introduction
- Making a Difference
- Lets talk about Stroke
- Patient, carers & service users experiences
- Signposting Support
- Enter & View
- Volunteers
- Glossary

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to us**

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Impact Report

Jan 19–Mar 19



Welcome to our latest edition of Healthwatch Lincolnshire Making a Difference Report. In this report you will be able to read about the work we've been doing over the past 3 months on behalf of the public in Lincolnshire.

From detailed patient experiences through to an overview of our YourVoice@HWL event we have provided many examples of how and where our work has made a difference to healthcare services in Lincolnshire.

In February 2019 we started work in earnest to support NHS England, Healthwatch England and our Lincolnshire STP Programme Board through engaging with the public on the NHS Long Term Plan. You can read more information about this on page 12.

Many of you may not be aware that currently Lincolnshire has 4 Clinical Commissioning Groups (CCGs) in operation.

So, what are CCGs?

CCGs are organisations that commission (Commissioning is the process of assessing needs, planning, prioritising, purchasing and monitoring health services, to get the best health outcomes). Most of our hospital and community NHS services in the local areas for which they are responsible. The 4 Lincolnshire CCGs have now started the process to merge themselves into one organisation that will work as one NHS and healthcare system for the whole of Lincolnshire. This we believe is a great step forward to help address many of the health inequalities that we are currently seeing. On the 1 April 2019, John Turner was appointed as the Accountable Officer for the

4 CCGs. John will be meeting the Healthwatch Board in May to discuss how patient voices will be heard in the coming months and years ahead.

In March 2019, some of you may have had an opportunity to attend one of the Healthy Conversation events being held in Lincolnshire.

Good news, if you did miss them you have more opportunities to attend as the dates for the next events have just been released and are as follows:

NHS

HEALTHY CONVERSATION 2019

Join us at one of our public engagement events to discuss the future of your local health services.
#HealthyConversation

All events are 2-7pm drop in sessions

Date	Town	Venue and postcode
Monday 20 May	Sleaford	New Life Centre, NG34 7JP
Tuesday 21 May	Gainsborough	United Reformed Church, DN21 2JR
Wednesday 22 May	Lincoln	Lincoln City Football Club, LN5 8LD
Wednesday 12 June	Stamford	The Theatre Lounge, PE9 1PJ
Thursday 13 June	Spalding	United Reformed Church, PE11 1QD

www.lincolnshire.nhs.uk

Making a Difference

Throughout this report you will read many examples of how our work has made a difference. Healthwatch Lincolnshire is responsible for sharing patient and public experiences with providers and commissioners to evidence and inform (local service delivery and planning of local services). The following is an example of one area we have identified during this quarter and how we have made an impact by sharing the public voice.

What was the issue?

Healthwatch Lincolnshire continues to receive a significant number of patient comments related to GP services, in particular access to appointments and attitudes of reception staff

What did HWL do?

On behalf of patients in Lincolnshire we prepared a paper that formally asked the 4 Lincolnshire Clinical Commissioning Groups the following questions:

1] What is currently being done to support practices and provide a consistent message across all CCGs about how patients access their services

2] 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?

What was the impact of this?

As a result of our formal paper we received a response from South Lincolnshire CCG that confirmed the CCGs have:

- Recorded a series of films in GP Practices to highlight the help and advice available to them within the Practices.
- In preparation for winter the CCGs launched the Advice ASAP Lincolnshire application to provide patients with clarity on when they should go to a GP surgery, advice on self-care, access to out of hours, pharmacy, minor injuries units and emergency departments.
- The important role of receptionists within a GP practice has been acknowledged nationally and as a result more training and support for receptionists will be given. It is acknowledged that receptionists in GP Practices have a very challenging role, especially when they are trying to ensure that patients are directed to the right person (first time) to best help them

Your story has the power to make change happen.





Lets talk about stroke...

As stroke is the third biggest killer of people in Lincolnshire (information gathered from the Lincolnshire JSNA) this project will provide information about current services offered in Lincolnshire against NICE Stroke Quality Statements.

We believe this project will have far more impact on commissioners and providers of stroke services if we present a small number of compelling stories than a general countywide survey. This is why we have decided to complete a small number of interviews with people who have had a stroke, and follow their progress over the next 12 months.

