

Healthwatch Lincolnshire
Unit 12, 1 - 2 North End
Swineshead
BOSTON PE20 3LR
Tel: 01205 820892
Email: info@healthwatchlincolnshire.co.uk
www.healthwatchlincolnshire.co.uk

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 255 health and care experiences were shared. 123 were formally reported to us and a further 132 via our feedback centre. The period relates to 1st - 31st September 2015.

Breakdown of Themes by CCG Area

Top Issues in the East (56 Comments total)

| | | |
|---|---------------|----|
| 1 | GPs | 26 |
| 2 | Hospital | 12 |
| 3 | Mental Health | 2 |
| 4 | Pharmacy | 2 |

Top Issues in the West (49 Comments total)

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|---|---------------|----|
| 1 | GPs | 26 |
| 2 | Hospital | 12 |
| 3 | Mental Health | 2 |
| 4 | Pharmacy | 2 |

Top Issues in the South (9 Comments total)

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|---|-----------|---|
| 1 | Hospital | 2 |
| 2 | GP | 1 |
| 3 | Dental | 1 |
| 4 | Transport | 1 |

Top Issues in the South-West (3 Comments total)

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|---|------------|---|
| 1 | Homecare | 1 |
| 2 | Hospital | 1 |
| 3 | Healthcare | 1 |

Brief Update of Activities

At our AGM on the 3rd September we launched our Seldom Heard Voices report. Our Seldom Heard work helps us understand what, if any health and care inequalities are occurring with people from specific communities.

‘Seldom Heard Voices’ activities included engaging with 6 focus areas including people from Eastern European countries now living and working in Lincolnshire; people who are homeless; people from the lesbian, gay, bi-sexual and transgender community; have mental ill health; live in rural communities or are socially isolated and people with a range of sensory impairments.

From all the groups we heard common themes emerging such as:

- Need for tailored communication methods.
- Better understanding by front line staff for individual health, disability or care needs.
- Concern for staff shortages. This was often linked to the patient’s ability to get an appointment or to receive an appropriate level of service.
- Need for more emotional and mental health support. This was particularly important for people whose illness or disability led to isolation or mental health problems eg being diagnosed as going blind.
- Enhanced need for supporting carers. The cared-for recognised the amount of lifeline support their carers provide for them on a daily basis but also recognised the needs of the carers and the gaps in access and availability.

The full Seldom Heard Voices report can be downloaded from our website <http://www.healthwatchlincolnshire.co.uk/public-docs/>

Our engagement activities over the coming months will be concentrating on connecting with 30 villages across Lincolnshire; attendance at flu clinics; supermarkets; hospital sites; sports centres and district and county council offices.

Seldom heard project work for the next quarter is focusing on health needs of prisoners; adults with learning disabilities and primary aged children food and nutrition.

Healthwatch Feedback Centre



September Summary Breakdown of Star Ratings

| | | |
|--------|----|--------|
| 1 Star | 6 | 4.50% |
| 2 Star | 6 | 4.50% |
| 3 Star | 19 | 4.50% |
| 4 Star | 46 | 34.10% |
| 5 Star | 55 | 40.70% |

During the month of September we received 132 reviews into our feedback centre.

| | Chart depicting ratings | Staff Attitudes | Waiting Times | Quality of Care | Dignity & Respect | Involvement in Decisions | Environment | Treatment Explanation |
|------------|-------------------------|-----------------|---------------|-----------------|-------------------|--------------------------|-------------|-----------------------|
| Pharmacies | | 5 | 4.6 | 5 | 5 | 5 | 5 | 4.8 |
| Opticians | | 4.8 | 5 | 4.8 | 5 | 5 | 5 | 5 |
| Hospitals | | 4.3 | 3.7 | 3.9 | 4.4 | 3.9 | 4.4 | 4 |
| Doctors | | 4.2 | 3.3 | 4.3 | 4.6 | 4.3 | 4.6 | 4.5 |
| Dental | | 4.4 | 4 | 4.3 | 4.8 | 3.8 | 4.3 | 3.5 |

To the left we have included a breakdown of only those services with 5 or more comments.

Below is an overview of all the comments received over the last three months. This includes the percentage of people who would or would not recommend the services and the average Star ratings for that service

