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INFORMATION SHARING AND REPORTING

Main Source of Information: Patients, carers and public contacting Healthwatch Lincolnshire to report comments, concerns, compliments and complaints for health and care services.

Timescale: A total of 216 health and care experiences were shared. 88 were formally reported to us and a further 128 via our feedback centre. The period relates to 1st - 31st August 2015.

Breakdown of Themes by CCG Area

Top Issues in the East (19 Comments total)

1	Hospital	5
2	GPs	3
3	North Sea Camp	2
4	Transport	2

Top Issues in the West (27 Comments total)

1	Hospital	8
2	GPs	7
3	Mental Health	4
4	Care at Home	2

Top Issues in the South (15 Comments total)

1	Hospital	6
2	Care Homes	2
3	Dental	2
4	Social Care	2

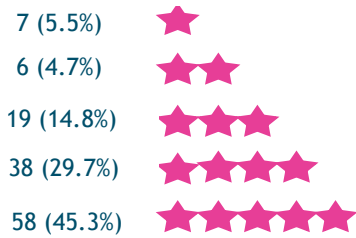
Top Issues in the South-West (12 Comments total)

1	GP	6
2	Hospital	2
3	Transport	1
4	Adult Social Care	1
5	Millbrook Ambulance	1
6	Services (EMAS)	1

Healthwatch Feedback Centre

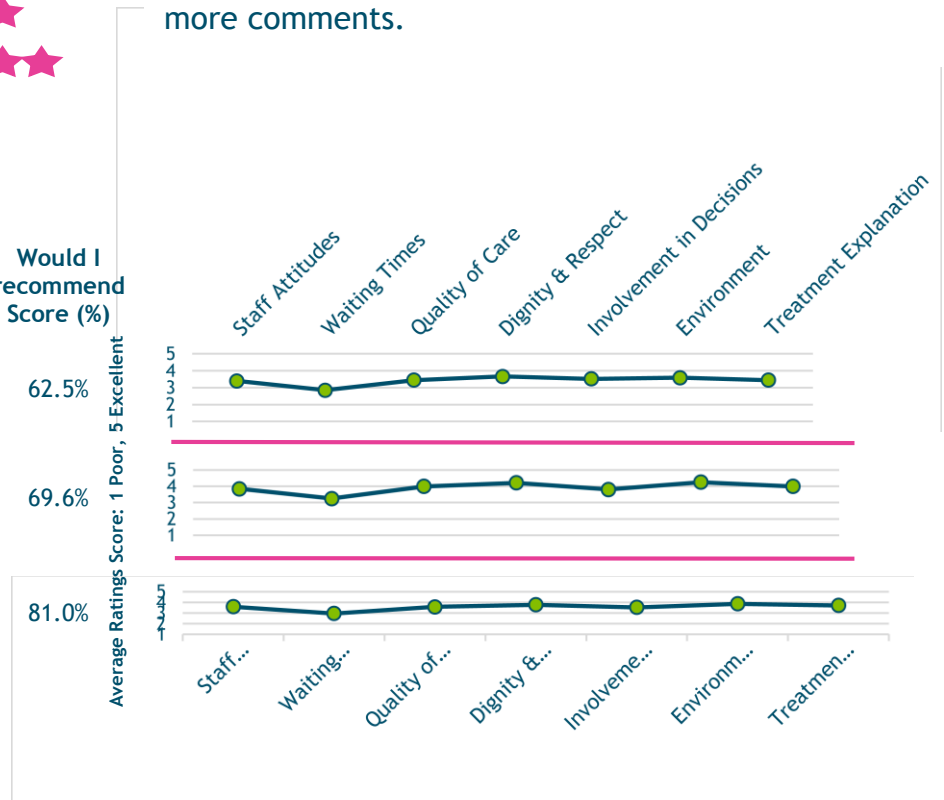
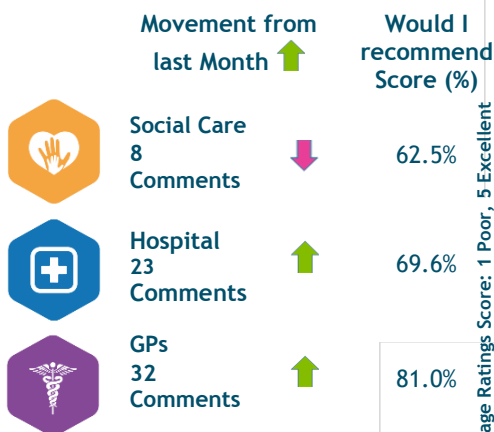
August Summary

Breakdown of Star Ratings



During the month of August we received 128 reviews into our feedback centre which were the subject of 54 service providers.

Below we have included only those services with 5 or more comments.



From the 5 services above, the average scores from patients are within the 4 and 5 range which suggests most people are very satisfied with the services they received. However, waiting times across all services was rated slightly lower which suggests they are an issue for patients.

