

# So What?

**Update on the key issues you shared  
with us over the last 12 months**

July 2022

## About us

### Your health and social care champion

Healthwatch Lincolnshire is your local health and social care champion. We make sure NHS leaders and other decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



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# Overview

Oct 2020 – Sept 2021

Between October 2020 and September 2021 Healthwatch Lincolnshire received **1279** patient experiences directly to our Information Signposting Team. This is a summary of the key themes raised by patients, carers and service users during this time about services in Lincolnshire.

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



## Overall Sentiment

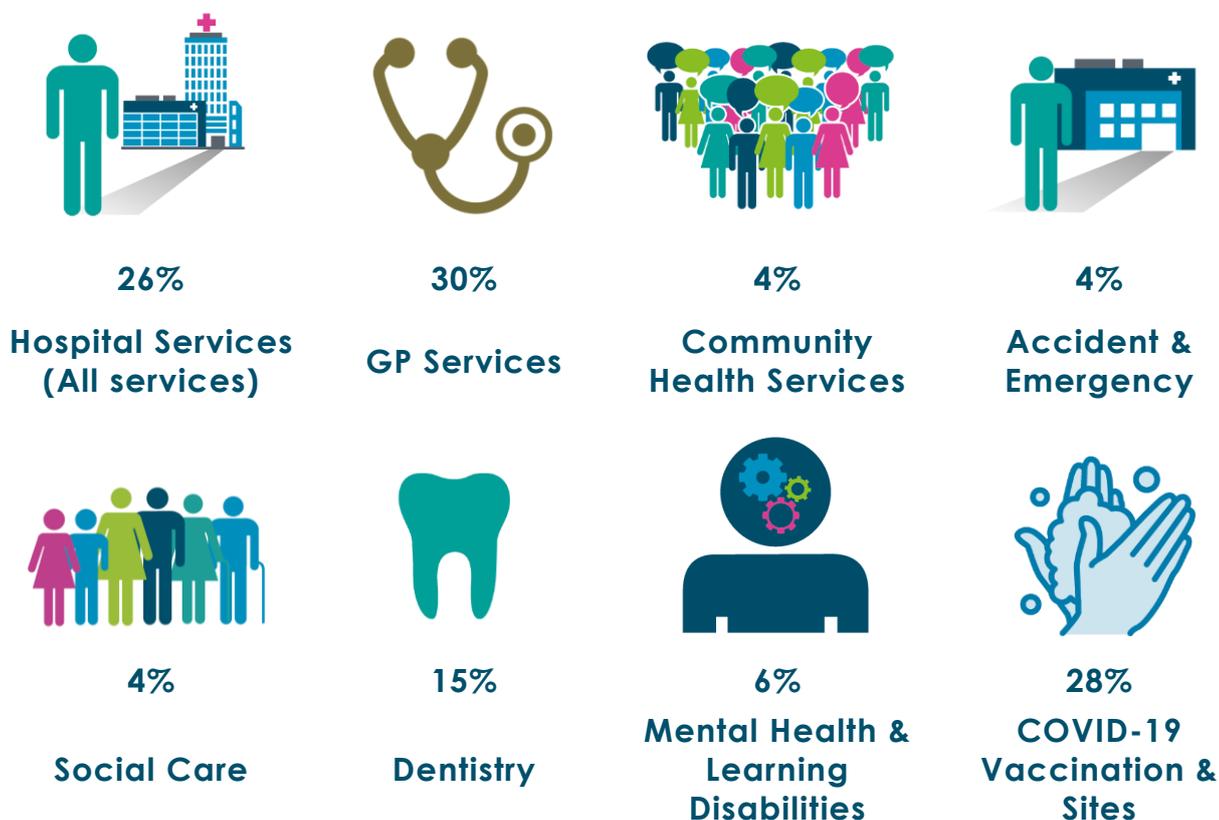
12% of all comments were **positive**

28% of all comments were **neutral**

48% of all comments were **negative**

10% of all comments were **mixed**

## Oct 2020 – Sept 2021 - Feedback Service Themes



# General Practice

## Main Themes

- Access to services
- Digital services
- Face-to-face appointments



## What you told us

### Access to services

We received multiple concerns of localised issues of people not being able to get through to their GP practice on the phone. Some reported not being able to get through at all, whilst others faced very long waiting times. This made booking appointments challenging as when patients would ring at 8am in the hope of getting an appointment, by the time they got through to reception all the appointment slots were taken.

Others raised their concerns around the current process of booking an appointment, saying the existing system is not very user friendly, especially for those who work in the day or need to take their children to school. Another issue you raised with us was not being able to see a GP.

### Digital Services

The COVID-19 pandemic changed the way the majority interacted with their GP practice. As practices reduced the number of face-to-face appointments to minimise the spread of COVID-19, there was a huge shift to, and development of, online services. Due to the rapid onset of the pandemic issues surrounding digital services were learnt and solved in real time. Aside from initial technical, registration and logistical problems with digital services, many were hesitant to use them. People were concerned about data safety and how it would be used to diagnose without seeing someone in person.

However, for many once the initial problems were solved and people were given time to adapt to digital services, we received lots of positive feedback for them.

This is what you told us about digital services:

- Easy to use
- Work well
- Save time as no travelling is required
- For some issues digital services are more appropriate than seeing someone face to face



However, this was not the experience for everyone. People told us that they did not get confirmation that their online request had gone through, were not contacted by a member of staff to discuss the issue they raised and did not appreciate the fact

that they had no idea when a clinician would ring them back. Others found digital services impersonal and would prefer to speak to someone in person.

## Face-to-face appointments

The COVID-19 pandemic resulted in a reduction in face-to-face appointments, to try and keep everyone safe and minimise the spread of COVID-19. However, many people contacted us with concerns over the lack of face-to-face appointments. Many felt that their conditions/issues could not be resolved over the phone or using digital services. They also felt a GP would be the most appropriate person to deal with their problem.



### Positives

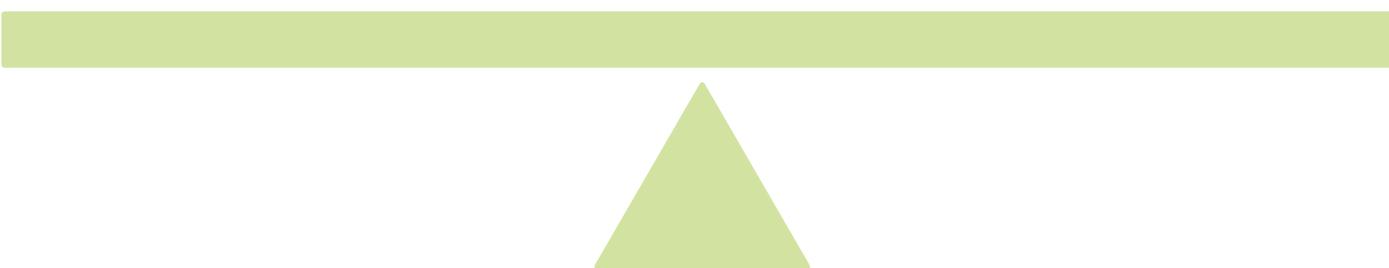
*"I completed e-consult for the first time, easy to use and comprehensive. A matter of a couple of hours later I received a call from the surgery Paramedic, went through my medical concerns and was invited in to see them face to face at a convenient time, a couple of days later. Examined thoroughly and found them very knowledgeable, friendly, and approachable. Have now been referred for a scan. No problems at all."*

