

# Monthly Report

## June 2022

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## Location of comments:

Location data is mapped using postcodes of services. The map points are coloured according to the sentiment of the comment:

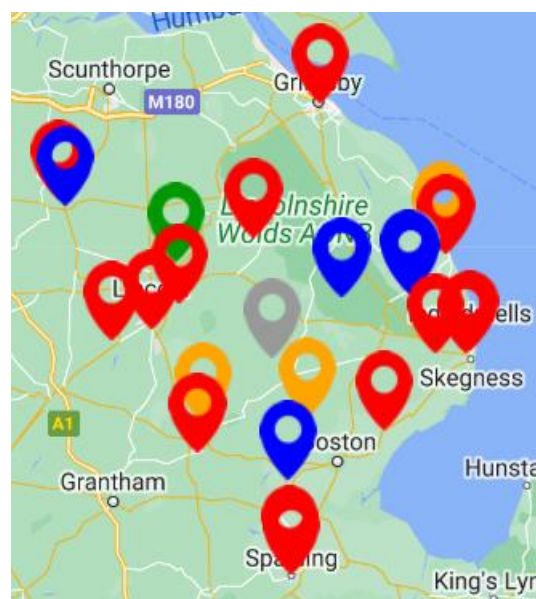
**Positive - green**

**Negative - red**

**Mixed - orange**

**Neutral - blue**

**Unclear - grey**



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# Overview

## June 2022 Monthly Report

During June 2022 Healthwatch Lincolnshire received **93** patient experiences directly to our Information Signposting Officer. This is a summary of the key themes raised by patients, carers and service users during June 2022 about services in Lincolnshire.

For more details you can call us on **01205 820892**  
Email: [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)



## Overall Sentiment

**9%** of all comments were **positive**  
**54%** of all comments were **negative**

**11%** of all comments were **neutral**  
**10%** of all comments were **mixed**

## June 2022 – Feedback Service Themes Sentiment



33%

Hospital Services  
(All services)



31%

GP Services



9%

Community Health  
Services



7%

Accident &  
Emergency



11%

Diagnosis &  
Screening Services  
(GP)



22%

Dentistry



11%

Mental Health &  
Learning  
Disabilities



14%

Social Care

%s total greater than 100% as many comments we receive contain multiple service themes

# Dental Services

## Key Themes

- NHS practices turning into private practices
- Waiting lists for NHS practices being closed
- Patients are unable to pay for private care, which seems to be the only option



## What you told us

Issues with access to NHS dental services in the county continue to persist. We are now hearing of several NHS practices turning completely private, leaving existing patients without access to dental services and struggling to register with alternative practices. Others continue to be turned away from NHS practices whose waiting lists are now closed. For those who are able to get on a waiting list, the waiting time for treatment continues to be 12-18 months. The ongoing issues with access to NHS dental services over the past few years is causing people's oral health to deteriorate, often far further than if they could have got treatment when the issues initially started. For those who are able, they are paying for private treatment; however, due to the cost they are often unable to have all the dental treatment they need. For others, it is simply not feasible to pay for any private dental treatment.

To read more about what you've told us about NHS dental services and our recommendations for dental services in the county, check out our dental report [here](#).

## Your experiences



### Story 1

"My family of 5 have been with Broadway Surgery in Woodhall Spa for over 10 years. This week early June, my spouse has been to see them for a check with no issues. But tonight they found out from their Facebook page that we have 12 months to find a new dentist for the whole family.

We have already looked on NHS website there are no within 20 mile radius or 45min travel."

### Story 2

"Please can I have help finding an NHS dentist? We have called every dentist in our local area who is only accepting private patients which unfortunately we cannot afford.

We were at a dentist who sent us a letter on Monday stating they were turning to a private dentist and we basically need to pay private and now no longer have a dentist from the 30th June.... and they have no appointments for people before that date on the NHS."