Themes from Issues Received in August 2015

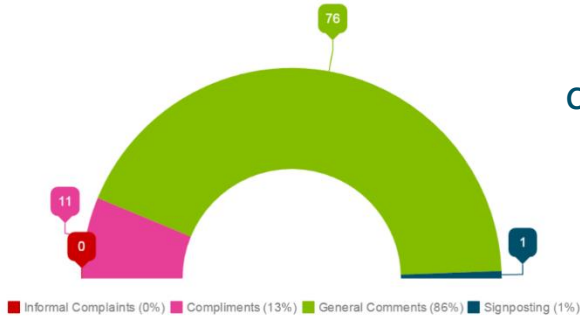
Top Medical Themes

1. GPs
2. Hospitals.
3. Mental Health.
4. Transport.
5. Dentistry.



Top Subject Themes

1. Quality of Care
2. Appointments.
3. Communication.
4. Criteria.
5. Discharge
6. Waiting times

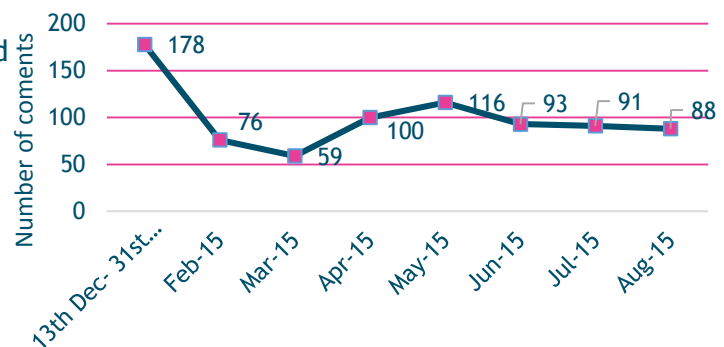


Comments Received throughout August 2015

- Compliments - 11 (12.5%)
- General Comments - 76 (86.4%)
- Signposting - 1 (1.1%)

Last month (August 2015) we received a total of 88 issues and comments regarding health and social care issues in Lincolnshire.

Monthly Issues Received



Brief Update of Activities

At our AGM we launched our Seldom Heard Voices report. This work has gathered the health and care experiences of 886 patients, users and carers for mainstream services across 6 different groups of people including people from the Eastern European communities; homeless; gay, lesbian and bi-sexual and transgender people; people with mental ill health; people from rural & socially isolated communities and people with sensory impairments. We have identified 6 cross cutting themes that would support all groups, communication; frontline staff training; emotional and mental health and working with wider community groups. A copy of our Seldom Heard Voices report can be downloaded from our website <http://www.healthwatchlincolnshire.co.uk/public-docs/?dir=UmVwb3J0cy9lV0wgUHJvamVjdCBSZXBvcnRzLzlwMTUgSGVhbHRod2FOY2ggTGluY29sbnNoaXJlIFJlcG9ydHM%2C>

Our Seldom Heard Voices work for 2015/16 is focusing on primary children in years 5 and 6 (fitness and food/nutrition); prisoners and adults with learning difficulties.

Our feedback centre on our website has received over 1,000 reviews.

Enter and View visits have covered Out of Hours Service and GP practices, forthcoming visits will include end of life services, mental health facilities, care homes and maternity services.

Summary of Issues August 2015

We have listed below a summary of the individual items reported by patients, service users and carers during August 2015. For all of the summarised information we maintain a database of each individually reported item. This information is shared (in more detail) with every service provider. If you require more detailed information concerning any of the above please contact Sarah Fletcher, CEO to request this. Please note - where an item is reported as a complaint this has been informally requested by the person contacting Healthwatch Lincolnshire to be logged as such. However, it is important to note that this item may not have been formally reported to the service provider as a complaint.

Theme: Adult Care and Carers

CCG Area Number/Type of Item Reported	Details
South x 3 3 x General Comment	General Comments. 1. No issues with Whitefriars but Adult Care Services need improvement. Lack of communication, no real encouragement or support for living independently prior to what became an emergency for care home facility. 2. Adult Social Care not good although home seems to be ok but early days. Only been in a few months. 3. Mother of a 28 year old believes social worker, Lincolnshire CCG and LCC are trying to keep her out of decisions regarding her son. She considers that her complaints are ignored and she has attended best interest meetings but again felt ignored. Son has been moved around and is currently in an out of county home which is on a housing estate and doesn't meet his needs, he is very unhappy there, also the CQC report about the home is not good. 3 alternative placements were

