healthwetch

Monthly Report July 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:

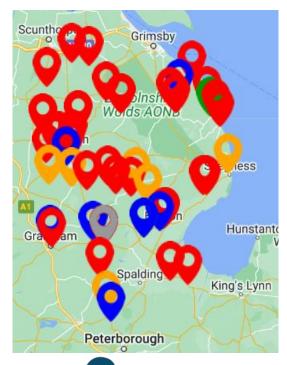
Positive - green

Negative - red

Mixed - orange

Neutral - blue

Unclear - grey



Call us on **01205 820892** info@healthwatchlincolnshire.co.uk www.healthwatchlincolnshire.co.uk HealthwatchLincolnshire

HealthwatchLincolnshire



Overview



July 2022 Monthly Report

During July 2022 Healthwatch Lincolnshire received **87** patient experiences directly to our Information Signposting Officer. This is a summary of the key themes raised by patients, carers and service users during July 2022 about services in Lincolnshire.

For more details you can call us on 01205 820892 Email: info@healthwatchlincolnshire.co.uk



Overall Sentiment

13% of all comments were **positive**

69% of all comments were **negative**

10% of all comments were neutral15% of all comments were mixed

July 2022 – Feedback Service Themes Sentiment



19%

Hospital Services (All services)



Diagnosis &
Screening Services
(GP)



29%

GP Services



18%

Dentistry



1%

Community Health Services



6%

Mental Health & Learning Disabilities



2%

Accident & Emergency



9%

Social Care

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

Dental Services Key Themes

- Access to NHS dental services
- NHS practices turning into private practices
- Patients are unable to pay for private care, which seems to be the only option



What you told us

This month we continued to hear the same concerns around access to NHS dental services as we did in June. Many individuals remain unable to find an NHS dental practice taking on new patients, despite contacting all the practices advertising that are currently taking on new patients. Many have extended their search for a dentist to anywhere in the county or even into neighbouring counties but to no avail.

Patients registered with a dental practice in Lincoln are now looking for alternative options as their practice is no longer seeing NHS patients. This is not just a one-off case: several NHS practices in the area are now running as solely private practices. The only option available to these patients and others looking for dental treatment is to pay for private treatment. However, the majority cannot afford private 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

"Patient moved to Lincolnshire 3 years ago, has been trying to get an NHS Dentist ever since. Not in pain but feels they need a check up. Has been in contact with NHS England and MP but none are able to provide a Dentist. I have been through all the Dental Practices stating they are taking on NHS patients and others that say they are not, just to try and get on a waiting list, no one will add to the waiting list

as they are already 18 months plus.

Where else can I go to get an NHS Dentist."

Story 2

"I wanted to bring to your attention the fact that I am unable to find an NHS dentist for myself, my spouse or even our 2 year old. I have called numerous practices and finally found one in Lincoln who accepts NHS patients but there is a 2 year wait. We live in Bourne, South Lincolnshire. I have signed up to the waiting list for the Lincoln practice but needless to say it's hardly an immediate solution.

I couldn't even get an emergency appointment recently when I had a wisdom tooth infection that had spread under my jaw and into my throat. I felt like I just had to wait until I became critically ill systemically and attend A&E. This is surely a counter-productive set up given the

pressures A&Es are facing. Thankfully it cleared spontaneously (only to recur a few weeks later). I am sure it is something that has been raised on numerous occasions."

Story 3

"Patient is registered with Dental Centre in Grantham. 16 year old dependant had an emergency appointment due to pain, x-rays done, informed curved root and would require a root canal procedure. The parent was informed this could not be completed under the NHS as they would want the Dentist to take the tooth out rather than perform root canal. Charged £320 (which was half price). Parent wonders why this was not done under the NHS? a referral to another Practice that could do this under the NHS."





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.

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.

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.



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.

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.

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.



Hospital Services Key themes

- Poor discharge from hospital and lack of follow up care
- Poor communication
- Waiting times

What you told us



This month several individuals shared their poor experiences of hospital discharge and the subsequent lack of follow up care. In several cases respondents had their discharge delayed due to no home care being available or were discharged even though no home care was available. Furthermore, discharge often occurred late at night, without family members or carers being informed. This poor communication and lack of care is putting vulnerable patients at risk of harm, often resulting in them being readmitted to hospital. This causes considerable distress for all those involved and places a burden on family and/or carers to try to find care for their loved one. This often proves an impossible task.