*"AskMyGp was introduced during lockdown. I found it quite good as it can be difficult to get through on the phone and appointments can be fully booked. Raised queries with them and received a response within 30 mins - 1 hour. My issue was resolved without a face-to-face appointment as it wasn't necessary."*

### Negatives

*"The only way you can get an appointment is by phoning at 8am. I run a busy B&B and this is breakfast time for me. One of my busiest times. I've had to wait on the phone for over an hour just to get through to a receptionist, who only seems to be there to bat you away. It has been very difficult for me to get an appointment for my elderly parent who has been in excruciating pain since mid-August. This system just does not work. I'm sure there is a better way!"*

*"The system of contact your GP online is too impersonal also it is hard to speak to a doctor on the phone as you do not feel at ease and do not get the whole story over."*



## So what?

## How did we respond?

We responded to your concerns around GP services in multiple ways. Firstly, we shared your concerns with the practice managers to help them try to resolve the issues. For practices where booking an appointment over the phone was difficult, we asked if there was any other way to make appointments and some allowed for appointments to be made via email.

We often hear feedback around not being able to see a GP. To address this, we have produced a document called "Who is Who at your local medical practice?". This is available on our website and in our signposting directory and explains all the possible medical and non-medical roles that may be at your local medical centre. The aim of this document is to provide information on the roles of the different staff to ensure that your query is directed to the most appropriate member of staff. For example, if you have a question on whether you can take certain medications together, a pharmacist may be more appropriate to speak to than a GP, or an Advanced Nurse Practitioner is qualified to diagnose and treat a large range of conditions just like a GP. By ensuring your concern is addressed by the most appropriate individual, this guarantees you to get the best response in a timely manner.



This document is supplemented by short videos which explain some of the different roles at your local medical practice and who might be most appropriate to deal with your concern.

## How did providers respond?

### Lincolnshire Clinical Commissioning Group response

*"The make-up of the GP team has developed and changed in recent years. Increasingly practices, independently and as part of a Primary Care Network have introduced new roles that aim to not only provide additional capacity but also offer the professional support best able to treat the person's individual need.*

*During the last twelve months an extra £5.6 million has been invested in recruiting 105 more people to work as part of the Primary Care Networks to support local primary care provision. These additional people are working in new roles such as Clinical Pharmacists, First Contact Practitioners (Physiotherapists with enhanced skills), Advanced Practitioners, Health Coaches and Social Prescribers. Not only do these new staff enhance local service provision, but they are an essential part of the primary care workforce plan.*



*GP practices have trained their reception staff to identify a patient's health needs and direct them to the most appropriate person or service to best suit their needs. This could be a healthcare professional within the practice or another NHS service such as the local pharmacy.*

There are now three ways in which patients can access their GP Practice – online, telephone, and face to face. The majority of our GP practices now have online e-consultation systems in place and we would ask all patients to use these systems as much as possible. For patients who do not have access to the internet, they can call their surgery as normal. If practices think that patients need to be seen then they will arrange for an face to face appointment or perform a telephone/online consultation.



To ensure patients are aware of these changes, we have been actively promoting them through public awareness campaigns across GP practices, local media, social media, and outdoor advertising such as bus stops, shopping centres, and digital billboards.” – **Kevin Gibson – Senior Communication and Engagement Manager – Lincolnshire Clinical Commissioning Group**

## Lincolnshire LMC Response

“General Practices continue to work hard to meet the needs of patients. Demand for advice and appointments is higher than pre-pandemic levels and practices are using a blend of consultation options including face to face, online, telephone and video to help support their patients.

February statistics showed there were 239000 appointments in Lincolnshire (an increase on the same pre-pandemic period), 66% of which were face to face and 54% of appointments were offered within 24 hours.



Using a mixture of appointment types can help patients get the advice or treatment they need in a timely way. Around 80% of the information needed to make a diagnosis is in the information the patient tells the GP about their problem. Those that need face to face appointments for diagnosis, examinations or reasons specific to their conditions are usually seen by their GP or an appropriate member of the GP practice team.

While many practices are encouraging patients to contact them via their digital consultations such as AskmyGP or E-Consult, which is generally the fastest way for a patient to get advice from the right member of the team; patients can contact their GP practice by phone but may experience queues due to the levels of demand. If patients experience technical issues using digital tools, or do not feel confident to use them then they are encouraged to seek support by telephoning their GP practice.

Significant COVID-19 absence in GP practice staff, with case isolation to help prevent spread, particularly to vulnerable patients, continues to make this workload more challenging.

The number of GPs across the country has also dropped by 1500 over the last 6 years, while the population has increased. This means that GP practices, on average, are looking after more patients with fewer GPs. This may have made it seem harder for patients to get appointments. Practices want to be fully staffed, so like their patients, are also frustrated by being unable to have enough GPs and other team members. Patients could support their GP practice by contacting their local MP to ask them to urge the government to help stop and reverse the falling number of GPs.



Despite these factors, General Practice is trying to address the backlog of chronic disease management (conditions like Diabetes, High blood pressure, Asthma) resulting from the pandemic while also addressing new medical conditions patients develop and providing Spring COVID-19 vaccination boosters.

In response to falling numbers of GPs, the teams in GP practices have expanded to try to support the increase in patient numbers and demand for appointments. Many GP surgeries now have team members such as Clinical Pharmacists, First Contact Physiotherapists or Mental health practitioners who can help with medications and conditions that patients may have traditionally expected to see their GP about. These specialists can give expert advice and treatment and practices are encouraging patients to consult these team members when appropriate to their medical conditions.



General Practices face additional workload supporting patients with their medical conditions while they face long waits for their hospital appointments and operations, the waiting list delays for which have increased due to the pandemic.

The GP CPCS (Clinical Pharmacy Consultation Service) is available across the county, where GP practices can refer patients to their local pharmacy for advice on minor illness such as colds, Hay fever and sore throats to give patients prompt advice on those conditions while releasing GP capacity to help patients with other medical problems. Patients can, of course, seek advice from their pharmacy team directly or the NHS website <https://www.nhs.uk/conditions/> if they prefer.

GP practices want to help their patients and deliver high quality care despite the challenging circumstances both they and patients have faced before, during and as we exit the COVID-19 pandemic." - **Dr Reid Baker- Medical Director – Lincolnshire LMC**

### Healthwatch England recommends that NHS England should also:

- Ensure that information is provided and maintained on all GP websites about how to contact the GP to book an appointment and ask for help. This should include updated information about how the practice/surgery has changed or altered the way it delivers its services during the COVID-19 pandemic.
- Support GP practices to consider how patients may have different communication needs and adapt the method of communication accordingly.
- Ensure GP practices are supported to better record and identify people with additional needs, with indicators such as carer identifiers, language support needs, and disability support needs.
- Provide support for call handling training for staff using telephone systems. This will ensure that staff are well equipped to deal with concerns over the phone and are familiar with the software, equipment and supporting the patient.
- Work with partners to improve how they collect and report on the types of appointments that GP practices are offering.
- Expand and strengthen new regulations that now require GP practices to record ethnicity data where it is given.