During this quarter we have:

- completed 4 in-depth interviews
- attended stroke units in Lincolnshire, North Lincolnshire and King's Lynn
- met with stroke support groups
- completed background research to look at stroke performance in Lincolnshire against other areas of England
- Liaised with the Lincolnshire Stroke Services Group who are responsible for redesigning the stroke pathways in Lincolnshire

Could you help us with this stroke project?

We are keen to hear from patients and their carers with experience of stroke services in Lincolnshire.

If you think you could help us by supporting this project we would really appreciate your call. As part of this work we would like to speak to a small number of patient/carers in more detail about their experiences. If you or a family member have had a stroke in the last 12 months and you would like to take part please contact us for more information.

Contact Tim on 01205 820892 or 07436 581995

Or email tim.barzycki@healthwatchlincolnshire.co.uk



Healthwatch Lincolnshire held its YourVoice@HWL event on 29 January 2019 in Grantham. YourVoice@HWL Events are held 4 times per year usually in January, April, July and October each year and are open to all who have an interest or concern around NHS services or Social Care Services in Lincolnshire. The theme for each event is chosen to match Healthwatch Lincolnshire's priorities and services within Lincolnshire.

The focus for the January event was Integrated Neighbourhood Working. The events are an opportunity for professionals, patients, carers and their families to get together and have an honest and open discussion around a theme. A Panel with expertise on the given theme can be asked direct questions and give responses to the audience in a "Question and Answer" style

format. The January event had representation from the Transitional Care Lincolnshire Community Health Services NHS Trust (LCHS), Integrated Care Sustainability Transformation Partnership (STP) System Delivery Unit, Social Prescribing Lead, East Lincolnshire Community and Voluntary Service and Carers First as panel members and over 24 organisations from a wide range of both statutory and community providers.

On the day, there were 50 people in the room - 32 representatives from community groups and members of the public who had an interest in Integrated Neighbourhood Working; 1 representative from the Trusts and Commissioners who provide the NHS services in Lincolnshire; 5 representatives from Healthwatch Lincolnshire and members of the public.

The main concerns raised by the attendees were:

- Understanding what neighbourhood working is
- Understanding what is meant by social prescribing
- When is the consultation on Sustainability Transformation Partnership (STP) going to take place?
- How do people find out what is going on in their community? How will they be able to access this information?
- What alternatives are being offered to people who are not able to access technology?
- How do professionals in health and care change the misunderstandings that patients have of working together in this way?
- Who are the "gatekeepers" of this way of working?
- How is the recruitment of key staff being addressed in Lincolnshire both to recruit and retain staff?
- How is this way of working affecting / improving the lives of carers within the county?

Each of these points raised were discussed with the Panel and each gave information from the point of view of the service that they represented so that the audience could get a fuller picture of the complex nature of Integrated Neighbourhood Working.

We also received 19 completed evaluation forms, 10 of which were from first time attendees. 7 new people signed up for our eNews.

During the period April 2018 to January 2019, over 210 people attended the 4 events representing over 130 community groups from Lincolnshire.

You said ... we listened!

Feedback from the attendees help us to shape the event for the future. Following the feedback, we have implemented the following changes to the YourVoice@HWL experience:

- Panel Changes - maximum of 4 people with an autobiography on each candidate distributed prior to the event to reduce lengthy inductions (from July 2018)
- Reduction in the use of jargon / acronyms by professionals and an “jargon / acronym buster” provided to all attendees (from July 2018)
- Moving the networking session as the final session of the event (from October 2019)
- Updates from Statutory Providers to be part of the delegate pack (from January 2019)
- Pre event delegate pack sent out electronically to all booked attendees prior to the event and a paper copies available on the day for reference (from January 2019)
- Agenda reflects the change in format including the session order and showing a start and finish time to allow flexibility on the day depending on theme and audience needs (from January 2019)
- Feedback Form introduced in delegate pack (from January 2019).



Would you like to get involved?

Contact Oonagh on 01205 820892 or 07436 581997

Or email oonagh.quinn@healthwatchlincolnshire.co.uk

How we represent Patient, Carers & Service User Voices

One of the most important roles Healthwatch Lincolnshire has on behalf of patients, carers and service users in Lincolnshire is as a representative on many of the NHS and other healthcare boards, committees and meetings. During this quarter our trustees gave an impressive 56 volunteer hours. Our Chief Executive Officer, Partnership, Development Manager and

Project Officer, attended 39 such meetings.