Poor communication was not just exclusive to hospital discharge. Indeed, individuals expressed their concerns around being unable to stay in contact with loved ones in hospital and the difficulties of getting updates about their condition. Others shared their struggles in trying to contact a range of hospital departments to discuss appointments and referrals.

Finally, concerns were raised about waiting times for appointments, with individuals still waiting for appointments that were scheduled to happen prior to the COVID-19 pandemic. Whilst these individuals recognised the pressures on the NHS, they were understandably concerned about the impact these long waiting times for treatment would have on their health.

Your experiences

Story 1

"Elderly parent who lived on their own as spouse was in a care home, kept having falls at home, was taken into Pilgrim Hospital where they underwent an operation on their femur. Stayed in hospital for 5 weeks, on discharge there was no visit to the home to see what equipment was required. Care agency felt it was an unsafe discharge, parent was unable to mobilise, no physiotherapy had been organised or out of hospital. Carer with the agency but their back assisting parent. Eventually some

in or out of hospital. Carer, with the agency hurt their back assisting parent. Eventually some emergency equipment was provided.

After a week at home, parent was re-admitted to Pilgrim, parent was moved to Ward 5a where close relative (who had now moved back to be with parent) tried to get some information from the ward to see what was happening, relative worked away and usually came back at the weekends to visit parent. Ward refused to provide any information to the close relative, however a Consultant did call the relative to say parent had a Urinary Tract Infection and would be medically fit to go home. Care Agency stated they would no longer provide care as parent had been in hospital for over 48 hours and they no longer had staff to do this.

Parent already has one self funded carer in place, however there is a need for another carer to assist as too much for one person. Relative spoke with the hospital social worker, who said they could try and help, but this would be at a cost of £450, which the relative agreed to as

desperate. Not heard anything and relative contacted every home care agency in the area, has located someone on facebook who says they are a carer and could help. Relative isn't sure how to ensure that the person is reputable and would like reassurances. In the meantime relative lost their job and finding everything very stressful, does not know what to do."

Story 2

"My 85-year-old parent was admitted to the Pilgrim hospital in Boston after a fall and suffered a broken hip, parent has been susceptible due to their long-term diabetes which had caused loss of feeling in their legs. During parents time at Pilgrim Hospital relative was having telephone conversations with the welfare/ social services who were setting up a plan for when they were ready to leave the hospital and to return home, when it was deemed safe for them.

I was very concerned that my parent was being released before they were fully recovered but was assured by everybody that I spoke to, that everything necessary would be in place for when they were discharged.

I made a request to the welfare team that a risk and safety assessment was carried out at parents home pre-discharge and was assured this would be carried out.

Late June 22 a key safe was installed at my parent's home and a commode was delivered to their home by NRS Healthcare, this had been arranged by one of the team at the Pilgrim Hospital in preparation for the home care after parent's discharge. The key safe was installed for the specific reason that the care staff/nurses would be able to get in during their 4 visits per day. I would like to know why this key safe was put in place if there was subsequently no intention of sending home care.

I had spoken to a designated person a couple of times during this period and all the preparations for discharge seemed like they were being put in place.

During telephone conversations with the hospital and social services I asked them to contact me when they intended to take parent home as I live in London and would need to make arrangements for me or a family member to be at their home when they arrived back.

I spoke to my parent during the early evening of Wednesday late June, they informed me that they were being transferred from the Pilgrim Hospital to Grantham Hospital, I thought this was rather odd as that hospital was further away from their home and their discharge was imminent.

I phoned parent and they seemed to be a bit vague and confused but told me not to worry as everything was being put in place. I tried to contact parent the next day but their mobile phone was not working I wasn't concerned as I thought they were in a safe place and my spouse at home had become very ill.

The next time I was able to make contact with parent was on Saturday early July 22 during midmorning. I was absolutely horrified to find out they had been discharged from the Grantham Hospital and arrived home in an ambulance very late the previous night. Parent seemed very distressed and confused. I could not believe what they were telling me.