# Dental Services

## Main Themes

- Lack of NHS provision
- Access to NHS dental treatment
- Access to Orthodontic services



## What you told us

### Lack of NHS dental provision

Undoubtedly the biggest concern residents of Lincolnshire raised with us over the past year was the lack of NHS dental practices taking on new patients. The lack of NHS dental provision has always been a problem in the county, even prior to the pandemic; but the COVID-19 pandemic has worsened the situation. Finding an NHS dentist taking on new patients was virtually impossible; regardless of whether an individual needed immediate treatment or wished to register as a preventative measure. On more than one occasion, individuals told us they had contacted over 14 different practices but were unable to find one taking on NHS patients.

Even patients who were willing to travel considerable distances to access dental services were unable to find an NHS practice accepting new patients. For the few that found practices taking on new patients, they often found the next available appointment was in over a year's time.

Confusingly, there seems to be ample provision of private services with NHS practices. Yet, paying for private treatment is not feasible for the majority.

The inability to register with an NHS dentist caused individuals who needed treatment to be left in pain and discomfort. Furthermore, the length of time and lack of treatment resulted in more problems with their teeth. The lack of preventative NHS treatment is likely to result in problems in the future. Troublingly, we have had several cases reported to us of young children not ever having been seen by a dentist.



"I cannot find an NHS dentist; I have tried contacting 15 or more but no one is taking on."

"I am struggling to find an NHS dentist accepting new patients in my area. I'm not so bothered about myself, but my 2-year-old has never seen a dentist and now has all their teeth and has a lip tie I would like looking over."



"I cannot afford private treatment, but this is all I am offered."

## Unable to access NHS dental treatment

We received many queries around NHS dental treatment during lockdown. NHS dental treatment came to a near halt in lockdown, with only emergency treatment being carried out to help reduce the spread of COVID-19. This led to individuals being left in pain and discomfort, meaning that many dental concerns then became emergencies. However, when contacting their practice to make an emergency appointment there was a lack of clarity over the criteria for an emergency appointment. Furthermore, confusingly, whilst NHS treatment came to a near standstill, private treatment carried on as normal. There was no explanation for this.



## Access to Orthodontic services

We heard from a few individuals who were concerned about Orthodontic services. The concerns related to treatment being stopped or delayed. This problem has been exacerbated with the closure of orthodontic services in Lincolnshire resulting in individuals being referred out of county for treatment.



Despite the overall bleak situation with dental services in Lincolnshire, we did hear some positive stories:



"During Covid I have still had my routine appointments for dental. Each time I have attended I have felt safe, and the treatment has been to a high standard."

"I contacted my dental surgery and was given an appointment; I was not in pain so 4 weeks was acceptable. The social distancing, hand cleaning all went well. The dentist explained about not using the drill, but she was able to use techniques, that sorted my problem. Lots of explanation given, lots of reassurance. Could not have gone any better."



## So what?

## How did we respond?

### YourVoice Dentistry

We have been very vocal on the issue of lack of dentistry in the area. We have participated in multiple public interviews expressing our concern over lack of access to NHS dentistry in our county. To raise your concerns with providers and dental experts – we hosted a [YourVoice@Healthwatch](#) on Wednesday 30<sup>th</sup> March 2022 from 10am – 11am. Prior to the event, we produced a range of short videos discussing dentistry in our county. Dean Odell, Healthwatch Contract Manager, discussed what you have told us about dental services over the past year. Lucy Gavens, a Public Health Consultant for Lincolnshire County Council, shared the work being done around Oral health in the county. Dr A Sanghi and Dr K Sanghi from the West Parade Dental Care in Lincoln, for the final video, answered some of your questions on Dental Services in Lincolnshire.

<p><b>healthwatch</b> Lincolnshire</p> <p><b>Have Your Say on Lincolnshire Dental Services - YourVoice@Healthwatch</b></p> <p>Healthwatch Lincolnshire Contract Manager - Dean Odell shares publics dental concerns</p> 	<p><b>healthwatch</b> Lincolnshire</p> <p><b>Dental Health in Lincolnshire</b></p> <p>Healthwatch chats with... </p> <p>Lucy Gavens - Public Health Consultant</p>	<p><b>healthwatch</b> Lincolnshire</p> <p><b>Dentistry in Lincolnshire</b></p> <p>Healthwatch chats with...</p> <p>Dr Amarinder Sanghi &amp; Dr Kapil Sanghi, Partners at West Parade Dental Care in Lincoln</p> 
<p><a href="#">Click here to watch the video</a></p>	<p><a href="#">Click here to watch the video</a></p>	<p><a href="#">Click here to watch the video</a></p>

Furthermore, prior to the event, we asked for the public to submit their questions for the panel; we received over 50 questions and the key recurring issues were addressed by the panel on the day.

The event was held online and chaired by Pauline Mountain MBE, Trustee of HWLincs and the panel consisted of:

- Kenneth Hume – Chair of Lincolnshire Dental Committee
- Lucy Gavens – Public Health
- Adam Morby – NHS England and NHS Improvements



The main concerns raised during the event were:



The panel shared a range of information in response to these concerns. The response to these concerns included:



If you would like to watch the event it is now available on our YouTube channel. [Click here to view.](#)

Healthwatch England have also responded to the nationwide concerns over lack of NHS dental services. Since 2016, Healthwatch England has heard from various local Healthwatch branches, of people having to travel long distances or pay privately to see a dentist. However, this problem has become more common and widespread and was worsened when increased safety precautions were introduced at the beginning of the COVID-19 pandemic. Whilst emergency treatment was made a priority during these times, many who felt they had urgent issues could not access treatment. As a result, the chair of Healthwatch England, Sir Robert Francis, has met with the ministers responsible for dentistry and kept pushing to ensure dentistry stays an issue on MPs' agendas.

## What people have told us about NHS dentistry

A review of our evidence – April to September 2021



To read the full report by Healthwatch England on dentistry, [click here](#).

## Our recommendations for NHS dentistry

In line with the report by Healthwatch England, we have produced a list of recommendations.

### A more rapid and radical reform of the way that dentistry is commissioned and provided:

- We have heard from both the public and from the dental profession that the current arrangements do not work. Access to NHS dental services is inconsistent and unfair, with those in the most deprived areas generally having the worst access and that needs major change to the system to rectify.
- Although the pandemic both exacerbated and highlighted the issues, the problems were longstanding. Reform of the dental contract should be a matter of urgency. We strongly believe that if the government and the NHS fail to reform NHS dentistry provision, they risk doing long-term damage to the relationships between dentists and patients.



### Use the reform of commissioning to tackle the twin crises of access and affordability:

- For many people, there are two significant difficulties they face when needing to access NHS dental care: the availability of appointments and the ability to meet NHS charges.
- Currently it is not possible to get a clear picture of access to dental care as lack of formal registration mean there is no oversight of which areas are under-served, and which require attention. Local Joint Strategic Needs Assessment may provide insight, but a more structured approach is required.
- Dental charges are often unexpected and higher band treatments can prove unaffordable for some people.
- New arrangements should be based around maximising access to NHS dental services, with particular emphasis on reducing inequalities.