	<p>assessed and she found Decoy Farm in Norfolk which she felt was perfect, but authorities will not put them there as it was felt too far away. Lincolnshire CCG now have funding and said they would chose the placement, but their choice was not acceptable and she appealed. Father wants son to be near him in the north of England. Voiceability has also been involved. Mother feels placements in Lincoln and north of England do not meet the child's needs. Mother says their child is being deprived. Social worker says relationship with her has broken down.</p>
<p>West x 5 4 x General Comments 1 x Compliment</p>	<p>General Comments.</p> <ol style="list-style-type: none"> 1. Not happy with Carers Connect service. Assessment carried out Dec 2014 but never heard back from them. LCC had to step in and put an emergency plan into place. Carers Assessment now going through 8 months later. 2. Hartsholme House Day Care Lincoln - the centre provides excellent day care facilities which is open from 9 am - 3 pm but most carers would prefer it to be open from 10 am - 4 pm as it is often difficult to get service users ready and there in time for 9 am. 3. LCC, Adult Social Care - Assessments have been done recently to provide support in the home packages but there are insufficient agencies out there to provide the support. This is evident in the Mablethorpe and Skegness area but following conversations from LCC it is a countywide problem at the moment. 4. Patient is living at home in Lincoln area with complex medical needs. Diabetic and insulin dependent. Has a team of carers who come in to support her. She is upset as the night one comes in and puts her to bed at 8pm. She said 'I am not a child and don't want to go to bed at that time'. She doesn't want to make a fuss as she knows she can't cope on her own at home without this support. Having just had a fall breaking her hip and arm, she was discharged from hospital with this package of care in place. Her daughter works full time and has a family of her own to look after and does as much as she can. She usually is not taken out of bed until after 9 am. She is worried that her insulin injection is being delayed. The carer in the morning only stays for 30 minutes to get her out of bed/washed/dressed and breakfast. <p>Compliment LCC Adult Social Care - Jackie Reed is a really good key worker, very pleased with her.</p>
<p>East x 3 3 x General Comment</p>	<p>General Comments.</p> <ol style="list-style-type: none"> 1. Elmwood Care Home - Initially in for 1-2 weeks but ended up there for 6 weeks. Went in with 3 grade 3 pressure sores after hospital stay, came out with none. However, often not enough staff, always seemed to have to wait at least 30 minutes and on at least one occasion 2 hours for a bed pan, leading to regularly having to change sheets etc. 2. I was paying for Home Care (cleaner) through Age UK (BSH). Originally had very good person who left and has since struggled to have a suitable person long term. Age UK withdrew with immediate effect on the grounds of "we believe we cannot satisfy your requirements". Despite trying to make arrangements to meet the relevant people I have been unable to have a frank discussion, although the workers concerned have been consulted. I was aware the contract allowed them to withdraw with immediate effect but I never felt this meant without good reason and without consultation. They did give me 3 other telephone numbers for alternative suppliers one sounded promising. 3. Daughter had prepared healthy home cooked foods, labelled and put in the fridge, but carers who come in say they cannot cook these (ie in microwave) as they do not know what is in them and therefore can only use sealed microwave prepared meals for her. The patient does

	not eat these and never has. Is only having cooked meals when friends visit who will reheat the meals for her or when her daughter comes around. No further details given.
South West x 1 1 x Signposting	Signposting. Family member commented they were experiencing issues around Mother and their case worker. Had already made contact with LCC Adult Social Care, but had been informed that the case worker would remain the same even though they were having problems. There is a meeting arranged but the family member would like an advocate to be present. HWL provided information relating to Advocacy services.

Theme - Acute Hospitals: ULHT

CCG Area Number/Type of Item Reported	Details
East x 6 6 x General Comments	<p>General Comments.</p> <ol style="list-style-type: none"> 1. Mum admitted to Pilgrim and had to be resuscitated in ambulance. GP been at lunchtime, ambulance picked her up at about 7.30 pm but didn't get a bed until 8 am. She was a large lady and needed 3 people to move her. Nurses were aware of this, but 2 of them tried to do this but then got stuck and had to get help. Consequently she was left in bed for a week and whilst she was partially mobile before she went in, she had no mobility at all when she came out. Needless to say she didn't want to go back later on when she had to. Discharge via hospital transport was rushed. Pushed in wheelchair at speed so dad and I couldn't keep up. Also disputed whether I needed to be in transport with her. Needed 2 man crew but not available. 2. Saw Nurse Practitioner (NP) at GP who gave me x-ray referral. If NP told me about times for x-ray I didn't hear so went on Saturday. 1st person told me to put paperwork on table and take seat. Then someone told me to move into cubicle to get undressed and put on gown so started doing this. Another person then shouted WAIT, then told me because I was GP referral they couldn't do it on Saturday. This is even though someone has already told me to get undressed. I explained that as had come from town and part undressed so why not do it. However, they refused and I had to return during the week. Treatment on return was satisfactory. 3. Had rheumatology appointment mid-June, consultant writing to GP, dictating as patient left room. Late June GP had not received letter but made referral to community podiatrist. Patient received copy of letter from consultant 1st August and asks "Why did it take 7 weeks to type and post letter"? Podiatrist appointment is mid-September, again, why so long? 4. Ward M2 Pilgrim Hospital - Elderly patient in hospital on morphine for nearly a week, patient still awaiting a scan despite reminder requests to staff. Patient could come home on medications but cannula was not removed. Patient required dressings on legs at least 3 times a day but these were not changed at all. Patient felt lack of dignity when using commode. Patient suffered bed sores after sleeping on a deflated pressure mattress, patient did keep mentioning this to the staff who stated 'we have reported it'. It was re-inflated after a period of time only to deflate again. Upon informing the staff on duty, it was stated again that it had been reported, only to find it hadn't been. Relative was directed to a nurse who had been pointed out as someone who could assist, to be told 'what do you want me to do about it?' Patient was told that they could go home as soon as their discharge