This is an 85-year-old disabled person, which was caused by diabetes who had just had a major operation for a fractured hip and had been discharged from hospital without informing anybody and was left late at night on their own without any help, they told me the ambulance staff couldn't believe they were on their own and were really upset at having to leave them in an unsafe environment. Parent told me they could not get out of the bed during the night and had wet the bed.

I spoke to parent regularly during Saturday and Sunday hoping some help would arrive as promised. I was unable to come up because as I said my spouse was extremely unwell from an ongoing illness. I tried to contact social services to try and establish what had gone wrong but was unable to speak to anybody until Monday morning a few days later after discharge in early July 22.

I was given a contact phone number whom I called straight away and it was quickly established that they were fully responsible for making the appalling decision to discharge my parent without any after care set up or any safety checks carried out after being in hospital. Surely a duty of care applies or is this standard practice? I was given assurances that all the correct procedures would be in place.

The named person said to me my parent declined all help and was in their opinion parent was of sound mind. I totally disagree parent has been on medication /pain killers etc and in my conversations with them when I visited them in hospital and spoke to them on the phone they were confused. Parent could also be easily coerced and into a situation that was not in their best interests because they would be frightened by the threat of going into a care home.

The named person also had a duty of care to inform me that they intended to discharge my parent into an empty house when it hadn't been established whether parent could get out of bed or be able to get in and out of the commode and move freely around the house.

This in my opinion been guilty of a clear dereliction of duty. Can somebody please look into this disaster of a decision ASAP before things get worse. I can assure you that my parent does want the five to six weeks of home care that was being set up and promised to me."

Story 3

"I am trying to get some help with getting my long wait (over 4 years) for cataract surgery progressed.

I do understand the enormous pressures the NHS has been under recently, but as the service started to return to normal I tried again to progress my Cataract operation, and this has become more urgent for me as sadly my spouse died unexpectedly at the end of February. I had to stop driving due to my sight problems in February 2018 and not only did they help me with sight related issues around the house but because I have very limited mobility and live in a rural area and have to use a mobility scooter, he was also my link with the outside world driving me to appointments etc.

In fact despite Peterborough City Hospital (PCH) having a ban during the pandemic on people accompanying patients, the eye clinic insisted my spouse accompany me to all my appointments throughout these restrictions in case I had one of my blackouts (see below) while I was there, but now I have no-one to accompany me.

February 2018 - I originally attended the eye clinic at PCH in February 2018 after an urgent referral from my optician. I was informed I had a Central Retinal Vein Occlusion in my left eye and would need a course of injections to help keep my sight.

I was advised to stop driving immediately and voluntarily surrendered my driving licence to the DVLA. The hospital advised that they hoped in time I would be able to drive again as my sight improved again after surgery, and the regular injections.

At the same time as they saw me for the Central retinal vein occlusion (CRVO) the scans they took also showed up that I had cataracts in both eyes, and I was put on a waiting list for Cataract surgery a few months later in 2018.

However, due to other medical problems including that I am prone to having blackouts due to sensory overload which particularly happens in a hospital environment, and these usually result in them having to call the crash team, it was agreed I would have to have the surgery done under general anaesthetic, it was explained that this would take longer than usual because of the challenges of getting theatre time.

January 2020 - My right eye was finally operated on, on the 15th January 2020 and I was told that I should be called in for the other eye in about 6 weeks time. I heard nothing further.

March 2022 - In March I received a letter from the hospital calling me in for the long awaited surgery to my left eye late March 2021. But when I read the letter more closely this was for it to be done under local anaesthetic. I rang PCH immediately to explain a mistake had been made but was told that they had no record of me needing a general anaesthetic and if I 'unreasonably refused' the operation I would be taken off the list completely. I tried to explain I wasn't refusing and very much wanted the operation but it had been agreed it needed to be done safely under general anaesthetic, but the operator was insistent I was being unreasonable. As this call happened very shortly after my spouse passed away I was naturally very shocked and just left it to my next appointment to try and resolve.

Early April 2022 - At my routine eye clinic appointment on the I explained what had happened in March. The doctor apologised profusely and said he would ensure that I was listed for admission within 28 days for a general anaesthetic procedure. I heard nothing further.