| | July | | | | August | | | | September | | | | Trend Graph (% Recommended Jul-Sept) |
|----------------|-------------------|-------------|-----------------|-------------------------------------|-------------------|-------------|-----------------|-------------------------------------|-------------------|-------------|-----------------|-------------------------------------|--------------------------------------|
| | Comments received | Recommended | Not Recommended | Average Star Rating (5 High, 1 Low) | Comments received | Recommended | Not Recommended | Average Star Rating (5 High, 1 Low) | Comments received | Recommended | Not Recommended | Average Star Rating (5 High, 1 Low) | |
| Care Homes | 3 | 33% | 33% | 3 | 3 | 100% | 0% | 4.7 | 2 | 50% | 50% | 2 | |
| Dentist | 5 | 100% | 0% | 4.8 | 4 | 75% | 0% | 4.5 | 5 | 80% | 0% | 4.2 | |
| Doctors/GP | 32 | 69% | 6.25% | 4 | 30 | 80% | 6.70% | 4.2 | 81 | 82.70% | 2.50% | 4.2 | |
| Emergency Care | 1 | 0% | 100% | 1 | 1 | 100% | 0% | 4 | 2 | 50.00% | 50.00% | 3 | |
| Hospitals | 23 | 65.20% | 13% | 3.8 | 27 | 81.40% | 7.40% | 4.3 | 30 | 63.30% | 20% | 3.8 | |
| Mental Health | N/A | N/A | N/A | N/A | 1 | 0% | 0% | 3 | N/A | N/A | N/A | N/A | |
| Opticians | 1 | 100% | 0% | 4 | 1 | 100% | 0% | 5 | 5 | 100% | 0% | 5 | |
| Other (Prison) | 13 | 61.50% | 30.80% | 3.3 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| Pharmacy's | 1 | 100% | 0% | 5 | 1 | 0% | 100% | 1 | 5 | 100% | 0% | 4.8 | |
| Social Care | 6 | 100% | 0% | 4.5 | 3 | 66.70% | 0% | 4 | 2 | 0% | 100% | 1 | |
| Total | 85 | | | | 71 | | | | 132 | | | | |

Theme: Adult Care and Carers

| CCG Area Number/Type of Item Reported | Details |
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| <p>South x 1 1 x General Comment</p> | <p>General Comments.</p> <p>1. A patient after being admitted to hospital for a heart attack was discharged home after 3 weeks, subsequently the patient was readmitted and then discharged into a care home which both the patient and family felt unsuitable. This was because an appropriate care package could not be put in place. The patient has now returned home with family support and has been seen by an OT who is looking to why a package of care is not in place. The family feel they have no support in day to day care such as getting the patient up in the morning and to bed in the evening.</p> <p><i>HWL would like to enquire if LCC agree with the families view with regards carer availability and if yes what plans do they have in place to help alleviate the problem?</i></p> |
| <p>West x 1 1 x General Comments</p> | <p>General Comments.</p> <p>1. A family member reported that the standard of care in a West Lincolnshire (named) care home is very poor with the home often ignoring issues raised by the family and staff seemingly not to be interested in the views of patients, the Manager is rarely available to meet with relatives which is a concern for all.</p> <p><i>HWL question - does the care home offer patient/relative satisfaction feedback opportunities on a regular basis?</i></p> |
| <p>East x 3 3 x General Comment</p> | <p>General Comments.</p> <p>1. A concern was raised by a family member who is currently trying to support a relative with care costs incurred during 'self-funded care' and also trying to understand the patients' rights and allowances for funded nursing care in addition, the family is also obtaining a court of protection as the patient no longer has capacity. The family have had little by way of information relating the financial implication of the patients care and the outstanding care home bill for £13,000. The family have requested a copy of the contract drawn up by first nursing home for relative's self-funded care but have not receive this. The family have received a copy of a letter from continuing healthcare stating that funded nursing care was payable from mid 2014 to late 2015 but getting information relating to how that impacts on the £13000 and future cost implications of care is difficult for the family to find their way through the system and much more help is needed.</p> <p><i>HWL Question - what support and advice is available for families to access especially where there are complex and ongoing care concerns with a relative, this would be helpful so that we can signpost effectively?</i></p> |

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| | <p>2. A patient and family reported that after assessment in the Mablethorpe area for home care, for which they would have been fully eligible, they were informed there were not appropriate carers in the area to provide the support needed. The family has since relocated so their needs can be better met but feel they have been let down by the lack of information around the capacity to receive care in the Mablethorpe area of the county.</p> <p><i>HWL Question - would like to enquire if LCC agree with the families view with regards carer availability and if yes what plans do they have in place to help alleviate the problem?</i></p> <p>Feedback has been received from a full time wheelchair user who had an assessment in October 2014 but since until February 2015 was told by ASC that the care is not available to support the patient.</p> <p>Agency care started in February 2015 however the care received was not good and the care provider was terminated. Following a care meeting with both the new provider and ASC a full care package was promised but again this hasn't materialised. Issues related to lack of regular carers; carers not understanding patient's needs and lunch calls taking place at 6.30pm.</p> <p>Since that time the patient was notified that Care at Home would be taking the patients care package over. At this time the current care provision would end mid-September and the new carer commence mid-September however the social work informed the patient that delays in care packages could be up to 10 days.</p> <p>Patient feels that ASC don't understand their predicament, the social worker doesn't know what is happening and after contact with both the MP and Councillor none had replied.</p> <p>A new mattress for profiling bed was delivered by NRS at night but not inflated, the District Nurse not on duty so the patient called 111, an emergency doctor was then sent to inflate the mattress for the patient.</p> <p><i>HWL - Contacted Adult Care services on behalf of the patient.</i></p> <p><i>HWL Question - Who is able to inflate a mattress for a profiling bed and what could have made this pathway easier for the patient out of hours.</i></p> |
| <p>South West x 1 1 x Informal Complaint</p> | <p>Informal Complaint: Homecare Helpline - A carer and patient supported by Compleat Care UK are concerned at the lack of care and consideration of the organisation. When a physio appointment was missed the carer called the helpline which was on answerphone and gave a duty manager number, when the carer got through to the duty manager they said the patients appointment had been moved, and this was without any</p> |