In some cases as a representative at these meetings we are able to present a summary report of the areas of healthcare concerns being raised by patients, carers and service users. In other meetings we are there to listen, raise questions and be the independent watchdog.

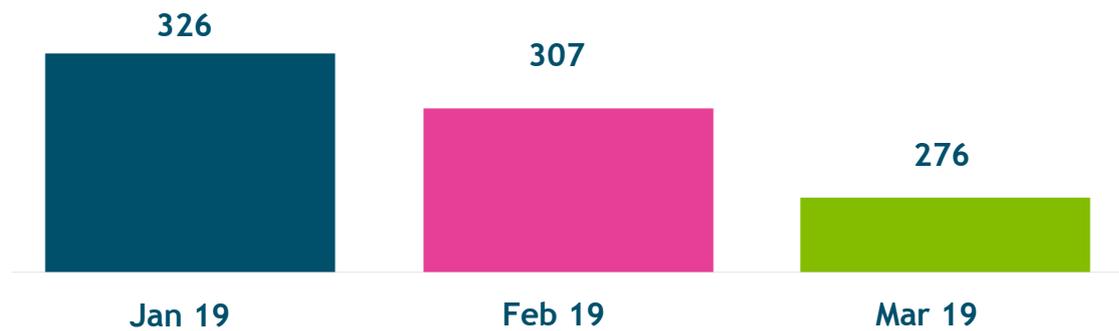
The list below highlights some of the meetings we have attended between January and March 2019

- United Lincolnshire Hospital Trust - Board and Patient Experience meetings
- Lincolnshire East, South, South West and West CCG meetings—Governance, Primary Care Co-commissioning and Patient Council meetings
- Lincolnshire Community Health Services - Board
- LCC Service Quality Review Group
- Future in Mind—LCC children and young people
- Health Scrutiny Committee
- Health and Wellbeing Board
- Health Protection Board
- Lincolnshire Partnership Foundation Trust—Council of Governors
- Hearing Lincolnshire Hidden Voices
- NHS England summit regarding non-emergency patient transport provider—TASL
- NHS England Quality Surveillance Group

Your story has the power to make change happen.
Share your experience of local care with us
#ItStartsWithYou



Patient, Carers & Service Users Experiences



January to March 2019— Highlighting 3 months of our work

Every month we gather views from users of healthcare services through our Signposting function; our volunteering activities, our Engagement Officer, projects and numerous representation roles across the health and care sector.

During this quarter we have received **909** patient experiences. Below is a summary month by month of the issues raised with local providers of services, commissioners and regulatory bodies to ensure the patient voice is heard.



January

During January we received a total number of 326 experiences.

Cost of temporary residents – For many years we have received feedback from patients particularly from the East of our county with concerns about the impact on our healthcare services with the high numbers of temporary residents particularly during the summer months. We asked questions through this report about how the cost of services for temporary residents were being claimed back.

Access to NHS Dental services—significant number of comments were raised with us regarding continued lack of NHS dentists in Lincolnshire

Ear syringing – concerns were raised about the confusion for patients in accessing this

treatment. It appears that there is quite a disparity in accessing to ear syringing services across Lincolnshire.



February

During February we received a total number of 307 experiences.

In February we received high volumes of positive feedback in terms of approaches to patients where they felt that services were generally providing person focussed and friendly atmospheres at many of the services listed in the report, covering primary, secondary and community care. We hope that these positive messages were shared with the staff.

We noted a number of items related to the availability and delivery of care assessments prior to or post hospital care as part of ongoing care needs within a community setting.

We noted that the responses shared were conflicting in terms of positive and negative experiences and would be interested to understand the dynamics of how care assessments are rolled out; where the challenges are and what is proactively being done to address any inconsistencies.

We regularly note that third party intervention is often required before patient needs are finally addressed, and asked why this is the case and how patient and provider approaches to problem solving can be improved.

Patient choice is commonly raised within experiences received. Examples in this report see patients waiting weeks for blood tests at GP practices and patients not being offered or made aware that they access tests elsewhere (hospital walk-ins for example), also noted was “putting the patient at the centre” when accessing services where the nearest might not be the most accessible. This was the case in one experience in this report where a patient wishing to access assessment and diagnosis was given a location which was inaccessible to them and the patient was keen to access services elsewhere but this option was not made available to them.



March

During March we received a total number of 276 experiences.