May 2022 - I had a telephone call from a Consultant about my Macular Oedema, during the conversation they said I was very much still listed for admission for the cataract surgery 'soon'.

Again I heard nothing further.

June 2022 - At my routine eye appointment I was told that there was still a backlog but they agreed I shouldn't have been waiting as long as I had. The doctor asked if I would be prepared to travel for the operation and I readily agreed, they then said they would try and get me seen sooner at Hinchingbrooke Hospital which had a shorter list. I still heard nothing.

Early July 2022 - I contacted PALS at PCH, and explained the above they said they would investigate. When they called me back they said they had looked at my records. They explained that the situation had not improved and in fact my case had recently been recategorized again as 'Routine' and this would mean that I would still have a very long wait still even to be seen at Hinchingbrooke.

I enquired about being transferred somewhere else under the provisions of the 'Delivery Plan for Tackling the Covid-19 Backlog of Elective Care' which states that anyone who has been waiting for surgery for more than 2 years should be seen and treated before the end of July 2022; but was told they were unable to help and I would have to go back to my optician that referred me originally to get a new referral. I explained my optician had never referred me for the cataracts in the first place it was the hospital doctors who did this, but they said there was nothing more they could do to help.

As you can see I have now been waiting for over 4 years and seem to be just going round in ever decreasing circles. I must stress the care I have received from the eye clinic staff has been fantastic, but I do seem to be dropping through some admin cracks in the system. My worry is if I

follow PALS suggestion a new referral from the opticians will simply put me at the back of a very long queue and I will have to start the whole process again.

I am anxious to try and remain as independent as I can and not be a further drain on precious resources, but my sight problems are causing me real challenges everyday now, and my brain feels scrambled trying to make sense of reasonably good vision in my right eye but very poor vision in my left eye. My optician has also advised it is not sensible to try and get new glasses until after I have had my surgery. I very much hope to be able to resume driving but the longer the wait the less likely that seems."



Mental Health Services Key themes

- Issues with community support:
 - o Patients are unable to access support
 - Patients are being discharged without being consulted



What you told us

This month we heard from individuals who are struggling to access mental health support in the community. Individuals shared their frustrations about trying to access support, waiting times and the fact that they were removed from lists before they even got any support.

3

Story 1

"I am carer for the same young person for the past 11 years, we have been fobbed off for many years. I get no help or support or at all they have tried to end their life a number of times previously. They need a lot of help and we get promised all sorts of help including Community Psychiatric Nurse (CPN), GP, wider support. Last time we had the police they were really good, the crisis team were

coming out sometime next day police said now five hours later they turned up by which time I had calmed them down. I have done this for years, I am 69 years old and can not work forever. I still have other clients who need help too. The Crisis Team promised the earth, with supported holidays, CPN, extra care day centre, crafts etc, nothing happens. The persons spouse is now very ill. I have to help them both, the spouse couldn't cope anymore. As a carer I am sick of hearing how wonderful the NHS and GPs are, I have been let down by them myself and many of my clients have been also."

Story 2

"I was removed from mental health care without even meeting the psychiatrist. You can't get in to see a GP. Basically there seems to be no help at all.

It would help if the services actually started to listen to the people who need help. We are people that still need the same support as we had before COVID. It feels like we are no longer people and are just being pushed aside. Actually talking to someone would be a good start."



Additional Comments

This section discusses standalone cases which highlight concerns with health and care services in Lincolnshire.

Lloyds Pharmacy - Alford

This month we heard that residents of Alford have been unable to access their medications. This is because the pharmacy is always shut. This issue was raised to us by a local councillor. We have made contact with the Integrated Care Board (ICB) who stated his matter is being looked into and will provide a response once they have further information.

Lakeside - Stamford

Concerns have been raised over the fact the surgery is changing the way you can order repeat prescriptions. From July, you will no longer be able to ring for a repeat prescription. This service is a lifeline for many elderly and infirm patients who are unable to use online systems or who are unable to get to the surgery in person. A local councillor has contacted the surgery in regard to this issue. As a result, patients have been asked to contact the dispensary team regarding ordering repeat medications after 1st August, and they will be able to explain the options in detail.