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| | <p>communication with the family. The cared for has care needs which require routine and the notion that timings could be changed without discussion presented a real problem for the family. After the call the physio still did not turn up and the Duty Managers phone was left on answerphone.</p> <p>The carer also pointed out that at no time have the carers provided ID.</p> <p><i>HWL question/comment - we have received a number of negative complaints concerning this provider. This particular complaint highlights lack of safety issues eg lack of carers badges but also a level of lack of concern or consideration for cares and the cared for.</i></p> |
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Theme - Acute Hospitals: ULHT

| CCG Area Number/Type of Item Reported | Details |
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| <p>East x 9 6 x General Comments 1 x Informal Complaint 2 x Compliment</p> | <p>General Comments.</p> <p>1.The patient said they were dissatisfied with a 2.5hr wait for blood test results without any communication about how long the appointment or test results would take. <i>HWL question regarding patient comfort - could all outpatient departments provide regular updates to patients as to length of waiting times?</i></p> <p>2.Mother felt that her care whilst at the point of giving birth was not as good as it could have been and that the midwife didn't listen to her. As a result on arrival at the maternity unit the midwife said they would not examine the mother as she had only just arrived despite the mother explaining her history. The baby was born 20 minutes later.</p> <p>3. Pilgrim Hospital - In patient, communication issues due to having a different doctor every time on duty. Continuity of care with doctors - telling us what's happening, seen 5 or 6 doctors. Patient felt the continuity of care was lacking with a different doctor on every shift communicate and knowledge of what was happening was a challenge.</p> <p>4. A patient had their appointment at Pilgrim Hospital cancelled 3 times without any explanation given. <i>HWL question - what is the ULHT policy when informing patients when and why appointments have been cancelled (process, timings, expectation of a rearranged appointment)?</i></p> <p>5. A patient felt that waiting times for the Eye Clinic at Pilgrim Hospital were excessive often waiting over an hour, the patient felt the staff tried hard but couldn't cope with the number of patients.</p> |

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| | <p>HWL question: Is the eye clinic over prescribed with patients or is there another rationale for extended waiting times?</p> <p>6. Patient recently taken into Pilgrim after suspected stroke. The paramedic arrived within 8 minutes in a car and the ambulance soon after. The patient was seen quickly in A&E and staff were praised, the patient was then transferred to a ward and given a tablet which they could not swallow but could suck. The patient who has Alzheimer's was severely dehydrated, put on a drip and monitored, the patient was discharged 8 hours later.</p> <p>HWL question: Should there be a concern over a patient in the community within Alzheimer's being severely dehydrated and unable to swallow?</p> <p>Informal Complaint.</p> <p>1. Family and patient left confused and distressed after being told a scan showed a cyst on the kidney, the doctor described the cyst as aggressive to the patient which it was later found not to be, however in meantime the patient had told the family they had terminal cancer.</p> <p>HWL question - It is recognised that at times when news needs to be delivered which is either 'not good' or requires investigation, how are staff trained to ensure instances such as this are minimised?</p> <p>Compliment.</p> <p>1. Best experience received at the eye clinic in 14 years and the patient was seen before their allotted appointment time.</p> <p>2. New Urology Clinic, run by nurse specialist is well organised with everything explained to the patient and a follow up appointment arranged before leaving the clinic.</p> |
| <p>West x 9 7 x General Comments 1 x Complaint 1 x Compliment</p> | <p>General Comments.</p> <p>1. Disgusting car park charges at Lincoln Hospital are a multimillion pound rip off and a disgrace. WH Smith hospital shop is also overpriced.</p> <p>HWL comment - could the hospital provide information in public areas and car park that explains how revenue from car park fees is used to support hospital services, this might help patients and carers feel more receptive to paying to park their car, in addition wider promotional of when patients are exempt from charges or when concessions apply would also be helpful to patients?</p> <p>2. Elderly patient with dementia was admitted to AMU and during the day, care was considered appropriate however the patient was left throughout the night sitting in a chair with no blanket and in the same clothes, the patient was also medicated after family was told the patient wouldn't be. When the family complained they were told the night shift Sister</p> |

would call, but hasn't, the family contacted PALS and now the situation has improved as the patient is on a dementia ward receiving appropriate care.

3. Patient felt the hospital food served was absolutely appalling.

4. Dermatology Clinic at Lincoln Hospital. A patient was referred to the clinic by the GP (after prescribing anti-fungal cream). The diagnosis is vitiligo and the patient is very pleased with her treatment and the staff at the clinic.

5. Lincoln County Hospital. A patient commented they had an excellent service from the Consultant, doctor, nurse and secretaries on Digby Ward.

However, they also wanted to comment that:-

1) Old notes had not been included with new patient's notes which resulted in information about previous procedures being available.

2) The night staff on Digby Ward held loud conversations all night in the reception area and failed to respond to bleeps on drips and did not weigh a sick bowl which was left for the following day shift.