**Greater clarity in the information about NHS dentistry:**

- People need to know which dental practices are taking new patients, when they are restarting routine care appointments, how they can access urgent care if needed, and how much they would pay for their dental treatments.

While the NHS website has information about some of these topics, we continue to hear from people about not being able to find the right information when they need it or getting inconsistent information from the providers. It clearly shows that there is a need for better information providing, especially greater transparency when it comes to charging people for their dental treatments.



- Also, both dental practices and patients need to be clear what it means to be 'registered' with an NHS dentist. People are being removed from their practice list because they haven't seen their dentist regularly, however, there is no information about how often people should visit their dentist if they want to retain their 'registration'. The information on NHS website about NHS dental registration conflicts with the messages people get from the practices, which suggests that providers are equally unclear about the registration policies.
- Healthwatch England reiterate what they have said in previous reports that the Government needs to make it a legal requirement for NHS-contracted dentists to regularly update their website and information on their practice notice boards. The NHS 111 and the NHS.UK website must be able to provide relevant and latest information to the public.

**Explore the possibilities of using dental practices to promote a broader wellbeing agenda:**

- With the development of primary care networks, there should be opportunities for dental care services not only to consider the oral health implications but also to refer people to appropriate services – such as weight management and smoking cessation – that may have broader health benefits.



## How did providers respond?

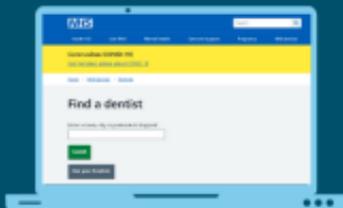
Providers from NHS England Dental, Public Health and local dentists responded to the issues of dentistry in our county by participating in our YourVoice event.

# 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.



**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.

# COVID-19 Vaccination and Sites

## Main Themes

- Initial confusion surrounding the priority groups and booking a vaccination appointment

Confusion throughout the vaccination programme:

- Vaccine safety
- Vaccination sites



## What you told us

### Initial confusion

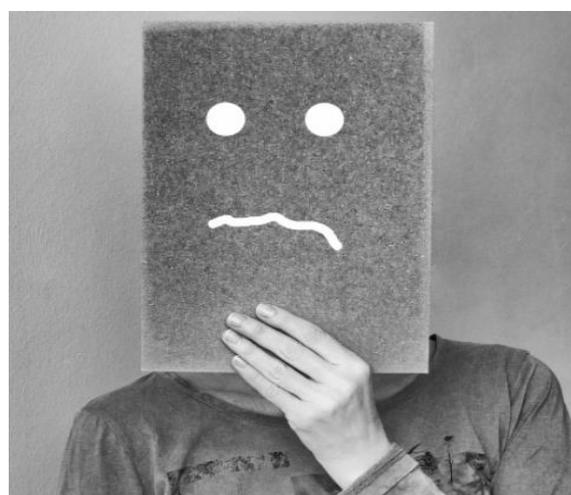
In December 2020, the COVID-19 vaccine rollout began, starting with nine priority groups. Initial communication surrounding which individuals would be included in some of these groups, the process of being contacted and booking a vaccination slot was unclear.



Initial concerns included:

- I have a pre-existing health condition, am I included in the priority groups?
- I care for or live with an individual in a priority group, can I get the vaccine early to protect them and myself?
- Who will contact me about getting my vaccine, will it be my GP?
- I am included in a priority group, but no one has contacted me about getting my vaccine
- How and where do I book an appointment to get my vaccine?

At first there was also confusion on where vaccinations would take place. Some individuals booked their vaccinations for designated sites only then to receive letters saying that the surgery would be administering their vaccination. However, others were left waiting for information from their GP when they could have booked the vaccine elsewhere. These problems were especially present at the beginning of the roll out of the vaccine, specifically from January – February 2021.



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“My grandparent is over 80. Could you please let me know who will be phoning them to make an appointment for their vaccination? Will it be the GP practice, local Primary Care Network (PCN) or somebody else?”

“Yesterday my spouse contacted our surgery about their 95-year-old parent who is classed as vulnerable and has not been contacted about having their COVID vaccine. Still no contact 5 days later.”

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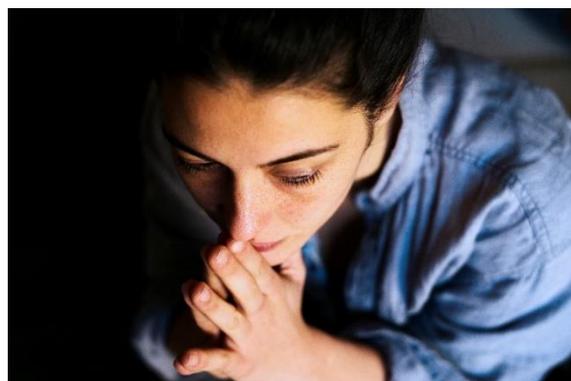
## Concerns throughout the vaccination programme

Whilst some of these initial concerns were solved as the vaccination programme got up and running, other issues persisted throughout the process.

These concerns related to:

- Vaccine safety and efficacy, especially for those with pre-existing health conditions and allergies
- Location of vaccination sites
- Transport to vaccination sites

Due to the rural nature of Lincolnshire, many were concerned with having to travel vast distances to receive the vaccine and for others this was simply not possible due to frailty or to lack of transport. Some sites did not have accessible or easy public transport links and individuals did not want to use public transport during a pandemic. Initially, people were confused as to why there were not more local sites in towns and villages.



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“Why can't vulnerable people be vaccinated at local health centres? For example, some people in The Suttons have been offered appointments in NORWICH or BEDFORD? Even PRSA in Boston is 26 miles away. Crazy.”

“Please can you tell me if this vaccine is ok for coeliacs who have a food intolerance to wheat and gluten as I have loads of other underlining illnesses, but I want to have the job as I know if I get Covid I wouldn't be able to fight it.”

“There will be people who live in the villages and those who cannot travel into Lincoln etc. No one will want to use public transport in the middle of a pandemic.”

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However, once the initial confusion and problems were ironed out and after the introduction of more localised vaccination sites, it was lovely to hear so many positive experiences surrounding COVID-19 vaccination.



“Dr was excellent, I have an allergy and he took great trouble to ensure my safety and reassured me throughout. I live in North Lincolnshire but had my jab at Lincoln.”



“Had my first vaccine yesterday at PRSA in Boston, very well organised and all staff and volunteers were very friendly, considering they see so many people and say the same things to each one, very professional, thorough and made me feel at ease. Well done all, what a great job you are doing.x”

“Well done all at Louth Session today. Difficult to find fault. The volunteers outside, the reception, the wait [very short], punctuality, questions asked, details and explanation, jab, and 15 minute post injection wait all went smoothly, despite a lot of people attending. The only quibble I could make, if pressed, was that the seats in the waiting area for the 15 minute post jab wait were barely 2m apart. I was given a card with appointment for second injection, and leaflets about side effects etc.”