Lincoln A&E

One individual shared with us the recent experience they had whilst attending A&E at Lincoln County Hospital. They expressed their concern over waiting times, quality of care, hygiene and patient safety. We raised their concerns at a Patient Experience Group meeting. The experience can be read in full below.

Story 1

"If you visit this Accident and Emergency Department be warned. You arrive and check in. After about 4 hours you see triage. Then you wait and wait and wait. If you require another department within the hospital then you have no hope. They have no beds so people of all ages and illnesses are left sitting in chairs for up to 3 days. People being sick, sitting in soiled clothes, cancer patients, the list is endless.

They are given a pillow and blanket if requested. They are offered a sandwich once a day. In a 24 hour period alone the offer of one sandwich and 2 coffees. Staff just walk by leaving sick bowls lining up and knowing people are soiled in their own clothing. 90 year old patient being wheeled once a day into the nearest 100 year old toilet for them to have a quick wash. No communication from staff. People sitting crying in pain.

One staff member made a coffee for a patient then slopped something out of the cup with their finger before handing it to them. Thermometer dipped in solution then stuck in a patients mouth, removed then dipped and stuck in the next patients mouth. Nurse did not use any hand hygiene between. One cleaner was seen in a 24 hour period but did not even wipe a single chair over and these people who are clearly ill sitting in them all over the place.

The place is filthy. Even if you are there with heart problems you are left for up to 3 days before seeing anyone. To top it off you visit Grantham Accident and Emergency first to then be transferred to Lincoln by taxi when they know full well you are ill and need to see a Consultant. Really safe procedure !!!.

This needs to be put out there as it is sheer carnage, chaos and down right unsafe. The way you are treated is inhumane and disgusting. You would be treated better if you visited the vet. Whilst we know staff are stretched it is no excuse for people to be left in such diabolical circumstances and so UNCARED for. This needs highlighting and looking into. This hospital is clearly breaking protocols and procedures and by dotting the i's and crossing the t's are getting away with it. Mismanagement isn't the word here. This will be going further as Grantham Hospital know full well what they are sending ill people into."



Positive Stories

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



Story 1

"Good morning I would like to send some positive feedback about St Catherine's Dental Practice Grantham. I had my yearly check up today and as always felt a sense of gratitude about how well run the surgery and how competent the staff are. I would also like to thank my dentist as they are always happy to explain anything I don't understand and gives a high standard of treatment. I also really value the fact that the practice puts a really good focus on preventative treatment and of they give a really high standard of care."

Story 2

"Patient in December 2021 was diagnosed with inoperable brain tumour and is in receipt of Palliative End of Life Care through St Barnabas Hospice and a Nursing Home in Boston area. Patient was being looked after at home until May 2022 but family could not offer the level of support that the patient needs and heartbreaking decision was made to place their loved one in a home. St Barnabas Team have been amazing and are continuing to support the family to come to terms with the situation. Allowing them to still be the family of the patient whilst their loved one is in the home. They are encouraged to visit as often as they like and spend a few hours with their loved one each day. The staff at the home are very supportive of the family too."

Story 3

"LCATS Musculoskeletal Services (MSK) - Louth Hospital

I have been treated kindly and professionally on all occasions. Extremely efficient service. Thank you all."



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 |
|----------------------------|------------------|--|------------------|
| Age | | Ethnicity | |
| 18 to 24 | 1 | White: | |
| 25 to 49 | 9 | British/English/Northern Irish/Scottish/Welsh | 14 |
| 50 to 64 | 9 | White: Irish | 1 |
| 65 to 79 | 9 | | |
| 80+ | 2 | | |
| Gender | | Religious Belief | |
| Male | 4 | Christian | 1 |
| Female | 19 | No religion | 1 |
| Non-binary | 2 | | |
| Birth Sex | | Carer | |
| Current same as birth | 9 | Yes | 8 |
| Current different to birth | 1 | No | 8 |
| Sexual Orientation | | Marital Status | |
| Bisexual | 1 | Married | 2 |
| Lesbian/Gay woman | 1 | | |
| Heterosexual/Straight | 6 | | |
| Disability | | Long term condition | |
| Physical or mobility | 3 | Cancer | 1 |
| impairment | | Musculoskeletal condition | 1 |
| | | Other | 9 |
| | | | |
| | | | |

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