3) 2 nurses on the same day took a list of patients prescriptions, however when the Doctor came on they also had no record, so the prescriptions were taken again, upon discharge the patient should have been prescribed Lansoprazole instead they were prescribed Omeprazole in error.

6. Patient saw Nurse Practitioner at their GP surgery and was referred to Boston West Hospital for Consultation. On the day of the procedure the findings were discussed with the patient prior to them leaving, where at this point it was stated a follow up appointment would be required as biopsies were taken.

At the follow up the Consultant said a referral would be made to Lincoln County Hospital as the procedure needed could not be performed at Boston West. The patient then received a letter for a further consultation at Lincoln.

The patient has asked "why another consultation was necessary when a diagnosis has already been made. The patient asked if Lincoln County Hospital does not trust other Consultants and is the NHS paying twice?"

7. An insulin dependent diabetic admitted to Lincoln County for an operation and was an in-patient for 5 days before a health professional checked insulin levels. The patient had previously had a stroke and was angry about treatment received.

HWL question - does the Trust confirm all other existing

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| | <p><i>long-term conditions with patients on admission, and is this recorded in medical notes?</i></p> <p>Compliment. 1. Lincoln County Hospital. Patient commented on and overall first class experience after pneumonia.</p> <p>Complaint. 1. Lincoln Hospital. A patient reported delays in getting chemotherapy medicines from Pharmacy at Lincoln Hospital. Also delays in appointment times for consultants and long waiting time for bloods. All these delays make long days and add to challenges when trying to arrange transport and other caring arrangements such as childcare. This is an upsetting time for patients and it was felt clearer pathways could be put in place. <i>HWL question: In light of this feedback is there anymore ULHT can do to alleviate additional stress as a result of unclear pathways for patients, families and their support networks.</i></p> |
| <p>South West x 1 1 x General Comments</p> | <p>General Comments. 1. A Patient was admitted to CCU Grantham Hospital with urine infection and pneumonia for over a week. After which the patient was moved to Ward 6 where the family were told on a number of occasions that the patient may not live. The patient was sent home 3 days at 7pm still having a temperature of 39. The patient was readmitted by ambulance at midnight the same day into Critical Care Unit, the Doctor apologised and said the patient shouldn't have been discharged at that time. <i>HWL question: What are the safeguards against inappropriate discharge and how are lessons learned in cases such as this where almost immediate emergency readmission is required?</i></p> |

Theme: Specific Issues Relating to Patients Living in CCG Area

| CCG Area Number/Type of Item Reported | Details |
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| <p>All CCGs x 1 1 x General Comments (suggestion)</p> | <p>General Comments. 1. Patient felt that parking and public transport access to the hospital was not acceptable with 2 different bus operators requiring a change a Boston bus station, extending the journey time. Call Connect is good but the haphazard pickups can mean long journey times and the patient made reference to a car scheme for Pilgrim but said they were told there were insufficient drivers. Patient suggested a hospital run shuttle scheme. <i>HWL question to LCC and ULHT - have they discussed jointly the issues affecting patients and any collaborative work</i></p> |

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| | <i>that could be developed to support dedicated patient transport?</i> |
| <p>East x 3 2 x General Comments 1 x Signposting</p> | <p>General Comments.</p> <ol style="list-style-type: none"> 1. Elderly patients have stopped using hospital transport because of the inconsistencies and lack of clarity about what service will be received and when. The patients are elderly with complex care needs. 2. A resident with a number of children with complex medical conditions said they needed help with housing; general support such as letter writing and form filling and additional support with young children at home. The resident doesn't feel that anyone is listening and although receives lots of support from school for the children, social services have said the family do not meet their criteria for support and assistance. <p>Signposting.</p> <ol style="list-style-type: none"> 1. Patient contacted 111 and 999 services on their mobile phone, and reported that it had cost 50p per minute and they had been on the phone for over 20 minutes. Patient asked - why is this was a premium rate? <i>HWL - suggested they contact their mobile phone company as it would not be 111 or 999 services that would be charging that sum.</i> |
| <p>West x 3 3 x General Comments</p> | <p>General Comments.</p> <ol style="list-style-type: none"> 1. General comment about GPs, hospital and mental health staff. "Clinical staff do not appear to have the training or understanding to discuss issues with "Trans people" 2. Resident needs help around the house, following crisis in their life and a victim of abuse. The house has become untidy and their needs have increased, it appeared those needs are not being met, there is a need for easily obtainable information, signposting and advice for vulnerable individuals. 3. Following the bereavement of a spouse a patient with complex medical needs feels unable to cope with the various forms of medication they need to take (they have low level literacy). The patient was referred to ASC but was told their needs are too complex and the patient needed mental health intervention. The Mental Health services said the needs are social, not mental and therefore the patient isn't receiving any help. <i>HWL question - we are concerned that this persons safety, health and care needs are not being met as no organisation is willing to take responsibility. Please advise as to which organisation and pathway this person should be connected with to get the essential help they require.</i> |

