

What people have told us about health and social --- care



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Overview

People want health and social care support that works- helping them stay well, get the best out of services and manage any conditions they face. Our job is to find out what matters to the public and to help make sure their views shape the support available.

Between April and June 2019, Healthwatch England received 17,269 people's experiences of using health and social care from our network. This briefing outlines what we have heard over the last three months, and how we are using this information to help shape health and social care policy and practice.

In summary: What's important to people?

We identify some of the new and existing issues which people face when using different parts of health and social care.

GPs, dentists, pharmacies and other primary care support

What's new?

- People want more comfort and privacy in waiting rooms.

What do people continue to tell us?

- Getting a GP appointment is often difficult. But it can be even harder for those with specific communication needs, disabilities, and memory issues when the right support isn't in place.
- Poor staff attitudes can negatively affect people's experiences putting them off accessing future support.
- Being referred to see a specialist at a hospital can be difficult. Barriers include long waits, poor administration, GPs who are reluctant to make referrals, and the onus can often be on patients to chase up these appointments.
- Registering for an NHS dentist and subsequently getting an appointment can be a struggle because of a lack of availability in many areas.
- Getting hold of prescribed medication can be problematic. This is mainly due to poor communication between GPs and pharmacists, or because prescriptions are changed without the patient being informed.

Hospital care, including urgent and emergency care

What's new?

- People don't know how to access emergency dental care. When they turn to NHS 111 for information, the service itself doesn't always have up to date information.
- Communicating by phone with hospitals can be tricky. In particular, people struggle to get through and speak to the right person. They often have to chase up hospitals for the information they need.

What do people continue to tell us?

- There are long waits for urgent and emergency care, which can take between 3-12 hours.
- Across A&E, ambulance services and NHS 111, staff behaviour and attitudes can vary.
- Care in A&E can also be inconsistent - not everyone receives a good service.
- There isn't always enough privacy in A&E. Some people feel that staff aren't mindful of their confidential issues, which can be uncomfortable.
- Healthcare staff don't always provide the right information and advice upfront, so people are left to find this for themselves.
- Interpreters aren't always available for hospital appointments leaving deaf people and those who don't speak English fluently without the support they need. In some cases, whilst an interpreter was booked, delays to appointments meant they were not available to translate at the later time. In other cases, family and friends are unfairly asked to take on this responsibility.
- Hospital services sometimes fail to provide the correct level of personal and environmental hygiene.

Social care

What's new?

- People and families are worried about how to pay for social care and don't know what help is available.

What do people continue to tell us?

- Not all care homes actively seek to include people's choices in the planning and development of their care.

Mental health

What's new?

- Interim support can improve the experiences of people waiting a long time for mental health appointments and assessments.
- Medication for mental health isn't always regularly reviewed and monitored.

What do people continue to tell us?

- Relatives of those receiving mental health support would like to be more involved in the care of their loved ones.
- Children and adults are both waiting a long time to get the mental health support they need.
- People presenting with mental health conditions or challenges don't feel they are consistently being listened to.

Where does our data come from?

Our evidence contains data from 135 publications collected from 48 Healthwatch and includes the views of at least 13,937 people. The reports we receive do not always specify exactly how many people's views are included - as such, throughout this report we refer to the confirmed number of people, although the true number may be more.

Our insight is also informed by an additional 3,332 individual pieces of feedback received directly from the public. These include views people shared with 42 Healthwatch at engagement events, or shared over the phone, online or in person.

In focus:

**Seven reasons why
personalised care
is important**



Whilst the public is generally positive about the NHS, what we hear is that not all services treat people as individuals, responding to their different fears, anxieties and needs. Services should recognise these differences to avoid people feeling stigmatised, which could prevent them from accessing future care.

We highlight how professionals can treat people as individuals, removing barriers, and enabling people to stay healthier for longer.

1. Privacy is important

Discussing confidential issues in public spaces

Everyone has a right to privacy and how their health information is disclosed. When sensitive information is discussed with little thought given to a person's privacy, they can feel embarrassed, humiliated or even fear discrimination.

Since 2016, 79 people told us they were unhappy because a staff member openly discussed private information which could be overheard. For example, at GP receptions, A&E cubicles and care homes. In this quarter alone, this issue has been raised with us 21 times.

Young people have also expressed concern when talking about sensitive issues at sexual health clinic receptions. Sharing intimate details when others can overhear could discourage them from getting the right support in the future.