	<p>letter was issued, despite constant chasing it never arrived. Elderly relative waited until 10 pm then gave up and went home.</p> <p>5. Pilgrim Hospital - Appointment was cancelled by the hospital and another one was not made. Patient went back to GP as was in severe pain. GP referred patient to go to A&E as in so much pain, where they asked the patient to go to the urology department and someone would deal with them. On arriving at Urology department it was clear they weren't expecting the patient, and advised them to go back to A&E. At A&E triaged then saw a nice Consultant who took bloods and stated it could be a kidney problem. Another Consultant attended the patient who was abrupt and rude and told the patient to go home and back to their GP as they could do nothing there. Patient has seen their GP who is going to refer elsewhere, patient does not wish to go to Pilgrim, feels they were pushed from pillar to post.</p> <p>6. 80 year old patient currently in Pilgrim Hospital, suffers with dementia having to pay £7.50 a day to watch TV. Family ask "why is this when anyone over 75 years does not pay for TV licence when at home"?</p>
<p>West x 8 8 x General Comments</p>	<p>General Comments.</p> <p>1. Gynaecology Ward in Lincoln - Warfarin given prior to operation, even though blood doesn't clot well. Staff failed to read medical notes, then "lost" them after. A complaint has been made and dealt with.</p> <p>2. Lincoln County Hospital - the hospital does not provide a chiropody or manicure service (even though patients are willing to pay for this). It was difficult in the hospital setting to keep husbands toe nails in good shape considering he had diabetes and was a long term patient. Why is no podiatrist service available to diabetic patients in hospital?</p> <p>3. Lincoln hospital - patient wrote letter of complaint to Board in October 2014, but had no correspondence from them until over 6 months later. I was informed that the hygiene issues in Emergency Assessment Unit have been improved since my stay there. However I have no evidence that improved practices have been implemented. Is there any way HW can follow this up? Main issue was being bed bound for 5 days, never once given any form of washing, hands or otherwise. I wondered if this issue has any reference to the recent mortality figures.</p> <p>4. The radiographer who did the ultrasound was haughty and rude. Patient felt all lumps were not scanned.</p> <p>5. Patient saw Nurse Practitioner at their GP surgery and was referred to Boston West Hospital for Consultation. Consultant lovely and a date for a procedure was arranged. On the day of the procedure the findings were discussed prior to the patient leaving, where it was stated a follow up appointment would be required as biopsies had been taken. At the follow up the Consultant diagnosed an unusual area where polyps are not normally, but would require removing however, this could not be done at Boston West so a referral was made to Lincoln County Hospital. Patient then received a letter for a further consultation at Lincoln, patient asked "why, Is this absolutely necessary"? Patient expected perhaps to have a pre-op date but not waste NHS money on having another consultation when a diagnosis has already been made. Patient commented, does Lincoln County Hospital not trust other Consultants? When it is the NHS paying twice?</p> <p>6. Lincoln Hospital: - When a patient is discharged, there is not enough support in the community, often staff are aware that the</p>

	<p>patient will go home to an empty house. With pressure on our beds, patients are often discharged too soon with little support and we know that they will return to us within weeks, thus becoming "a revolving door patient". The community cannot always cope with the patients' needs.</p> <p>7. Lincoln Hospital: - Family often want the patient home and have unrealistic views of the ability of the patient. Their families should come in and be part of the rehabilitation of the patient. Sometimes they do not understand or want to understand that adaptations need to be made.</p> <p>8. Lincoln Hospital: - If a patient needs additional support to return home, often the family do not fully understand the implications and do not get support guidance in choosing the right package of care that will be required. They often do not comprehend the cost implications of the care package involved.</p> <p>HWL asks "does the Trust believe sufficient liaison between hospital discharge team and families is occurring to ensure all involved understand the full picture"?</p>
<p>South West x 2 1 x General Comments 1 x Compliment</p>	<p>General Comments. No communication between health services. Grantham Hospital - follow up appointment in Lincoln, notes not transferred. Neurologist even asked patient why they were there.</p> <p>Compliment A&E staff at Grantham hospital, used language children would understand which made the experience less frightening.</p>
<p>Relates to all CCGs x 2 2 x General Comments</p>	<p>General Comments.</p> <ol style="list-style-type: none"> 1. Communication between professionals poor generally. Doctors are not reading notes both at GP practices, where they see different GP each time, or when they go to the hospital. 2. Going into hospital - important that medication is consistent. Problems arise when they bring their meds in from home and are not allowed to self-administer in the ward. Many experience delays in receiving their meds in hospital and then experience side effects/symptoms that they have had under control.