“Just a word of thanks, I went for the Astra Zeneca jab this morning - fast, efficient and friendly - in and out in 7 minutes. And thanks to nurses - painless ... and I'm not best of patients.”

“We are MOST Impressed by the Services given by our surgery. We are so grateful. Thank you for our jabs!! Thank you for your genuine concern to give your best service.”



**We are very grateful for our amazing Healthwatch volunteers who volunteered at the vaccination sites to gather your opinions on the vaccination process and other health and care services.**



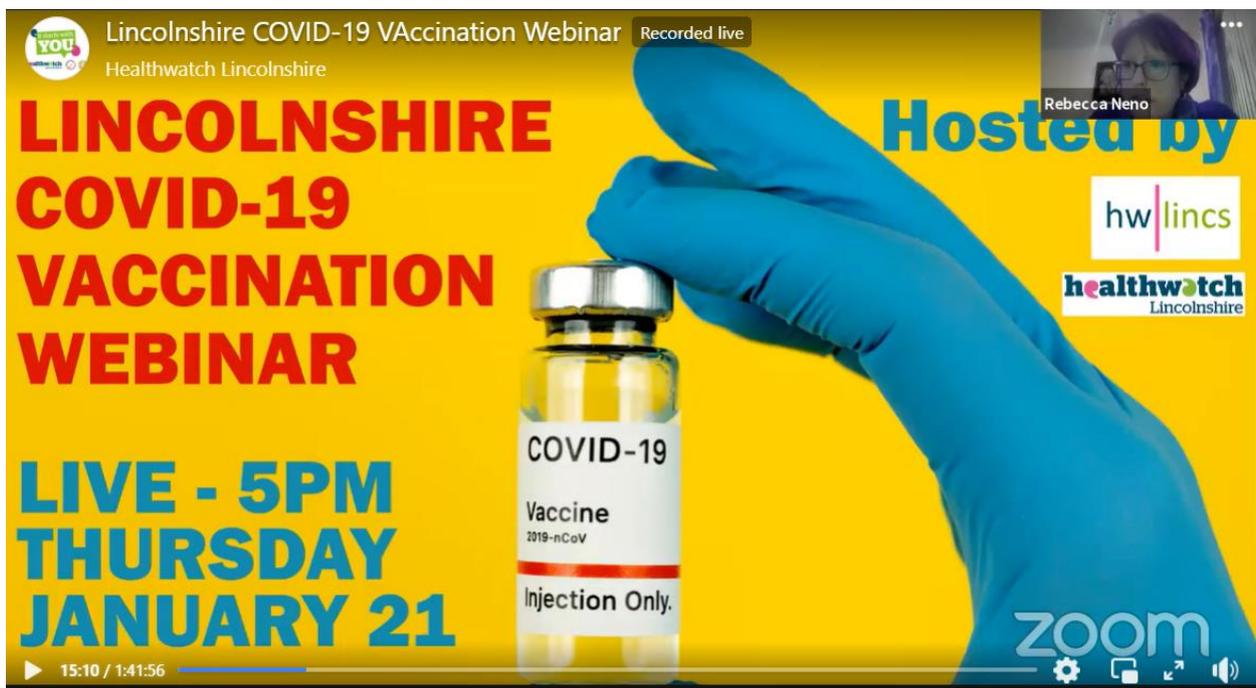
## How did we respond?

### Vaccination Webinar

To help answer your queries and address the initial confusion regarding the COVID-19 vaccination programme we, in collaboration with the Lincolnshire Clinical Commissioning Group (CCG), organised a webinar. The public sent in over 250 questions for the panellists prior to the session. The webinar took place on 21<sup>st</sup> January 2021 and involved a panel consisting of individuals from a variety of backgrounds and organisations including clinicians who would be administering the vaccine, local public health representatives and members of the Lincolnshire CCG involved in the operation and logistics of the vaccine programme. They answered all your questions and discussed a range of topics including information on vaccine safety, the priority groups, the logistics of the programme and vaccination sites. Hundreds of people watched the webinar live, with over 2,500 people watching it over the weekend on Facebook. The webinar can still be viewed on our Facebook or YouTube page. The feedback to the event was overwhelmingly positive feedback. To supplement this event the Lincolnshire CCG also produced an FAQ document.



The number of people who watched our vaccination webinar over the weekend.





“Thank you, very informative .... Well done. many thanks for the clear answers.”

“Very useful & informative webinar – thanks to HWL, panellists and attendees. And to all involved in delivering the vaccinations!”

“Big thank you to everyone involved in this vaccination programme and to those who have given their invaluable time to support this webinar.”



## Signposting

As your queries came into us, we:

- Provided you with support over the phone
- Signposted you to the correct sources to get the information needed
- Raised concerns with services providers



We also produced an extensive document answering your frequently asked questions surrounding all aspects of the vaccination process: the vaccine itself, record cards, delivery and communications and campaigns.

## Kept you up to date

Throughout the vaccination programme we used our website and social media pages to provide details of pop-up, walk-in vaccination sites and transport to these sites.

## How did providers respond?

### Lincolnshire Clinical Commissioning Group Response

*“The NHS has undertaken and continues to undertake one of its biggest challenges in its history in the planning and delivery of the Covid 19 Vaccination Programme whilst ensuring people can still access NHS services. There was just 6 weeks between the confirmation of successful trials of a safe and effective vaccine for Covid 19 to the first vaccination being delivered in Lincolnshire.*

*The roll out of Covid vaccinations was one of the most important public protection programmes the NHS including colleagues locally in Lincolnshire have ever undertaken. The focus on ensuring our people were protected as soon as possible meant that as new information became available, we had to rapidly refresh how we delivered vaccinations.*



As a national programme, operating as part of the national emergency response to the Covid pandemic, the arrangements for delivery were mandated and controlled by a national team who had to ensure that irrespective of where a person lived, the most vulnerable members of our society had equal access to vaccinations.

This meant that locally we did not determine the pace of roll out, who was eligible at any point in time or how many vaccination centres we could open at the same time. We welcomed feedback from Healthwatch and local people as it enabled us to feedback to the national team and help to inform how the programme evolved and developed. We recognised that the delivery arrangements were ever changing which led, sometimes, to frustration that some local sites were not yet operational meaning people needed to travel further than they typically would for similar health care services.

The vaccination programme was probably the most dynamic programme the NHS has ever delivered. In the early months' guidance changed on almost a daily basis. The Covid 19 vaccine was new, and despite being robustly tested to ensure safety and efficacy, it was necessary for extreme caution in terms of handling and strict rules regarding transportation that prevented more local delivery. Our clinicians required additional training to be able to mix and handle the vaccine and to be able to answer the many questions our patients had confidently in relation to the vaccine.



Whilst in the early months there were many challenges the overwhelming public support, their willingness to make arrangements to get their vaccines even when they had to travel, and the flexibility of our clinical colleagues meant that we were successful in maximising the uptake of vaccines and consequently increasing the protection against Covid.