### Story 3

"I applied to go on the waiting list a while ago, at a Dental Practice in Sleaford and was told its 12 -18 months waiting time. I have tried many practices all the same not taking on NHS patients." bsite dental practice details weren't at all up to date as most stated that they were accepting NHS patients when they weren't. However, when phoning around pretty much all offered the opportunity of being seen privately!"



# Finding it hard to get a dentist appointment?

Dental practices are recovering from backlogs due to strict hygiene measures to minimise the risk of spreading COVID-19 to patients and staff. The situation is improving but we are hearing that Lincolnshire residents without a regular dentist are still finding it difficult to get an appointment. Read our steps below on accessing NHS dentistry.

**1** If you have a dentist you usually visit phone them to make an appointment. Appointments will be available according to your individual situation and dental need. Be prepared to wait longer than usual for a routine, non-urgent appointment. You can also take personal steps to maintain healthy teeth.

**2** Unlike registering at a GP practice, NHS dental practices are available to everyone to attend a course of treatment regardless of where they live. Visit the NHS Find a Dentist website to search for a dentist in your area. You should also consider widening your search area to where you can travel to.



**3** **Is your dental need urgent?** Phone or go online to NHS 111 to check your symptoms and see if you need urgent help. You will be advised if you need to visit your hospital emergency department (A&E) or advised of your nearest NHS dentists providing urgent appointments. The number of urgent appointments available each day is limited. When phoning a dental practice, clearly describe your symptoms, any pain or swelling and the impact it is having on your daily living.

111

**4** If you can't find a dentist for urgent treatment, call NHS England's Customer Contact Centre on 0300 311 2233 stating your situation. Keep sharing your experiences with us, positive and negative, the more information we have the more we can help.

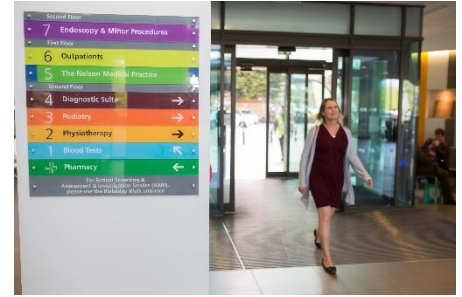


**What is Healthwatch Lincolnshire doing about this issue?** We regularly monitor the access to NHS dentistry in Lincolnshire sharing our findings with dental commissioners to influence positive change.

# Hospital Services

## Key themes

- Lack of local services
- Transportation to services and appointments
- Poor communication
- Poor quality care



## What you told us

Many of the comments we received this month in relation to hospital services were again very case specific. However, we did hear from individuals who were concerned over the reduction and lack of services in the county. As a result, individuals were worried about the consequences of having to travel long distances to access emergency care. Furthermore, for those who have to travel out of county for planned care, they often struggled to arrange patient transport to attend appointments. In some cases, arranged transportation was often cancelled at short notice, meaning people missed vital appointments they had waited months for. Additionally, for those who received care in other counties, they often found their discharge back into the county and subsequent support to be very poor. There was also poor communication between services in and out of county. However, we also continue to hear instances of poor communication between services, departments, and patients in the county.

## Your experiences



### Story 1

"I had an accident on holiday in Norfolk and had surgery in Norwich following multiple breaks in my leg. It was successfully reconstructed.

However the aftercare back home in Lincolnshire was poorer. I appreciate it was during COVID but the initial consultant at Boston looked at an X-ray only, did not examine my leg at all but reported back to my GP as if they had.

So I requested a second opinion. This was arranged for Grimsby. The consultant was extremely negative because I'd requested this and was antagonistic because of this. I was discharged with a very pronounced limp after being told it is what it is and to continue seeing me would be a waste of mine and his time."

### Story 2

"TASL brought me home when I was discharged mid May from Nottingham City Hospital, the two drivers involved were absolutely brilliant.

My problem now is that I need to go as an outpatient to the follow up clinic with the consultant and as I cannot drive myself at the moment having had heart bypass surgery in May, a round trip



of 150 miles is impossible for me to undertake I need help for this appointment otherwise I will not be able to attend."