Theme - Patient Transport: EMAS

| CCG Area Number/Type of Item Reported | Details |
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| <p>East x 1 1 x General Comment</p> | <p>General Comments. 1. Elderly patient fell and fractured their hip, the ambulance took over 3 hours to arrive, although paramedic did arrive a little earlier. The ambulance service said not to move the patient so after 2 hours waiting for a response a friend went to the hospital to seek pain relief for the patient and was refused as they are not insured to do this. It was commented that the ambulance staff, paramedics and First Responders do marvellous work but the patient thinks that EMAS provides far less cover than is required.</p> |

Theme - Patient Transport: Non-Emergency NSL

| CCG Area Number/Type of Item Reported | Details |
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| <p>South x 1 1 x General Comments</p> | <p>General Comments. 1. Patient has cancer and therefore has lots of hospital appointments at Queen Elizabeth and Addenbrookes. The patient uses NSL transport regularly but is concerned at the cost of booking appointments by phone as the number is a premium rate. <i>HWL question: Why are NSL call rates different across the areas covered by NSL with many being local numbers creating inequality for service users in Lincolnshire compared to other areas of the country?</i></p> |
| <p>West x 1 1 x General Comment</p> | <p>General Comment. 1. Patient experienced difficulties in travelling to county hospital and back to a rural area of Lincolnshire, this resulted in the patient taking a lift with strangers as transport couldn't be provided by the hospital. The patient is elderly and has osteoporosis and has recently purchased a car to remedy the situation but doesn't know how long they will be able to drive for. <i>HWL Question to ULHT and LCC: This demonstrates some of the challenges and risks residents are taking because of transport difficulties. Have the two organisations discussed jointly the issues affecting patients and any collaborative work that could be developed to support dedicated patient transport?</i></p> |

Theme - Community Health Services: LCHS

| CCG Area Number/Type of Item Reported | Details |
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| <p>West x 2 2 x General Comment</p> | <p>General Comment. 1.The patient attended a gynaecological appointment at John Coupland, however felt the care received was very poor and GP records had not been referred to, this led to the patient leaving without having completed the appointment. 2. It was felt that staff attitude towards patients within the x-ray department could be much improved, with staff cited as blunt and unwelcoming.</p> |
| <p>South x 1 1 x General Comment</p> | <p>General Comment. 1. Staff at Johnson, including reception, phlebotomy, MIU, X-ray, dental and the café are generally excellent, polite and helpful. However it was felt at the last visit that the staff were not as caring as normal.</p> |
| <p>East x 1 1 x Compliment</p> | <p>Compliment. Patient in Louth hospital said the service and care was excellent after which they had been referred to the Wellbeing Service which was also excellent.</p> |

Theme - Mental Health

| CCG Area Number/Type of Item Reported | Details |
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| <p>West x 2 2 x General Comments</p> | <p>General Comment. 1.Patient was diagnosed with anxiety and depression, the patient was referred to Archway and told there was a short waiting list of 2 weeks. The patient waited a further 6 weeks for an appointment. The patient's first appointment was delayed by a further 1 ½ weeks as the allocated counsellor was known to the patient. The patient received a booklet which they read then saw another counsellor who spent the appointments reading sections out of the same booklet to the patient. The patient felt the crisis team were not available when they were needed and instead they were signposted to Samaritans on more than one occasion. The patient decided to pay privately for Talking Therapy but could not afford to keep the sessions going. A counsellor suggested high level CBT but was told the patient wouldn't be eligible as they were receiving private treatment. The patient was discharged by LPFT after 8 sessions (normal course) and given information about a non-profit organisation locally, the patient was left feeling very annoyed as this could have been utilised from day one if they had been given this information. The patient despite now</p> |

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| | <p>feeling improved does feel they were not supported and when they contacted SPA were told they couldn't help as the patient was already in system. At their final NHS appointment the patient was told they could re-refer through to SPA and the waiting time was 12-19 months, but to wait 3 months as they may still get benefit from therapy already received. The patient intends to make a formal complaint.</p> <p>2.LPFT A patient was informed that the waiting list for CBT is 2 ½ years and the patient has only been contacted and updated twice whilst waiting. <i>HWL - we have been led to believe waiting times for treatment are not at these levels despite patients repeatedly telling HWL they are having issues, could LPFT provide an update as to the current access timescales to IAPT and other mental health commissioned services?</i></p> |
| <p>East x 1 1 x General Comment</p> | <p>General Comment.</p> <p>1. Relative of 2 residents contacted HWL with regards to both relatives having schizophrenia and living in sheltered accommodation. 1 has a case worker (whom they very rarely sees) and 1 who does not seem to have a case worker at all. The relative is worried as one of the residents financial benefits have been stopped and therefore doesn't have any money. The family would like assistance for both individuals to get help and is very anxious that they are not getting the care they need.</p> <p>.</p> |

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

| CCG Area Number/Type of Item Reported | Details |
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| <p>East x 23 18 x General Comments (1 x Pharmacy/ 17 x GP Surgeries)</p> <p>5 x Compliments (4 x GP Surgery, 1 x Optician)</p> | <p>General Comments.</p> <p>1. Patient commented that they were applying for a job which required a Medical form, this was delayed at the GP surgery. The forms are not reportedly being processed in a timely manner, therefore people are having to wait and some have given up employment as medical forms have not been sent back. <i>HWL question - does the surgery have an agreed response time for completion and returning medical forms</i></p> <p>2. A child was diagnosed with ADHD by a consultant and prescribed medication, however the diagnosis and medication was not recognised by the family GP. <i>HWL question - why when diagnosis has been made to prescribe medication would the GP disregard the specialist consultant?</i></p> |

3. Patient was referred to a MSK (musculoskeletal) Assessor, they just received a telephone call to say what the patient already knew, patient not impressed with this assessment.