For March we highlighted the following points:

GP Extended hours - we are aware that under the GP Five Year Forward View there is a requirement for all GP surgeries to offer extended hours, however we question how patients are being informed about these extended hours. We have heard of more than one instance where someone who is working and unable to attend a GP appointment during the day are clearly not made aware of other options such as extended hours.

Fragility of services - we are aware that many services at ULHT are currently very fragile due in most part to unsafe staffing levels. High profile areas such as Women and Children and A & E are in the public domain and we are very aware of the issues they face. However it is other services such as ophthalmology, stroke, sleep apnoea, dermatology, neurology, urology, oncology (waiting times) and general surgery (elective - cancelled surgery dates) that also concern us.



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Communication - in some instances patients are being told services have changed due to the fault of 'others'; whilst we recognise this may be the case, the way information is being shared with patients is not helpful and more needs to be done to signpost and support patients where changes to services mean they are no longer able to access them in the same way.

Administration - continued issues are shared with us about lack of or confusion with patient appointments. Either notification is not received by patients in time for them to attend appointments (resulting in a DNA) or they are sent multiple appointment dates leaving the patient confused as to which appointment to attend. In addition, patients often comment that correspondence, notes, results of tests etc. are often missing from their file when they attend appointments.

Accessible information - patients who require information and communication in other formats do not feel they are receiving information to meet their needs e.g. large font, hearing support. We continually hear from patients that this is an issue even though the Trust tell us support services are available.

Waiting times - we hear mainly from patients that are unhappy with the lengthy delays in clinic waiting to see specialist/consultants. Many of the patients have complex conditions and lengthy waits certainly don't help their overall health.

Parking Eye - the problems the Trust have faced is not only a distraction we are sure they could do without, it is one that patients and families are very unhappy about at present. Better communication from the Trust as to what they are doing with Parking Eye to resolve the problems would help. Also, where patients are having long waits in clinic to be seen at their appointment, we believe there should be a

'cap' to the amount of parking charges they should be expected to pay, particularly as the wait is beyond their own control.

Engagement Activities - Every month Healthwatch Lincolnshire carries out engagement with the public, and we are aware that the places we visit have an impact on the information contained in this report.

During March we have visited 16 sites including:

GP surgeries - Billingham Medical Practice, Lincoln; Crossroads Surgery, North Hykeham; The Harrowby Surgery, Grantham; Washingborough Surgery, Washingborough; Caskgate Surgery, Gainsborough

Day centre - Christchurch Day Centre, Stamford

Hospitals - Pilgrim Hospital, Boston; Stamford Hospital, Stamford

Project specific activities: AgeUK Park Street Centre, Lincoln Stroke Support Group, Navenby - Stroke Project Engagement.

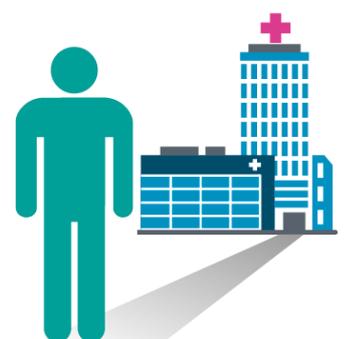
Other :

City of Lincoln Council; Sleaford Library;

Lincoln College, Monks Road, Lincoln, LN2 5HQ - Armed Forces Event

Children and Young People's Voluntary Sector Forum Annual Event

Hildreds Department Store, Skegness - Volunteer Promotion





What is the NHS Long Term Plan?

On 18th June the Prime Minister set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to develop a long term plan for the future of the service, detailing their ambitions for improvement over the next decade, and their plans to meet them over the five years the funding covers.

In the seventy years since the founding of the NHS, life expectancy has increased by around 13 years. But different types of diseases are becoming more common. More people are living with cancer or dementia largely due to increases in life expectancy and falls in the rate of premature death. With advances in prevention and medical care the UK mortality rate from heart and

circulatory diseases has declined by more than three quarters in the last 40 years. But cardiovascular disease (heart and circulatory diseases) remains the biggest cause of premature mortality and the rate of improvement has slowed.

Longer-term health conditions also make an increasing contribution to the overall burden of disease. Mental health, respiratory and musculoskeletal conditions e.g. back and neck problems are responsible for a substantial amount of poor health and place a substantial burden on the NHS and other care services.