### Story 3

"Carer for spouse who has heart problems and should have been going to Leicester Hospital for an appointment with a cardiologist. Patient Transport had let them down and so they had to cancel the appointment and have received a letter from the hospital now saying that the next available appointment with the cardiologist is May 2023. How can the spouse get another appointment before this when it wasn't their fault that they were unable to attend."

### Story 4

"Patient contacted Healthwatch regarding the new Community Diagnostic Centre in Grantham. They had been sent a letter for an appointment but needs to cancel and rearrange. Unfortunately, the letter to the patient does not have a contact department or telephone number that they could do this so that the appointment could be offered to another patient and rearrange their own.

Patient had looked on the ULHT website etc, and was not able to find a contact number for this Centre. Patient had already phoned: Lincoln and Grantham Hospital, the Grantham Clinic and no one was able to assist them."



## Integrated Care System – Seldom Heard

Similar to last month, many of the comments we received this month were as a result of our project on the Integrated Care System (ICS) with the Care Quality Commission (CQC). The project sought to understand how health and care services are working together to support Lincolnshire residents. We were especially keen to hear how services worked together for individuals with the following four conditions:

**Fibromyalgia**

**Myalgic  
Encephalomyelitis  
(ME)**

**Multiple Sclerosis  
(MS)**

**Epilepsy**

## What you told us

Individuals mainly commented on their experiences of GP and hospital services and specialist care. For the latter, the majority had to travel out of the county, often to Sheffield or Nottingham. The responses this month, regardless of condition, again shared the same key themes.

## Key themes

1. Patients want to be listened to and believed
2. Clinicians should have a better understanding of the conditions
3. Clinicians should show patients more understanding
4. Patients want to be treated holistically



5. Clinicians should acknowledge the impact these conditions have on daily life
6. Patients do not want to be just left without support after being given a life-changing diagnosis
7. A point of contact is needed– an individual they can contact their concerns and for support
8. Accountability needs to be improved – individuals are passed from service to service
9. Communication and information sharing between services needs to be improved
10. Support should be available and for it to be in the county
11. An information and resources hub is wanted

These eleven issues were repeatedly raised by respondents. Many shared their frustration that clinicians, particularly GPs, did not believe their condition was real and that their symptoms were just in their head. Patients really have to fight for a diagnosis and subsequent support. For those who had received a diagnosis, especially for fibromyalgia and ME, they were often left with no support. Being diagnosed with such a condition has a negative effect on both physical and mental health and daily life, which many felt was not acknowledged. Often left to their own devices, patients look for support themselves, however; it is challenging finding relevant information. As a result, individuals called for both a physical and virtual information and resources hub.

For those who were signposted to extra support, they often felt they were passed from service to service, with no one taking accountability for their care. Furthermore, communication and information sharing between services was poor, with medical notes not being shared and individuals having to repeat their story at each service. Consequently, patients called for a case manager who could oversee their care and be a specialist individual they could direct their concerns to. Finally, any support that is available is often not local, with individuals having to travel vast distances in the county or even out of county. This can be incredibly daunting for anyone, but especially if you are experiencing flare ups in your symptoms.

## Your experiences



### Story 1

Patient living with Myalgia Encephalomyelitis (ME) and Fibromyalgia

“My GP service uses AskMyGp and this is a brilliant service which provides quick support. My GP always refers me to the services that I need. My GP surgery listens to my messages on AskMyGp and always supports me on the same day. My podiatrist takes the time to listen to me and never rushes appointments. Physiotherapy and podiatry advice is sent to me after appointments.

The pain management clinic service is very limited and doesn't always provide very much support. The waiting lists for mental health services are extremely long which is a huge barrier to getting the support desperately needed. Hospital appointment waiting lists are also extremely long which means the time spent suffering in pain is much longer than necessary.