Theme: Specific Issues Relating to Patients Living in CCG Areas

CCG Area Number/Type of Item Reported	Details
<p>All CCGs x 12 12 x General Comments</p>	<p>General Comments.</p> <ol style="list-style-type: none"> 1. When your partner is first diagnosed with Alzheimer's don't know where to turn to for support. It appears that GPs do not seem to understand Alzheimer's very well and that the majority of hospital staff do not know how to deal with them as patients. 2. Patients are querying a situation regarding the fact that they are struggling with a rare illness (EDS), and feel that GPs are refusing referrals due to in their opinion the costs incurred. The condition is a rare connective tissue disorder and as collagen is throughout 95% of their bodies, it unfortunately, affects many aspects of their health and as such can lead to needing to see many different specialists. In fact, the group feel they struggle to even get referred to a geneticist to confirm a diagnosis suggested by another medic or even to get our symptoms correctly diagnosed because they cannot get a referral to a specialist who understand the condition correctly/sufficiently to actually be able to give a correct diagnosis. This can even happen when

a geneticist has diagnosed the condition and requested specific referrals for the patient - the GP still refuses the referral. There are several scenarios the GPs

Are not referring: Referrals cost too much; Spent too much already; Had too many referrals already; Nothing is showing up in tests - x-ray/MRI, etc (this is common for EDS and well reported); They do not agree the patient has EDS and the patient cannot even get a referral for a correct diagnosis; Even with a geneticist requesting GP over-rides as unnecessary. EDS cannot be cured - so just learn to live with it, Please can you clarify for the patients: Does it cost a GP every time they refer us in county and or out of county (if they are the closest and also if we are requesting them as they know our condition whereas a knowledgeable local medic doesn't)? If a Consultant/other medic requests a referral can a GP over-ride this and can we fight for the referrals? If we have good reasons for requesting a referral can we go elsewhere if our own GP refuses to refer eg we want to be referred to geneticist as it has been suggested that if we show symptoms that could be EDS - give a list of symptoms and we would like to be referred to geneticist for a formal diagnosis (this is how my GP works - I give my list of symptoms why I feel I may need to see a particular specialist and what I feel may be the diagnosis which is why I want to see that particular specialist)?

3. Difficulties with attending appointments in the last few years include: having to drive myself from Lincoln to Nottingham Queen's University Hospital Diabetic Foot Clinic and back with my foot in a splint because there was no suitable doctor at Lincoln County at the time. Having to drive myself from Lincoln to Royal Derby Hospital for multiple appointments connected with bariatric surgery, because only Derby does that surgery for the whole region. (I hired a taxi costing £60 to be taken to the actual operation, my brother came over from Germany to bring me home!) One of those appointments I missed because of long hold-ups on the Lincoln-Derby route making arrival on time impossible. Traffic hold-ups on the A46 made me so late for a GP appointment that I missed it altogether, despite leaving in plenty of time to attend, or so I thought. Traffic is a problem in Lincs - there are not enough roads for the people that need to use them.

4. Patients do not have enough information about the Hospital Transport Scheme/Voluntary Car Schemes and reclaiming transport costs.

5. Multiple Sclerosis patient: Would like to know why they do not have more than 1 specialist nurse for the whole of the county? They quoted that Nottingham has 3 nurses for the same number of patients living with Multiple Sclerosis.

6. Lack of understanding from Professionals for Patients with Multiple Sclerosis. Everything is put down to this condition when this may not always be the case. Many patients feel that other symptoms/conditions. Ailments are overlooked when they present themselves.

7. Patients with mental health conditions who do not wish to go through the medication route feel that they are often dismissed. No alternatives are given such as support groups/talking therapies/etc.

8. Patients who attend support groups are not given access to a CPN, especially if they attend 'Mindfulness Groups'.

9. Patients who need support and have a delay, end up requiring more help in the long run as well as their family and carers. This then puts additional strain on the limited resources.