4. Patient referred to MSK (musculoskeletal) assessor who listened to symptoms and then advised patient they would be referred for physiotherapy. The patient felt the GP should have done this and time was wasted. The patient is now having physiotherapy however the therapist had no information available regarding the patients problems.

5. Elderly patient has used the incontinence service for some time. However there is no direct phone line for advice and the patient is having to supply their own pads from Boots at £10 a time, Seemingly the relevant paperwork is held up at the GP.
HWL question - does the surgery have any plans to provide alternative confidential contract opportunities for patients requiring sensitive medical supplies?

6. The patient requested an appointment with doctor, a call back was arranged. The Doctor asked the patient to see the Practice Nurse who then conducted an examination and provided an x-ray form for the hospital. The patient said that although the outcomes were alright, they could understand why some patients would prefer to see a GP or at least speak to one and not see the practice Nurse.

7. A diabetic patient with retinopathy was told they would require regular reviews. The patient was tested this year and told by staff at surgery the result was normal and that no further tests were required. The Patient asked to see the doctor as this contradicted what they had been told, but it took a week for surgery to get back to the patient and in the meantime the patient had contacted the hospital consultant who had explained everything.

8. A patient who has had a kidney transplant and requires regular blood tests has to go to Lincoln Hospital for this, as the surgery told the patient for the practice to do the bloods and send to Leicester would be too expensive, the patient is elderly.

9. Blood test results only available on Monday and Tuesday.
HWL questions - why can these results be only accessed 2 days per week?

10. Patients are unhappy about call back waiting times for doctor/nurse which is not within the expected 2 hours.

11. Patients at James Street/Newmarket surgeries in Louth not receiving annual health assessments and are concerned that medications are not being reviewed as they should.

12. Patient suffering with high temperature, headache and sore throat for couple of days, went to the pharmacy in Louth.

The pharmacist suggested range of medication and if symptoms persisted to see GP. Patient lost their voice and contacted GP but did not get appointment, the GP told the patient to take medication from pharmacy and drink plenty. After a week, and still feeling poorly the patient was taken to out of hours at Louth. They were diagnosed with laryngitis, prescribed antibiotics and feeling better within 3 days. The patient said the service at hospital was excellent but patient was not happy with the GP service.

13. Diagnosis of dementia was made for a patient at Newmarket Surgery however the carer feels isolated despite the carer taking the patient regularly to surgery. The Trinity Centre has helped a lot with support and they attend the Dementia Café where they heard about Carer's Assessment, and are also now being referred to the Wellbeing Service. The carer said they would not know what to do without their support but feels let down by lack of support from surgery, they felt abandoned and left to get on with it.

14. A patient diagnosed as coeliac was advised by the GP to eat a gluten free diet and given leaflet. The patient feels they have been left to find out information about their condition alone and with little understanding from the GP

15. Patient reported they had to wait 3 weeks for doctor's appointment (non-emergency) and not with any specific doctor.

16. Patient made appointment for GP with a 3 weeks wait however symptoms improved so the patient cancelled. Few days later, the symptoms returned and caused bleeding. The patient contacted the surgery and was told the next appointment was in 3 weeks, the bleeding continued so the patient went to A&E at Pilgrim, they waited 3 hours, saw duty doctor, were given painkillers and told to see their GP. No advice was given regarding the bleeding and felt dismissed by doctor. The patient is still bleeding and in pain and surgery don't see it as an emergency they just told the patient to keep taking painkillers and wait for an appointment. The patient is not happy with this level of care.

17. Person with Alzheimer's was admitted to hospital where a Doctor noticed the patient had difficulty swallowing tablets and suggested they should have medication in liquid form and asked the relative to talk to the pharmacist and GP. The pharmacy and GP informed the relative that not all medication can be given in this format and those that are, are very expensive and not available on NHS. Patient could pay for them privately (about £200 as opposed to few pounds currently).

HWL - question how do patients/carers check if this information is correct and is there any way they can apply for funding to support this cost in required medication?