Lincolnshire was amongst the first in the country to establish services. The hospital hub at Lincoln County Hospital began vaccinating on 8<sup>th</sup> December 2020. Followed the next week quickly by 2 local vaccination sites in Louth and Grantham. Over the coming weeks we added another hospital hub in Boston and 11 more local vaccination sites run by our amazing GP Practices working together to ensure that vaccinations were delivered as close to patients own homes and for those who were extremely vulnerable, for example people living in residential settings or who are housebound, taking the vaccine to them.

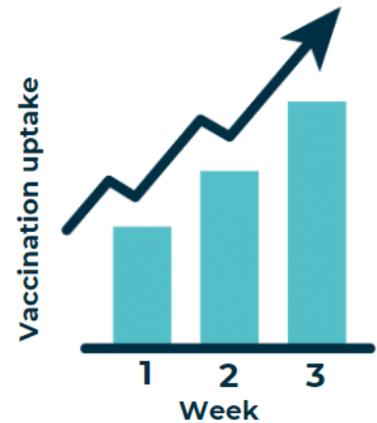
During January 2021 we added 2 Mass Vaccination Centres, the first at the Princess Royal Sports Arena in Boston which was the first to open in the east midlands and today remains one of the larger sites within the region and the second at the Showground in Lincoln. Daily, these sites can vaccinate 1500 and 1000 people respectively and the workforce has been employed specifically for this task. In Lincolnshire we have an amazing voluntary support network and working together our voluntary organisations continue to provide all the non-clinical roles and support to the mass vaccination centres.

As the programme evolved the rules around vaccine durability and handling relaxed, we were able to respond with a more localised offer of vaccinations within local communities in response to feedback received from our population. We were able to add community pharmacists to our suite of vaccination centres and we worked closely with the District Councils to offer convenient and accessible pop-up vaccination services, and they provided a dedicated bus service from Lincoln city to the Showground Mass Vaccination Centre and Boston Town centre to PRSA Vaccination Centre. Utilising walk in offers as well as booked appointments, late night vaccination events as well as targeted services such as schools and universities has allowed

vaccinations to be brought closer to where people live, and this is a strategy we will continue to deploy as we continue to move forward and evolve the services.

Overall, the Lincolnshire COVID Vaccination Programme has made excellent progress in vaccinating the population across the county. The strong Lincolnshire partnership approach within the NHS and with colleagues in Local Government, the Care Sector, and the Voluntary Sector continues to be an impressive hallmark of our programme. The continued dedication and hard work of NHS staff, volunteers, and partners is hugely appreciated.

To date (March 2022) we have administered 1,687,276 vaccines in Lincolnshire approximately 618,078 firsts, 588,062 seconds and 481,136 booster doses. Of our most vulnerable population, currently 92% of all those eligible (3 months from 2<sup>nd</sup> dose) over 80s have been vaccinated with a first, second and booster dose, as have 97% of 75–79-year-olds, 95% of 70–74-year-olds and 95% of all Clinically Extremely Vulnerable (CEV) people aged 16-69.



In conclusion, the Vaccination Programme in the county and the country has been a major success. The uptake across Lincolnshire has been one of the highest in the country. We are grateful to the people of Lincolnshire for their tolerance and willingness to travel as the programme developed particularly when the programme was first established. And to our staff, partners, and volunteers for everything they have done and continue to do to ensure that everyone can access a vaccine and have the protection against this very serious virus." -

**Rebecca Neno - Programme Director, Covid & Influenza Vaccinations – Lincolnshire Clinical Commissioning Group**



# Hospital Services

## Main Themes

- A&E waiting times
- Ambulance turnaround times
- Waiting times for treatment
- Treatment of carers



## What you told us

### A&E waiting times

We received multiple concerns regarding A&E waiting times. Many of you reported to us cases where people were waiting for hours in an ambulance before they were seen. Sadly, we were informed of several instances where people waited for over 10 hours on trolleys, whilst in severe pain, to be seen. Also, upon attending A&E there was confusion around who, if anyone, was able to wait with the patient; with conflicting information on whether carers, parents of minors or relatives of loved ones with dementia were allowed in. Whilst everyone understood that hospitals wanted to minimise the number of people sat in waiting rooms to reduce the spread of COVID-19 and keep everyone safe, there was a lack of clarity and poor communication surrounding this policy.



"I recently had to call out an ambulance for my parent who was suffering from symptoms of atrial fibrillation. The ambulance service was great but the handover at the hospital took two hours and was on a trolley in A&E overnight."



## Treatment of carers

We received a handful of distressing comments about the treatment of carers when accompanying the person they care for to A&E. As mentioned previously the lack of clear communication around who was allowed to wait with patients in A&E resulted in several unpleasant situations. These included carers initially being allowed to stay with a patient but then later being told rudely that they were no longer allowed or should not have been present in the first place. One situation resulted in security guards being called to escort a carer off the premises despite being told by one department they were allowed to wait with the patient. All these situations were avoidable and could have been prevented if there was clear guidance and communication around who was allowed into A&E.



“Main carer for spouse who has an acquired brain injury with subsequent memory loss. Unable to rouse spouse so main carer made contact with NHS 111 where an ambulance arrived in 20 minutes. Paramedics asked for carer to go with them as spouse would be unable to respond to any questions the medical staff required on admittance to A&E. Carer asked if this was ok to do so under the current circumstances and they were assured they would be needed to answer any questions which would help the A&E staff.

A&E Consultant and a Nurse asked questions of spouse who was unable to answer due to their condition, so carer responded. Lovely Nurse kept carer informed of what was happening and was very helpful. CT and x-ray were performed and on the return to A&E from the x-ray department the carer was stopped by the Head Sister of the department and in an off manner asked what they were doing there.

Carer responded and explained the situation where they were informed, they were not supposed to be here, then a piece of paper was wafted in the carers face to ask if these were their contact numbers and informed to leave, that they would call them. Carer left the department and felt the manner in which this was done was inappropriate.”



## Ambulance turnaround times

In addition to individuals waiting in ambulances outside the hospital for hours to be treated, many of you shared with us your concerns around how long it took for ambulances to arrive, once 999 had been called. You told us that in some cases it took 5 hours for an ambulance to arrive. There were also problems with ambulances not turning up to collect patients for prescheduled treatment or for transferring patients between hospitals.



On a positive note:

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“Parent of child had to attend A&E following consultation with NHS 111. The child had a high temperature and sore throat. Parent travelled with child in the ambulance which arrived very quickly. The child was seen very quickly in A&E department and was moved to a children's ward until a doctor saw the child. Advice was given and they were able to go home.



Everything was very well handled and didn't have to wait too long to be seen by the doctor. The hospital was very clean. Everyone involved - the ambulance crew, nurses and doctor we saw were great!”

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## Waiting times for treatment

During the pandemic, the NHS temporarily halted and postponed some treatment to minimise the spread of COVID-19 and maximise patient safety. This however has had a huge and somewhat unknown impact on waiting times for treatment. Several people raised with us their concerns about the effect of delayed diagnosis and treatment regarding heart conditions and cancer. Patients were and still are waiting months between diagnosis and treatment. Others had their cancer treatment halted due to COVID. This has caused considerable distress – with patients not receiving any communication/updates of when treatment will restart, or the impact delaying treatment will have on their prognosis. Others raised concerns about waiting times for treatment prior to the COVID-19 pandemic, which has now worsened.