	<p>10. Continuous Repeat Prescriptions - often patients are able to get the medications on repeat without a review of their condition/illness. GPs need to do this more readily/easily for patients. Patients need to take responsibility for requesting reviews from medical staff on a regular basis about their health and medication.</p> <p>11. We are worried about getting shingles. Some of our friends have had this complaint in recent years. We are over retirement age and cannot get the injection to stop this complaint. We spoke to doctors surgery they said contact MP. We have tried several times but they have not come back. We don't have any money to pay for. This is very worrying - please help!</p> <p>12. GPs don't have enough information about the services in their patients 'communities'. They need a 'database' of what is out there being offered by the community/voluntary organisations.</p>
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Theme - Patient Transport: EMAS

CCG Area Number/Type of Item Reported	Details
East x 1 1 x General Comment	<p>General Comments. After a fall ambulance did not arrive until 2.20 pm after being called at 11.50 am. Paramedics were marvellous and transported patient to A&E.</p>
South West x 1 1 x General Comment	<p>General Comments. Husband diagnosed with kidney stone late 2014, GP advised a wait approach. Late July he was in appalling pain and after 2 hours with no improvement, wife rang for ambulance (7.15 am). Pain was so great he was rolling on floor very dehydrated, has hereditary condition with his blood which means it clots too easily and therefore higher risk of stroke and heart condition. Advised 2nd highest emergency after heart attack, will get there ASAP. After waiting a long time he was vomiting blood and was delirious due to dehydration so phoned again. Told ambulance that was coming to him had been stood down and another on its way - but you do live a long way out and it's on its way from Skegness. Over 1 and half hours later they arrived, couldn't have been lovelier, but hadn't sent paramedic and he needed morphine. Brief conversation and discussion saying could ask for Paramedic to be sent - must have seen look on my face and decided to take him to Emergency Department. His pulse was in 30s by the time he got to Hospital (Diana Princess of Wales) due to how severely dehydrated he was. Overnight in hospital, morphine, 5 drips. Consultant was fantastic but moaned about GPs not getting kidney stones treated earlier. Apparently 4 other men admitted like him.</p>

Theme - Patient Transport: Non-Emergency NSL

CCG Area Number/Type of Item Reported	Details
East x 2 2 x General Comments	<p>General Comments. 1. Patient informed they required a procedure whilst in Lincoln County. As the patient hadn't heard anything they contacted the hospital who stated due to the 18 week treatment date the patient would need to have the procedure at Grantham hospital. On requesting transport the patient was informed by NSL that they did</p>

	<p>not fit into the criteria as the patient can walk and get into a car. Patient was informed they would need to go by public transport. Patient commented it would take 3 buses to get from Mablethorpe to Grantham and they would need to be at the hospital by 7.30 am. If they went by Volunteer car scheme it would cost in the region of £54 which being on a pension they cannot afford.</p> <p>2. NSL - last few weeks, many seriously ill patients have had to wait for periods of up to 5 hours to be transferred from hospital to home. The patient is then blocking beds etc. Vehicles have not been available for the movement of patients due to lack of crews/vehicles, unsuitable planning (or not as the case maybe!) of journeys.</p>
<p>South x 1 1 x General Comment</p>	<p>General Comments. 81 year old lady (post triple by-pass surgery) tried to arrange NSL transport for follow up appointment was told criteria had changed and no longer qualified (only if in wheelchair). Given contact details for Community Transport but had to register (£12) before could book appointment. Patient commented, "if a heart condition is not a medical condition then what is"? HWL contacted NSL who agreed to contact the patient.</p>
<p>South West x 1 1 x General Comment</p>	<p>General Comments. Has used NSL for previous appointments to check sleep apnoea machine at QMC. Rang to book for September and refused. Lives in Grantham, has sleep apnoea and diabetes, walks with a stick, doesn't drive. HWL contacted NSL who in turn contacted the patient.</p>
<p>All CCGs 1 x General Comment</p>	<p>General Comments. Patients with DLA as part of their benefits package not given enough information about what they can/can't use this for. Do not always understand why they can't get hospital transport.</p>

Theme - Community Health Services: LCHS

CCG Area Number/Type of Item Reported	Details
<p>South West x 1 1 x General Comment</p>	<p>General Comment. You often find that one consultant will say one thing and another will say another.</p>
<p>South x 5 4 x General Comment 1 x Compliment</p>	<p>General Comment.</p> <ol style="list-style-type: none"> 1. Stamford Hospital - Bad ankle twist - was uncomfortable sitting but couldn't be helped with tablets and rest. It wasn't so bad, but did take ages before it was fully working properly. Very busy in Minor Injury Unit lots of people, very hot day. 2. Peterborough Hospital - Took long time to get to see specialist but once there could not fault treatment - very good. 3. Johnson Hospital - How much improved out-patient services with clinics held regularly, especially rheumatology. Always received excellent 'customer service'. 4. Patient missed pain management appointment and was 'discharged'. Phoned for new appointment towards the end of August and was given an appointment for middle of September. Very pleased. <p>Compliment. Patient went to GP with lump on forehead referred to Peterborough City Hospital, very good, cyst removed at consultation.</p>

<p>All CCGs x 1 1 x General Comment</p>	<p>General Comments. Communication between professionals generally poor. Doctors are not reading notes both at GP practices, where they see different GP each time, or when they go to the hospital.</p>
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Theme - Mental Health