Waiting times for hospital appointments and mental health services need to be reduced to reduce the time spent suffering in pain or emotional distress.

Give more time in appointments and make sure they (the health professionals) listen and take notes so you don't have to repeat yourself over and over again.

Advice and information is not always available on websites, and up to date COVID information is not always available about appointments.

I have experienced some delays to community, mental health and hospital services, but no difference to GP services.

I can't remember the last time I was asked to fill in a survey about my healthcare experiences and I access many regularly."

## **Story 2**

Patient living with Fibromyalgia

"I have no support whatsoever, what would be useful would be to have someone to speak to and answer any questions, to have help and support with things to make living with fibromyalgia easier

I've not heard of health and social care.

Improvements for me would be: By communicating with us and letting us know what help is out there for us. Let us know where we can find them (the services) in the first place. Advertising that they are there to help or groups giving us their details when we are diagnosed."

## **Story 3**

" No support apart from prescribing medication. Support around claiming appropriate benefits and recognition that epilepsy does have an impact on work and home life.

Acknowledge that there are people in the community struggling."

## **Story 4**

Patient living with Fibromyalgia

"I have been provided with aids around my home and signposted for self referral for my mental health.

Better access to pain management clinics, I was told a couple of times I'd been referred but this was over 3 years ago now and still never been. Check ups on how you are doing. I sometimes feel I am hounding the GP about my aches and pains and sicknotes as on long term sick that I don't want to call and trouble them about other medical issues. Greater understanding about when to call for help and not just assume its down to Fibromyalgia. Support getting used to my declining cognitive function and the fact my brain just doesn't work as it should anymore, this is really hard to deal with.

I was referred to adult social care via the Well Being Team whom I was referred to via a Facebook support group. My GP had never mentioned a referral to social care nor asked how I manage around the home.

GPs are really busy and I appreciate you don't want to encourage people to become dependent on services they don't need however when someone is telling you they aren't coping with daily tasks such as self hygiene etc a referral to Adult Social Care should at least be discussed. I went over a year without a bath before I contacted the Wellbeing Service, after my referral to Occupational Therapy I have multiple aids around home which have drastically improved my home life and ability to cope, this should have been something the GP picked up on that I needed help with.

I don't have an ongoing relationship with social care now that I have my aids. My GP is very accessible and always listens to me, I never feel like they are rushing me, however I also feel that nothing is really being done to improve my health, that said is it just because there isn't anything that can be done and I am just not asking for the right help.

Improvements that can be made: I think a more proactive approach from GPs would be good, when having an appointment a list of questions could be asked in relation to how we are coping at home and with daily tasks life etc based on our diagnoses and the reason we have made contact. Similar to the basic mental health questions asked if someone calls up to discuss feeling low etc.

I don't know how to get advice other than by calling my GP or looking on their Facebook page / Website

Greater awareness of the support options, different services out there. I had never heard of the Wellbeing Service until someone in Fibromyalgia Support Group via Facebook group mentioned it and the work they have done with me has been phenomenal, how many other services are out there that no one has heard of. A greater advertising campaign, more social media advertising, targeted mail drops for those with certain diagnoses.

I do not consider my health care was affected in any way by COVID. I still had access to my GP and specialists albeit some of the appointments were carried out remotely. I still received the care and treatment I required.

Since I agreed to participate in surveys etc for Lincolnshire Healthwatch I have become aware of how much is done to try to understand and improve services, however prior to this I would have said no as I had no idea this type of thing was happening."



To read more experiences of those living with these four conditions in Lincolnshire, take a look at last month's report.

# GP Services

## What you told us

Many of the comments relating GPs this month related to our work on the Integrated Care System (discussed above).

We do, however, continue to hear from patients in the Alford area who are looking to register with a GP practice whilst Merton Lodge is not currently accepting new patients. As a Healthwatch we are not able to register patients with a practice, but we are able to signpost individuals to practices in the area that are taking on new patients.