In December 2018 NHS England asked Healthwatch England to invite all local Healthwatch to support the roll out of NHS Long Term Plan engagement and consultation. Healthwatch Lincolnshire agreed to be part of this work which started in February 2019. Our contract with Healthwatch England was to:

- Invite the people of Lincolnshire to complete a general online survey which covered the key points of the NHS Long Term Plan (also available in paper copy , audio and large print)
- Invite the people of Lincolnshire to complete a condition specific on-line survey (also available in paper copy, audio and large print)
- Facilitate 2 focus groups
- Liaise with our STP team
- Produce a final report

We are on track to complete all of the required activities by mid June 2019 and will be sharing final results with the public in July 2019

Signposting experiences

Our Information Signposting Officer has helped 679 people in this quarter to access services and provide a range of further support.

Below you will find some examples of the experiences we received from patients, carers or service users and what we have done with this feedback.

Patient Experience 1

A Lincolnshire resident contacted us as they were unable to get through to the non-emergency patient transport service—TASL via phone. They wanted to book transport for spouse who had just come out of Queen’s Medical Centre, Nottingham after a bleed on the brain. The patient had an appointment at Pilgrim Hospital for a scan and the spouse would also need to also attend as an escort to assist.

We did

We contacted TASL who promised to call the patient. HWL, also gave information about the wellbeing service to the spouse as they were finding it difficult to manage.

What happened next

Patient received the transport they needed for the appointment and thanked HWL as they were very grateful.

Patient Experience 2

The individual felt they are not getting the support they need from the Mental Health team. The service user was at risk of being homeless and has been informed they are not classed as vulnerable until this happens. The Mental Health team have cancelled appointments and have not responded to requests made by the patient for further appointments made by the patient.

We did

HWL - confirmed patient consent then made contact with Lincolnshire Partnership NHS Foundation Trust. UPDATE – housing has been resolved. The individual now has a CPN and support has been put in place.

Patient Experience 3

Patient has been referred into Urology by GP. Has a history of end stage kidney failure and is currently undergoing regular dialysis. Patient moved from Bristol into Lincolnshire. Had previously seen an urologist in Bristol and was informed would need a procedure. Since moving to Lincolnshire treatment has come to a stop. The patient was referred, then a letter was sent out by appointments saying ‘if you have not heard anything within 2 weeks please call the number above’. Patient did as instructed and was informed, ‘the letter should not have been sent out and to take no notice of that information as they we only just booking patients in who were referred back in July of last year’. As a result this means the patient will wait at least 8 months after their referral date to see a consultant.

Patient cannot have a kidney transplant until they have seen the Urologist, had the procedure (if still necessary but need to see the Consultant to make this decision) and then can be added onto the transplant list. So each time the patient has to wait for appointments they feel it is detrimental to

their health needs and a setback medically. Patient is concerned why they are having to wait so long for an appointment and concerned that they are unable to go on the transplant list until they have been seen by a Consultant. Also asked, if this was normal for Lincolnshire waiting months for an appointment can be extremely stressful

We did

With patients consent, HWL made contact with the hospital for this to be looked into.

What happened next

Patient now has an appointment in a few days' time with the Urologist and hopefully on route for procedure then transplant.

Patient - "Good news. Appointment confirmed for **/02/19, at Boston. Thank you for your help it is appreciated."

Patient Experience 4

Patient has pain and swelling in their mouth, and has been unable to eat for 3 days, feels there may be an infection and struggling to get dental care provision. Was previously registered with 1A Dental but has struggled to locate a dentist since then that they are able to access via a bus route. Patient doesn't drive and bus service is limited. Patient made contact with 111 service who gave options for Boston, but the patient was unable to get to these practices only 1 bus a day.

Patient contacted Johnson Hospital Dental and explained everything who suggested they make contact with HWL as they were unable to assist.

We did

We contacted NHS England to ask why Johnson Hospital were not able to take an Urgent Care patient and what alternatives were available to this patient. Tulip Dental

in Spalding were able to take Urgent Care patients. This was relayed to the patient, who made contact with the practice and resolved the issues.

Patient update - HWL contacted the patient to see how it went:- patient could not thank HWL enough for getting the information for them, they were seen in a timely manner, the dental practice could not have done more and found they were absolutely brilliant.