<p>CCG Area Number/Type of Item Reported</p>	<p>Details</p>
<p>South x 1 1 x General Comments</p>	<p>General Comment. 1. Lady with dementia sectioned a few weeks ago (Section 2 due to assaulting people). Now in Rochford Unit Boston. MDT meeting with mother, son, daughter, psychiatric nurse. Patient wants to go home - DOLs order applied for, safeguarding involved. Patient does not have capacity and son wants to know why not Section 3? Urgent application for DOLs - had nothing in writing, informed over the phone. Solicitor involved - son has questions he would like to ask but unsure of whether he can. Care meeting planned, the last meeting not as open and transparent as thought. Drug induced incontinence. Social worker - didn't go to see patient when obviously needed help. Son needs support as upset, has already written to PALs and LPFT.</p>
<p>South West x 1 1 x General Comment</p>	<p>General Comment. 1. Publication of local resident's phone number on LPFT (CAMHS) materials leading the resident to receive for a considerable time period, unwanted and inappropriate calls from those trying to access the CAMHS service. In addition to which although LPFT are aware of this error, they have reportedly not rectified it. This is not only an issue for the resident but also concerning for the families in need who are trying to access the service and receiving delays or no response to their requests because of this administrative error.</p>
<p>West x 4 3 x General Comment 1 x Compliment</p>	<p>General Comment. 1. Witham Court, Fen Lane - not to standard, many patients and their families have little faith in them. 2. GP referred to Steps 4 change early 2015. Patient contacted single point of access to find out if there was an appointment soon, this was the beginning of July as they had not heard anything. When patient telephoned to enquire about appointment, they were told that the service had decided not to see the patient as they had a diagnosis of bi-polar so sent back to the GP. Patient was not informed of this by them at any stage. 3. Patient requested information on how to make a complaint against LPFT. Patient was in Peter Hodgkinson Unit over a period of time under section order. 3 days after section was taken off, the patient stayed in the unit voluntarily, was sent to prison with little understanding of why? Compliment. Witham Court, Fen Lane - brilliant care, everyone looks after you.</p>

Theme: Primary Care Providers - Dental/GPs/Opticians/ Pharmacy

CCG Area Number/Type of Item Reported	Details
<p>East x 4 4 x General Comments (1 x Dental/ 3 x GP Surgeries)</p>	<p>General Comments.</p> <ol style="list-style-type: none"> 1. Wainfleet Practice - First point; receptionist requires retraining in people skills as she has ideas well above her station. Second point - my 77 year old father required urgent appointment, doctor rang him and told him to rest! 2. Beacon Practice - It is almost impossible to get a GP appointment unless you visit the surgery at 7.30 am (not very practical if you are ill) and absolutely impossible to see your own GP. Standard answer at the surgery is that there are no appointments for 5 weeks and they do not book after that. 3. James Street Practice - As a working man I feel it's impossible to get an appointment at my GP surgery, not to mention any type of quality care. After three years I still don't know my injury, which re-occurs, to this day. I go to the doctors for only serious issues not to waste their time. 4. Dental - Patient commented they feel the dental treatment is very expensive and they cannot afford this. To get treatment for a root canal it is more expensive than a 2 way ticket to Poland. Patient also made comment that they hoped this would change in the future.
<p>West x 8 5 x General Comments (4 x GP Surgery, 1 x Dental)</p> <p>3 x Compliments (GP Surgery)</p>	<p>General Comments.</p> <ol style="list-style-type: none"> 1. (GP Surgery name-unknown) - Problem with doctor's surgery in Lincoln threatening to remove patient from list for not attending a few appointments. Patient has chronic lower back problems which stops him from sleeping at night and has asked for afternoon appointments without success. 2. Birchwood - It takes on average, 10 days to get an appointment to see GP. 3. South Park and the Heath Surgery, Bracebridge Heath, Lincoln - patients carer mentioned to GP that patient had a fall and hurt his side. GP did not examine the patient and basically said for the patient's medication to be reduced to eliminate risk of future falls. Patient and carer do not feel they are being listened to. 4. City Medical Practice - A patient for many years, I have seen the practice decline. Short of staff, overworked and tetchy receptionists. Nearly impossible to get an appointment, you cannot get through at 8 am (continually engaged). Afternoon slots gone by 1.05 pm. Chaotic scenes every day. I also attend for regular warfarin readings, no problems with this service. The practice has "too many patients, it cannot cope - so what will be done about it"? They have decreased hours and consultations at their Newland Surgery. Now just 19 hours a week. "Who has allowed this to happen"? Please could we have some answers? The staff at the practice are fully aware of shortcomings, they just say they cannot get doctors. 5. Dental - Difficult to find dentists in the area - have to travel to Brant Road Waddington <p>Compliments.</p> <ol style="list-style-type: none"> 1. Springcliffe Surgery - Husband needed consultation with a doctor due to mental health issues and Dr Hurst at Springcliffe saw him as soon as she could and advised and helped wife with medication and day care.