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“I am anxious as I have had two dates cancelled for my procedure for Colon Cancer. First one in Mid November and the second one a week later. I understand the pressures around COVID etc, however I haven't been given another date. I feel I have been left in limbo, the longer it keeps going on the more anxious I get. I am happy to go anywhere for treatment.”

“I have been experiencing blurred vision since August 2020. My GP referred me to the Ophthalmology department. I did not hear anything for several weeks so I called them. I was informed that routine appointments are only just being booked for patients who were referred last January (2020). I would like reassurance that my blurred vision is not something more serious.”

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Whilst for many treatments stopped during the pandemic, it was lovely to still hear some positive comments from individuals whose treatment continued during the pandemic.



"I began a third course of chemotherapy at the beginning of lockdown, it has been managed remotely by the hospital and by my excellent GP. I have continued to receive the very best of care throughout."

"I had a CT scan, which led to me being fast tracked due to possible cancer. The service has been amazing. Every department and each staff member have looked after me so well, and so efficiently. On Friday, after going in for a biopsy, I had another CT scan, which showed there was no cancer, and no need for the biopsy. Again, staff kindness and reassurance was brilliant. Macmillan staff were also very kind and approachable."



## So what?

### How did we respond?

We responded to concerns around hospital services, by where appropriate passing your concerns directly to the Patient Advice and Liaison Service (PALS). We also sent a representative from our team to the Patient Experience Group (PEG) held within the United Lincolnshire Hospital Trust (ULHT) and to the patient panel. In addition, we regularly met with ULHT and CCG leads to provide updates on performance and patient experience, we also have work planned for the future months focusing on hospital discharge and cancer services.

### How did providers respond?

#### United Lincolnshire Hospital Trust Response

##### **"A&E waiting times**

*We acknowledge and are sincerely sorry for the poor experience of many of our patients whilst waiting for care and treatment within our A&E departments during the continued pressures we are enduring. Please be reassured that all patients are triaged and cared for on a clinical priority basis and that every effort is made to minimise waits and delays. We have a number of actions in place to manage the ongoing demands that include working across the health system to, for example seek alternatives to A&E attendance, the further development of urgent treatment centres and the introduction of same day emergency care services. We have been reviewing the seating and trolleys to enable more people to wait comfortably and providing refreshments as needed.*

*We have reviewed our guidance and communication on who is able to stay with patients and appreciate how hard it is to leave someone while they are waiting but managing the risks with COVID are a priority. We have exceptions to this that can be discussed with staff.*

##### **Treatment of carers**

*We are so sorry to read about the experience cited here. We have clear guidance on when carers can accompany someone in our A&E and also in our outpatient departments and we will recirculate this to ensure all staff are reminded. Our public information clearly states the restrictions that are in place and we aim to promote an understanding before attending;*

however if someone is attending ED in an urgent or emergency situation it is unlikely that they have viewed the website information beforehand. Therefore, we need to assume they may be unaware on arrival and both the patient and the companion could potentially be very upset about this in addition to the anxiety and fear that comes with an unplanned emergency hospital attendance. We have worked with our A&E and security teams to develop guidance that balances the risks.

**There is a set of criteria for assessing when we must support, for example:**

- **Severe illness or injury that is an immediate threat to life**
- **End of Life care**
- **Cognitive impairment to a level where the patient is unable to relay appropriate history or symptoms – the carer / companion may be present just for the assessment by a clinician or alternatively this could be managed via phone / FaceTime if necessary, rather than face to face.**
- **Parent/guardian of a child (defined as under 18)**
- **Severe psychological distress where a carer / companion is needed to help relieve this distress and support the patient.**
- **Risk of absconding for any cause where the patient is looked after in a non-trolled (ambulant) area.**
- **Jurisdictional reason for accompaniment e.g. police, MH worker etc.**

**There are some specific restrictions within these however such as if the carer may be exposed to COVID.**

### **Waiting times for treatment**

We absolutely acknowledge and appreciate the huge concern and anxiety that the backlog of appointments and care as a result of the pandemic has caused, compounded by staff shortages and vacancies.

- Across all our specialities patients are prioritised by clinical urgency and are reviewed by a clinician at regular intervals, sometimes weekly to ensure there is risk stratification and clinical oversight
- Where possible we have supported a huge number of patients to be seen in private sectors on the NHS to support a faster referral to treatment
- We run additional clinics weekly to ensure we are continuing to reduce our new and follow up backlog
- We run different types of clinics such as with advanced practitioners, phone and video appointments when clinically appropriate

We always encourage any patients experiencing symptoms whilst awaiting an appointment to speak to contact the service or their GP who can refer for an emergency appointment if required



or expedite a routine appointment." – Jennie Negus – Deputy Chief Nurse - United Lincolnshire Hospital Trust

## Healthwatch England - What could help?

Healthwatch England's last report on the issue recommended several steps to help manage the NHS waiting times backlog, including:

- Improving support while people wait, for example, help with pain management, physiotherapy and mental health.
- Recruiting more administrative staff and improving systems to tackle the administrative mistakes that can add to how long people wait. For example, avoiding being booked in with the wrong service or person.
- Improving communication, so people get updates, don't feel forgotten and can tell services when their condition changes.
- Promoting services such as NHS111 First so people can access services and avoid waits for urgent care

### Fix the communications:

- Implement the guide to good communications.
- Put regular updates in place for patients and families so people don't feel forgotten.
- Make it easy for patients to update the NHS when there are changes in their condition.
- Don't force people to go through already burdened GP practices to seek updates on their treatment.
- Recruit admin staff to manage lists better.

### Provide more support services:

- Use some of the money for the backlog to increase support for people while they wait, like specialist pain management, physiotherapy and mental health support.
- Work with Healthwatch and the voluntary sector to properly understand how the NHS could expand support services even more, to help people survive waiting.
- Where patients are offered quick treatment at specialist hubs, ensure no one is excluded from this option. This means providing transport and help with accommodation for carers and relatives.

### Structural recommendations:

- The Government should consider widening statutory sick pay thresholds to help those struggling to work due to longer than usual waits.
- Continue to provide dedicated funding for discharge processes to help get people out of hospital faster and with the right recuperation support, freeing up beds for new patients.
- Use the clinical review of standards to develop processes to limit anxiety for patients waiting in silence and provide better data for hospitals to manage demand.

## Have Your Say

Share your experiences of health and social with us, so please get in touch today.

-  [www.healthwatchlincolnshire.co.uk](http://www.healthwatchlincolnshire.co.uk)
-  01205 820 892
-  [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)

# Communication

## Main Themes

- Hospital Discharge
- Contact with loved ones whilst they were in hospital
- Communication between services



## What you told us

### Hospital Discharge

Communication during hospital discharge was a common problem raised with us. Concerns around hospital discharge included:

Patients being unaware that they were being discharged

Family members not being informed that their loved one was being discharged

Patients being discharged late at night or in the early hours of the morning

No transport being ready to take the patient to their next place of care

Patients leaving hospital with no care plan in place

Follow up appointments and check ins after leaving the hospital did not occur

Discharge letters and other information relating to the patient's condition were not shared with GPs

Issues with availability of medication after leaving the hospital leading to individuals being in pain and in some cases readmitted to hospital

These issues were even worse for those who had been discharged from hospitals out of the county.