Patient Experience 5

Parent concerned and feels let down with teenage child's health care. Was referred by their GP to Neurology. The patient has been pushed from pillar to post since last May across so many different hospitals and are still no further forward. Child has extreme fatigue, headaches and general pain, has tingling sensations and legs keep giving way. Referral from GP to Neurology was urgent and was supposed to be mid-February. However, this has been cancelled and rebooked for the end of March. Parent concerned about the child's mental health as everything keeps getting put back and each time they get close to any appointments it gets cancelled and the pains get worse. Patient feels no one is interested and parent concerned about what may happen if can't be seen soon. Is willing to go anywhere for an appointment.

We did

With parental consent contacted the hospital. Patient was given an appointment for the end of that week. After the appointment, the parent made contact with HWL.

Parent update - Consultant was brilliant, did lots of tests, booked scans and applying for home tutoring. Many thanks for all your help and support Julie.



Enter and View

Healthwatch Lincolnshire has the power to Enter and View organisations that provide Health and Care in Lincolnshire. During our visits we observe and capture people's experiences.

Enter and View visits are another way for Healthwatch to listen and learn from the people using these services. As part of the health and social care act 2012 Healthwatch were given Enter and View statutory rights to enter any publically funded organisation delivering health and care services.

One visit was conducted between January and March 2019, to The Old Hall, near Spilsby.

The visit was carried out at the same time as, but independently of Lincolnshire County Council.

The main findings were as follows. The report has been shared with the home and other interested organisations:

The residents said they felt cared for and safe.

Overwhelmingly residents said they felt the staff team were supportive, friendly and caring but felt that they were very busy and mentioned that hours had been cut.

Various examples were seen as staff engaged with residents in a kind and sensitive way, we noted the use of touch to reassure and

engage with residents, and noted how staff we very keen to talk and demonstrate with us their knowledge of the residents in a respectful manner.

It was noted from our previous visit in 2014 that the home appeared lighter and more modernised, with a number of communal seating areas for both residents and staff to utilise, however it was noted that the majority of activity culminated at the top of the stairs near the kitchen and dining room.

The home in most places had a warm ambient temperature, however the dining room was felt to be little chilly, one resident raised this and a blanket was brought for their comfort. One resident told us that there had been a problem with the heating, now been fixed, but that the home had been cold on occasions recently.

Residents spoken to said the provision of food and drinks were excellent and felt that the choice was ample and that the quality was good. However we did observe a member of staff obtaining the menu choices of a resident, the member of staff didn't know what was in the evening meal 'meat loaf' and so couldn't explain to the resident. Also when asked what was in the vegetable soup, the response was 'small lumps of vegetables'.

Residents (females) were seen to be visiting the onsite hairdresser, which for those we talked to was an appreciated service, one resident said they got their hair washed and dried every week.

When asked about GP visits (when necessary), oral care and ophthalmic the

responses were consistent in that they very rarely saw a doctor, more regularly a nurse would come to the home, residents said that if they needed the dentist they would go out (and normally family would take them) but did say they were supported in the home with making sure mouth health was maintained. Residents we spoke to said they hadn't had their eyes checked but felt that this would be helpful as the ability to be able see (to the best of their ability) was crucial (we later understood that the opticians came to the home twice a year). Residents said that staff helped them with cutting nails but also said that a chiropodist also visited the home approximately once every 6 weeks.

Volunteers

January - March 2019



Facilitated completion of **806** feedback forms



Handed out **1443** leaflets



101

Total number of volunteer activities including operational and strategic.



Engaged with **1647** people



538

Total number of volunteer hours including operational and strategic:

Volunteer activities included 16 visits to GP surgeries, 9 to Hospitals, and 1 to District Council Offices. They also took part in 8 project based activities to support our work with LCC Customer Service Centre and our stroke project.

Additional HWL events included engaging and visiting our Hubs and assisting at our YourVoice@HWL event.

Strategic involvement over this quarter included attendance at internal Board and Committee Meetings, Governance, Finance, PEC, HR and Communications as well as external representation at CCG Governing Body Meetings, ULHT, LPFT Board Meetings, Health Scrutiny and Health Protection meetings.