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| | <p>18. Patient has used dermovate ointment for years but over a year ago, the pharmacy said they had problems getting it and patient has had months without supply, the new cream instead is not so effective. Pharmacy said only 1 company makes the ointment but they can't get it.</p> <p><i>Patient asked if this is true why and what can be done?</i></p> <p><i>HWL question: At what point should a patient receive a review for the long term use of dermovate ointment medication?</i></p> <p>Compliments.</p> <p>1.3 mothers who had their babies at Pilgrim felt that they were well looked after by the GP at Liquorpond Street and the maternity services at the hospital. Each stayed in for a couple of days after birth which they weren't expecting as they thought you only stayed in if you had complications with the birth. All were very happy with the care they received.</p> <p>2. Optician - Staff were exceptional during a patients visit. The appointment was offered at a convenient time and the opticians acknowledged the patient needed an appointment outside of working hours.</p> <p>3. Liquorpond Street Surgery, Patient said they were happy with the doctors and the nurses, it was felt staff had time to listen, were very experienced and offered a straight talking approach.</p> <p>4. 2 points raised in relation to Stuart House: firstly comments stating the Diabetic service was good and secondly how well the practice and new Dr managed home calls which was felt to be good and reassuring for patients.</p> <p>5. A patient at James Street Surgery recently had their medication changed but had bad reaction and contacted surgery to make appointment. The patient was called back and an appointment made for same day, the medication was changed and the patient felt the service was excellent.</p> |
| <p>West x 26 15 x General Comments (15 x GP Surgery)</p> <p>11 x Compliments (9x GP/2 x Pharmacy)</p> | <p>General Comments.</p> <p>1. A patient reported difficulty in making an appointment in the practice with a queue of 10 patients and only one receptionist dealing with calls, booking in patients and prescriptions queries. The patient said there was no privacy for anyone who was being seen at the reception. This situation was also reported as a common occurrence.</p> <p><i>HWL question - what system does the practice have in place to ensure patient confidentiality is maintained and supported in reception and public areas and are there any changes planned to review or improve this?</i></p> <p>2. Patient attending a follow up appointment with a GP arrived to find it had been cancelled without any notice or</p> |

explanation. The patient was told to ring the practice to make another appointment which then delayed the follow-up by several weeks.

HWL question - will the practice be assessing current policies to ensure similar communication situations do not arise in the future and how does the practice manage patient concerns and anxieties given the delays?

3. Two patients reported difficulty getting through to Portland medical practice, each had made 64 and 75 calls respectively in one day trying to make an appointment, when the patients did get through there were no appointments were available for that day.

HWL question - Is this a normal occurrence and are these waiting times being monitored? What are the practice polices for same day appointments or Alternatives.

4. As a shared practice the patient attends Gresham Road due to practicalities getting to the surgery however it was reported that they have difficulty in getting an appointment there.

HWL question - Do you feel you have enough staff at the Gresham Road practice to meet patient need?

5. 7 separate issues relating to the last running of appointments and the difficulty in getting appointments at Caskgate surgery.

11. GP - Woodlands Medical Practice.

Patient said diagnosis was slower than they would have liked, but felt they all the options had been thoroughly explored however they were supported well with the diagnosis.

12. GP - Woodlands Medical Practice. Patient feels there are never enough staff on reception. Patients are encouraged to use the self-service check-in machine but machines are not capable of everything, eg, discussing repeat prescriptions.

13. GP - Woodlands Medical Practice. Collective comments from numerous people who gave comments but left no personal details:-

1) PPG volunteers were excellent at the flu clinics, made it run very smoothly, patients seen ahead of time - excellent.

2) Not always convenient to call the surgery at 8am to get an appointment.

3) Self - service in multiple languages, patient finds this very helpful

4) Excellent Care given

5) Very helpful sorting out all my medical conditions

6) Great Care

15. University of Lincoln Medical Practice. Patient said assumptions were made about a patient's sexual orientation which made the patient feel awkward and unable to disclose their sexuality.

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| | <p><i>HWL has recently completed a project gathering experiences of Seldom Heard patients, LGBT people were part of this project. You may find out report provides some insight into health and are access issues, it can be downloaded from our website or copy the following link http://www.healthwatchlincolnshire.co.uk/public-docs</i></p> <p>Compliments.</p> <ol style="list-style-type: none"> 1. Lovely friendly staff 2. First rate in all stages of my dealings with our needs throughout our problems 3. Experience is good but always room for improvement 4. Very good service across the whole spectrum of services and attitudes 5. GP - Woodlands Medical Practice. Patient went for flu vaccination and was seen early for their appointment. 6. GP - Woodlands Medical Practice. Patient commented everything has been fine. 7. GP - Woodlands Medical Practice. Patient commented everything at the surgery is done with care, both Doctors and reception area, couldn't be better. Patient felt they got the best care and think that the doctors and reception area needed complimenting for the job they do. 8. University of Lincoln Medical Practice. Nursing staff are really great, friendly and approachable 9. Cliff House Medical Practice. Doctor always listens to my concerns and is a good doctor. 10. Minster GP Practice, Lincoln The doctor at practice is absolutely lovely. Very understanding, takes time to listen to and does everything to help 11. University of Lincoln Medical Practice - staff always listen to patients and involve us in decisions about our care |
| <p>South 3 x General Comment (Dental)</p> | <p>General Comment.</p> <ol style="list-style-type: none"> 1. Patient went to Bourne and Coningsby Dental practice to have tooth removed. Dentist broke tooth whilst removing it and when he asked if the patient could have tooth they were refused, which made them suspicious. The dentist sent the patient to Peterborough Hospital to complete treatment. The hospital found the jaw bone damaged, the teeth were wired and appointment made for the following day. On return the patient had the jaw straightened and it is now wired and has a return appointment in 6 weeks. 2. Munro Medical Practice. Receptionist and Nurses extremely pleasant. However only possible to see a doctor if one is available as an emergency appointment. Otherwise you have to wait for 3 weeks to see a GP. Patient feels this is not good enough 3. A patient discharged from hospital with a Home Visit arranged, the District Nurse did not arrive at the allotted time |