"The parent had been released at 3.00am on the Sunday and relative got home at 4.00am, after collecting them and taking them home. This also created disturbance for my other parent when they arrived home at that early time. I am very surprised and a little angry that a 90+ year old would be discharged in the middle of night, after having a traumatic experience."

"Patient treated at hospital after suffering with a stroke, was discharged after having a stroke with no plans or any follow up support in place [...]. Spouse had to telephone the unit to query whether this was correct as they were concerned about the fact that the patients speech and swallowing were not good, they were informed at this point that the patient should not have been discharged without the right plans in place. Patient then had this implemented."



## Contact with loved ones in hospital

Many people contacted us to raise concerns relating to keeping in touch with loved ones whilst they were in hospital. You told us that you often had difficulties contacting hospitals wards and would often not be able to speak to anyone, despite ringing multiple times and at different times of the day. For those who could get in contact with someone on the ward, relatives were concerned that they were only given a generic update on how the patient was doing. There was poor communication to loved ones about the progress of the patient in terms of test results, treatment, and general wellbeing.

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“Parent has been admitted to hospital and the family have been trying to get hold of the ward to see how parent is. Tried all day yesterday no answer, call rings out and is then disconnected. Family called the switchboard, who tried to put family member through but the same thing happened. Tried right up until 10pm last night. The care parent is receiving is good, but not knowing how parent was, has been very stressful for the family.”

“My spouse was admitted to hospital two weeks ago. Since then I have been trying to get in touch with the ward as have other family members. I haven't had any luck with the exception on one occasion (last week) where I did get answered but found the information was unhelpful. As in 'she's ok'. That's all. I am stressed as doesn't know what is happening with my spouse, how she is, what's being done etc.”

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## Communication between services

There were also many recurring issues surrounding communication between services and to the patient. These included:

- Poor communication around eligibility for COVID-19 and flu vaccinations and the physical location of where they would be administered
- No records of test results

- Test results not being shared between different services such as a GPs and hospital services resulting in the tests having to be redone and treatment being delayed, and time being wasted
- Information surrounding the patient's condition and previous consultations not being shared between all the services involved in the patient's treatment
- No follow-up contact from services
- Referrals to hospital or community care services not being done



“On attending my appointment with Consultant, I was asked if I had had my ECG done as there was no record of this in my notes. Nothing had been sent through to my GP either.”

“I am being passed back and forth between hospitals. One says they've referred me to the other. The other say they haven't received the referral. GP says they cannot help as it's down to the hospital.”



## How did we respond?

We responded to your concerns around communication by passing your concerns on to the relevant services. We also directed you to PALS, so your concern could be investigated further.

## How did providers respond?

Our communications report has been shared with system leaders at the System Quality Group in May 2022, where it was well received, they agreed communication was a system wide issue,

They are now creating an action plan to determine how they can monitor communication issues across the whole Lincolnshire health and social care system. This action plan and their response to our report will be shared when available.

# Summary

Between October 2020 and September 2021, 1279 patient experiences were shared with our Information Signposting Team. The four most frequent services commented on were: GP, Dental and Hospital services and the COVID-19 vaccination programme. Additionally, communication regardless of the service was also an issue. This report discussed what you told us about these services, how we and providers responded to your concerns.

Firstly, in relation to GP services, you raised concerns around access and the current booking system. However, the issues commented on the most in relation to GP services was the use of digital services and the reduction in face-to-face appointments. In response to these concerns, we raised worries around the booking system with the specific practices on your behalf and found you alternative ways to make an appointment. We also produced a document explaining the different roles at your local medical practice, to highlight that a GP may not always be the most appropriate clinician to deal with your concern. The latter has also been highlighted by providers, who are also promoting the many different ways you can now access GP services.



Next concerns around dental services were discussed. Access to NHS dental services throughout the county, has been a problem for several years now, however, in the past year the issue has exacerbated. We repeatedly heard from individuals who contacted over 14 different practices but were unable to find a practice taking on new NHS patients. For those already registered with an NHS practice, there were difficulties accessing treatment, whether this be preventative or urgent. Confusingly, at the same time, there was ample private provision and private treatment available at some NHS practices. However, for the majority paying for private check-ups or treatment was not feasible.



We have been very vocal about the lack of NHS dental services in our area. We responded to your concerns by working with providers to host a YourVoice event, where a panellist of experts answered your questions on this issue. Furthermore, in line with the report published by Healthwatch England we have produced our own recommendations for dental services in our area.

The next topic discussed was the COVID-19 vaccination programme. During the beginning of the vaccination roll out, there were some initial concerns around the priority groups and how to book a vaccination appointment. In addition to these queries, we received several comments around vaccination safety and sites throughout the programme. To respond to your concerns, we worked with the Lincolnshire CCG to host a vaccination webinar. The panellists, who were from a variety of organisations and areas of expertise answered all your questions. The webinar was watched by 2,500 people in the first weekend and the CCG produced a supplementary informative FAQ document. All the individuals involved in the vaccination programme rose to the unprecedented challenge and did a fantastic job - for which we are all very grateful.



Hospital services was the next issue commented on. You shared with us your concerns around; A&E waiting times, ambulance turnaround times, waiting times for treatment and several distressing instances where carers had been treated very poorly. In responses to these concerns,

we passed on your queries to the appropriate services provider or PALS to be investigated further. Passing on your feedback to providers has been essential for them to improve services. To help reduce A&E waiting times, additional urgent treatment and emergency care services are being developed. Furthermore, guidance on carers accompanying someone to A&E will be recirculated to staff, in the hopes to avoid any repetition of the incidents you raised with us. ULHT is also working tirelessly to reduce the backlog of appointments and care as a result of the pandemic by, for example, running additional clinics, offering alternative types of appointments



Finally, communication was an issue present across multiple services. Communication during hospital discharge, between loved ones whilst they were in hospital and between services was repeatedly highlighted as a concern. To support you with these issues, where appropriate, we passed on your concerns to the relevant services and to PALS, so they could be investigated further.



This report highlights the importance of sharing your feedback on health and social care services with us and the impact it has on services. It also shows how Healthwatch supports you by improving your experience of local health and care services.



Therefore, if you would like to share your experience, good or bad, of health and care services you can either fill in our form online or contact us today.

**Share your experience online**

**OR**

**Contact us on:**

Telephone: 01205 820 892

Email:

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

Address:

Healthwatch Lincolnshire

Rooms 33–35

The Len Medlock Centre

St George's Road

Boston

Lincs

PE21 8YB



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on health and social  
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<https://www.healthwatchlincolnshire.co.uk/have-your-say>

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

[www.healthwatchlincolnshire.co.uk](http://www.healthwatchlincolnshire.co.uk)  
t: 01205 820892  
e: [info@healthwatchlincolnshire.co.uk](mailto:info@healthwatchlincolnshire.co.uk)  
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