	<p>2. Springcliffe Surgery, Lincoln - excellent. Appointments available whenever you need one with Dr Hurst</p> <p>3. Woodland Medical Practice - very good. You can usually get an appointment more or less the same day.</p>
<p>South x 4 2 x General Comments (1 x Dental, 1 x GP)</p> <p>2 x Compliments (1 x Dental, 1 x GP)</p>	<p>General Comments.</p> <p>1. Neighbour concerned about elderly neighbour with mental health issues. Lady has attacked her husband of 60+ years and accuses him of stealing from her etc - police have been called more than once. She is now stuck in a time 40 years ago! Social Services, Community and Safeguarding have all been involved and assessed her as having capacity. Husband has alternative accommodation for his safety. She has been in hospital for 8-10 weeks for a mental health assessment, then 2 weeks in residential home, then came home. Home for 2 weeks in which has attacked husband again and police were called. Has deteriorated since been home and is unable to shop etc so no food in house and not taking medication. No care or help arranged for her when she came home and Social Services said they don't have the means to provide anything. Believes patient saw GP and consultant last week and meds have been changed - but not taking them. <i>HWL - escalated to LPFT.</i></p> <p>2. Tulip Dental Practice - Son needed dental treatment as had abscess on tooth - doctor gave antibiotics. When abscess cleared tried to find dentist. Phoned this practice and told only taking on Polish patients! Receptionist very rude. (Mother stated they are a patient at this dental practice and have no complaints about treatment!).</p> <p>Compliments.</p> <p>1. Sheepmarket Surgery - Always been very pleased with how my health conditions have been looked after by doctors.</p> <p>2. Dentistry - Local NHS services are great. Could be a few more dentists!</p>
<p>South West x 6 4 x General Comment (4 x GP)</p> <p>2 x Compliment (2 x GP)</p>	<p>General Comments.</p> <p>1. Sleaford Medical Group - Very hard to make an appointment.</p> <p>2. Sleaford Medical Group - Never see the same doctor - not ideal with ongoing medical issue. Do not explain medication very well.</p> <p>3. Sleaford Medical Group - Having visited the doctor with a cough that I had for 2 weeks, I was seen by the Practice Nurse who was more interested in my weight and blood pressure than the cough that was compromising my day to day routine and duties.</p> <p>4. Sleaford Medical Group - Phone appointment not easy to make, patient prefers to walk in to surgery and queue.</p> <p>Compliments.</p> <p>1. Sleaford Medical Group -Open Saturdays for walk in - excellent.</p> <p>2. Billingham Medical Practice - Good values of common courtesy, honest and mutual respect have been the bedrock of this practice over the years, many difficult times of change and disruption have maintained a person centred focus in a very diverse community, may this always continue.</p>

Theme: NHS England

CCG Area Number/Type of Item Reported	Details
<p>South x 1 1 x General Comment</p>	<p>General Comments. Reporting litter in streets in Spalding over last 6 years - evidence of alcohol use and drug taking. Feels that drink and drug users usually have reasons for their abuse of these substances but some are self-inflicted and these people should be charged for attendance at A&E as they are using staff and time which could be used for other emergencies. Feels that this would stop some people from their dependencies and lead them to better lives. Should be a total ban on drinking alcohol in the streets.</p>

Theme - Private Provider

CCG Area Number/Type of Item Reported	Details
<p>South West x 1 1 x General Comment</p>	<p>General Comments. 1. Comment relating to Millbrook. It was commented that a resident had an issue with their manual wheelchair, Millbrook did come out and gave a replacement whilst the other one was being fixed. However, the wheelchair that was left with the resident the breaks were not working properly. On contacting the office in Lincoln a short while after the engineer had left the residents house, they stated they would get back to them, this didn't happen. On contacting them again it was stated that they would fix the original wheelchair and deliver it back to them the following day. Due to the replacement not being suitable the resident had to get an electric wheelchair taken upstairs so it could be used. Resident stated they felt the aftercare was not very good, there was a lack of understanding for a resident in their position and customer care leaves something to be desired.</p>

Theme - HM Prisons

CCG Area Number/Type of Item Reported	Details
<p>East x 2 2 x General Comment</p>	<p>General Comments. 1. Patient suffered with toothache, had an appointment to attend a dentist. However they were transferred to another prison. Unable to attend and started the process again. Received some treatment but developed an abscess. A number of appointments were made but then the prison didn't have an escort available so they were unable to attend. Patient now has another appointment but unsure if they will be able to attend due to staffing. In meantime the patient is still in pain. <i>HWL - the impact on DNA at dental services and lack of ongoing treatment to the patient may cause long term medical needs.</i> 2. Numerous patients commented appointments had been made at hospital for a variety of treatments only for the person to be unable to attend due to lack of escort staff to go with them or transport had not being arranged by the prison.</p>