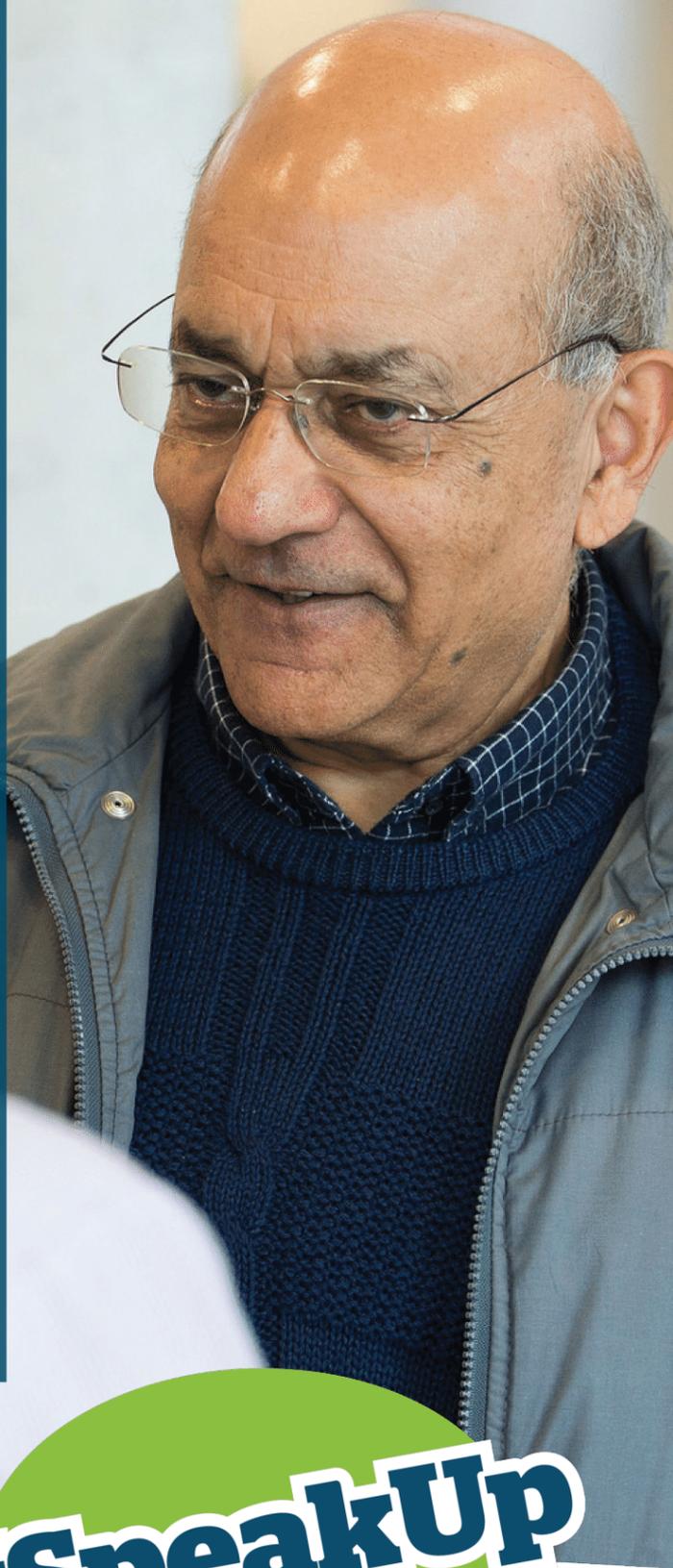


Do you have an idea that could help improve health and social care?

We're Healthwatch. We're here to help make care better. We listen to your experiences of services, and share them with those with the power to make change happen.

We can only take action with evidence. We need you to speak up and share your experiences and ideas with us. Together we can help make care better for everyone this year.

#SpeakUp



#SpeakUp

Find out more

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Glossary

HWL – Healthwatch Lincolnshire

ULHT – United Lincolnshire Hospital Trust

PALS – Patient Advice and Liaison Service

CQC–The Care Quality Commission

LCC– Lincolnshire County Council

STP– Sustainability and Transformation Partnership

LCHS–Lincolnshire Community Health Services NHS Trust

CCG–Clinical Commissioning Group

GP– General Practitioner

NP– Nurse Practitioner

MIU– Minor Injuries Unit

LISH–Lincolnshire Integrated Sexual Health Service

LPFT–Lincolnshire Partnership NHS Foundation Trust

CPN–Community Psychiatric Nurse

NHS–National Health Service England



“

“I DECIDED TO VOLUNTEER WITH HEALTHWATCH LINCOLNSHIRE **BECAUSE I HAVE** HAD MANY DEALINGS WITH THE NHS AND WANTED TO MAKE A DIFFERENCE.”

”

 #VOLUNTEERSWEEK



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