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| | <p>and subsequently the patient then had to be taken by a family member to Pilgrim hospital where the patients dosage needed to be amended.</p> <p>HWL question - what are the challenges around these kind of arrangements between organisations and how can communication be improved?</p> |
| <p>South West 1 x Compliment</p> | <p>Compliment.</p> <p>1. Patient received a good service from Sleaford out of hours and very good service at outpatients Lincoln County Hospital.</p> |

Theme: NHS England

| CCG Area Number/Type of Item Reported | Details |
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| <p>All CCG Areas x 1 1 x General Comment</p> | <p>General Comments.</p> <p>Patients comment on the lack of breast screening for women over 65 however with increased national data stating the heightened risk of breast cancer over 70 why is more not being done to improve patient screening?</p> |

Theme - Private Provider

| CCG Area Number/Type of Item Reported | Details |
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| <p>South x 1 1 x Compliment</p> | <p>Compliments.</p> <p>1. Patient uses South Holland Voluntary car scheme which collects from home address in Spalding and taken to Peterborough, it is always excellent, on time and the drivers are extremely pleasant it is well organised by Mrs Iris Landen</p> |
| <p>East x 4 3 x General Comment 1 x Informal Complaint</p> | <p>General Comments.</p> <p>1. Patient had a stroke with both Speech and Mobility affected. Patients spent over 5 months in hospital but cannot be sent home as a complex care package is needed and is not currently available within the community and therefore patient has been placed within a care home. The patient is assisted by the Stroke Discharge Team who visit regularly to work with speech and mobility.</p> <p><i>HWL comment - this is one of many examples of problems patients are facing with delays in hospital discharge due to problems with accessing home care support.</i></p> <p>2. Residents at Waterloo Housing in Louth reported that the cord in the properties doesn't always work and residents don't always get daily call from the service.</p> |

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| | <p>3. A resident at Waterloo Housing in Louth, recently had a fall and due to the service not working properly it was a neighbour who noticed the change in normal routine and alerted services for help.</p> <p>Informal Complaint.</p> <p>1. Respite care provided by the Old Rectory in Stickney delivered lower than expected standards of care, it was reported that the relatives had been left in the bedroom for periods of time; they missed out on day trips as no-one was there to assist them getting ready; they were not in their correct clothing; a towel in was found in the bathroom with faeces on it; there was mouldy orange juice on windowsill; the bed had not been made; a fall had been suffered as the walking aids were placed too far away to be of any use and they were left to self-administer medications. An invoice for over £370 was received. A complaint was sent but the response received was not satisfactory to the family.</p> |
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Theme - Out of Area

| CCG Area Number/Type of Item Reported | Details |
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| <p>3 x General Comments (patient living in Lincolnshire)</p> <p>1 x Compliment</p> <p>2 x General Comments (Patient living outside of Lincolnshire - information re-directed to relevant HW)</p> | <p>General Comments.</p> <p>1. OUT OF AREA - <i>The Royal Derby Hospital</i>. Patient had a gastric bypass in Derby and has been having follow up appointments over a number of years. The journeys are costly and the patient cannot always afford to get to the appointments so has had to cancel on some occasions. The patient enquired whether there was any way they could have follow up care provided in Lincolnshire. <i>HWL - contacted The Royal Derby Hospital to see if they held any clinics in the Lincolnshire area, to date no response.</i></p> <p>2. GP informed the patient they might need to be admitted to Grimsby hospital with low O2. The GP called back the next day but the patient had already been admitted following a 999 hospital admission with a chest infection. The patient stated they didn't wait long for the ambulance which was great, then spent 10 days in Grimsby hospital but on discharge no care plan had been put in place and they had to rely on a friend for assistance.</p> <p>3. Infant with glaucoma was given incorrect oral and eye drop medication which required admittance to A&E at QMC. Parent was told to wait for a discharge letter and after 3 hours and no letter they requested a hand written one. The parent has spoken to PALS at QMC.</p> |

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| | <p>Compliment. 1. QMC were quoted by a patient as being excellent following a brain haemorrhage.</p> <p>General Comments for patients living outside of Lincolnshire. 1. Out of Area - Immingham Patient contacted HWL after discharge from hospital on oxygen. The patient is not mobile with the cylinder and enquired about getting a mobility scooter. The patient is on a high rate of disability allowance but has no mobility element, the patient has had an assessment about 12 months ago and nothing since?</p> <p>2. Transgender patient referred to Grimsby Hospital on 3 occasions but they have changed the patient's gender marker and name back to the one they were given at birth. This has caused major embarrassment and discomfort for the patient. The GP practice who made the referral assures patient that their records held at the surgery are correct as are the referrals.</p> |
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Theme - Signposting

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| <p>East x 1 1 x Signposting</p> | <p>1. Patient requested information regarding accessing assistance in the home, also Volunteer Car Scheme and local support networks. <i>HWL - Sent out leaflets for Well-being service, VCS contacts, and Health trainers in their area.</i></p> |
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