Additionally, after the CQC inspection of Lakeside Surgery in Stamford, we continue to hear from individuals who are concerned about how difficult it is to get an appointment at the surgery and the waiting times to get through to the practice on the phone.

## Positive stories

It was encouraging to hear some positive experiences of health and care services in our county this month.



### Story 1

"Patient's relative made direct contact with St Barnabas' Hospice to ask for advice and support for a close relative who had been given a life changing diagnosis in the last few months. From the initial contact made to date, the patient has experience a very good service. Within 2 days of self referral, the Hospice staff made contact both with the relative and the patient. A visit was arranged at a convenient time for the patient at home and the Nurse who attended was very professional but friendly and very supportive of the needs of the patient.

Following this visit, made contact with patient's GP to discuss the current pain relief to discuss pain management for the patient. Within 24 hours, Boots Pharmacy had contacted the patient to make them aware of the pain relief and arranged for collection. Patient was made aware that with their recent cancer diagnosis, they could have free home delivery for their medications. Patient was very grateful for that as they are not always able to get into town to make collections and has to ask family members to collect on their behalf."

### Story 2

"Patient is under the care of the District Nurse Team for wound care. Finds the nurses very supportive especially the nurse based at Greyfriars Surgery, who has addressed issues on behalf of the patient outside of the "wound care" and has reassured the patient at very difficult times recently following their diagnosis and treatment. The team have adapted the appointments over the last few weeks due to a change in circumstances for the patient."

### Story 3

"I had to attend Lincoln County Hospital on a Monday early June about 9 am as I was experiencing a very high heart rate and sudden drop in blood pressure. I was checked in very quickly, given an ECG within 5 minutes of arriving and then ushered quickly into Same Day Emergency Care where I had bloods taken, saw the doctor, was sent for a chest x-ray and saw the doctor again. The cardiac nurse came to see me but they were called away to an emergency.

Within three hours, they were able to determine that I had not had a heart attack and was not in heart failure. My heart rate and blood pressure had returned to normal and I was sent home with the knowledge that I will be invited to attend as an outpatient for an echo cardiogram and a 24-hour monitor. I was informed to contact the Same Day Emergency Care when I have completed the tests so that I can return for a follow up appointment.

Whilst not fully understanding the differences between the different departments, I was impressed by the speed of response, reassured by the attention paid by the staff and offered food and drink several times during the morning.

Many thanks to all concerned and I hope the next stage of my assessment is as efficient."

#### **Story 4**

"This pharmacy continues to offer excellent service, advice and all the staff are really helpful. Both my spouse and I have our prescriptions delivered, the driver is always cheerful and very courteous. Glad to have this dispensary in Sleaford."

#### **Story 5**

"A particular Dr and their team have been excellent throughout the pandemic and continue to offer excellent service. Recently had a problem develop, I had a phone appointment, then face to face, followed 2 weeks later by MRI scan and 2 weeks later results. Also had full bloods done at the same time. All the staff do their best to help and I have nothing but praise for the practice."



## Demographics

In addition to location data, for those who consent, we are now able to collect demographic data from the individuals who contact our Information Signposting Officer.

Demographic	Number of people	Demographic	Number of people
<b>Age</b>		<b>Ethnicity</b>	
25 to 49	2	White: British/English/Northern Irish/Scottish/Welsh	7
50 to 64	6	White: Irish	3
65 to 79	8		
80+	6		
<b>Gender</b>		<b>Religious Belief</b>	
Male	11	Christian	3
Female	17	No religion	1
<b>Birth Sex</b>		<b>Carer</b>	
Current same as birth	15	Yes	4
		No	6
<b>Sexual Orientation</b>		<b>Marital Status</b>	
Bisexual	1	Single	1
Gay man	2	Cohabiting	1
Heterosexual/Straight	10	Married	7
		Widowed	3
<b>Disability</b>		<b>Long term condition</b>	
Physical or mobility impairment	2	Cancer	3
		Cardiovascular (including stroke)	1
		Diabetes	1



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