Personal story: Lack of privacy at reception

"I think there needs to be a different set-up in the reception and waiting area. I wish they were further apart or had more privacy because I feel uncomfortable discussing my needs when others waiting could overhear. I don't want to talk about my sexual health when... strangers are so close. I'm not a shy person, but it still makes me uncomfortable."

Healthwatch Tower Hamlets 03/06/2019

Discussing confidential issues with different staff

Privacy can also be compromised if people feel there is no choice but to share their personal story with a different professional at every appointment. Since 2016, 356 people have expressed concern that they don't know who their doctor is - 43 in the last quarter alone. What this means is that people end up spending most of the appointment explaining what their issues are, leaving little time for a satisfactory consultation or opportunity to build trust with their practitioner.

2. My body, my choice

Being treated with dignity and respect is important, but this can mean different things to different people. One of the issues we hear is that services don't consider people's preferences, causing embarrassment, and stopping them from returning for future support. For example, for someone giving birth, being supported by many professionals could be reassuring; however, others might feel exposed and vulnerable.

We also hear that certain people prefer to be treated by a medical professional of the same gender, sometimes for cultural reasons. For example, an older man wanted to be seen by a male GP to monitor his chronic urinary tract infection, and a Muslim lady said that she would prefer a female nurse to change her daughter's nappies.

Where possible, services should take time to consider people's preferences of who and how many staff see their bodies, making them feel comfortable during care.



Personal story: Dignity in healthcare

"I had my first baby at XXX. [During] my labour, [the] midwives were passing smiles to each other whilst I was screaming in pain... One of the senior midwives said to me 'you're not going to die'... There was no privacy at all... There were more than 10 doctors, nurses, [and] midwives present, we don't know why? It was a horrible experience for us. We are very disappointed... They should hire midwives...who can understand the pain of labour."

Healthwatch Tower Hamlets 03/06/2019

3. One size doesn't fit all

Everyone is unique. Services should be equipped to support all types of people. When services don't provide tailored support, it could have damaging consequences to an individual's health, at a greater long-term cost for services.

Since 2018, 13 people told us their weight has been a barrier to accessing some services, particularly NHS dentists. Most standard dental chairs have a weight limit, which can restrict patients who are over this threshold.

When dentists are unable or reluctant to treat people, it can make them feel discriminated against because of their physical appearance. This can also exacerbate fear of visiting dentists and seeking dental treatment, leading to irreversible damage to oral health.



Personal story: Treating people of all sizes

“I went to the dentist for pain management. The dentist told me that I could not be seen, as the chair limit is 21 stones and I [weigh] more than that. They said that I would have to pay for the chair if it broke. I felt really shamed and had low self-esteem. If they had explained in a professional manner that it was a health and safety issue, that might have been better. Being polite and helping me with my painful teeth was what was needed.”

Healthwatch Cambridgeshire and Healthwatch Peterborough 22/05/2019

4. I need more time

Rushed appointments

It can be difficult for people with speech issues, a lack of fluency in the English language, or with a sensory impairment to explain their needs quickly in a ten minute GP appointment slot. For others, being under pressure can make them feel nervous and lose their train of thought.

Service providers need to consider that good communication is key to effective healthcare provision. Rushed appointments may lead to missing crucial symptoms and making potentially harmful decisions. GP surgeries should advise patients with communication needs or multiple conditions to book double appointment slots if they need extra time.

Appointments at convenient times

It can also be difficult to attend appointments which interfere with personal or work commitments. If health and social care services cannot provide enough appointments outside regular working hours, some people may never get the opportunity to seek help.

When services are far away, and appropriate transport links are unavailable, it may be physically impossible for people to attend appointments. Since 2018, seven people told us about the challenges they faced when changes to services made it difficult for them to attend appointments. For example, due to cuts to patient transport services, or living in rural communities.

Personal story: Needing flexible appointments

The patient went to see their GP with a few different requests. The GP cut them off and said, 'you only have 10 minutes'. The patient was a little taken aback as seeing the GP always made them nervous. They wished the GP had explained the situation differently, as they understood the pressures behind only having 10 minutes. The doctor thoroughly examined the patient's knee, agreed to refer them, measured blood pressure and prescribed medicines. However, the patient would have preferred to talk about the potential long-term impacts of the medicines. They also wanted to talk about another issue but the doctor said their time was up. The patient said the doctor had been very helpful but being dismissed in this way detracted from the positives. The doctor told them to complain to the manager, but the patient said they didn't want to complain, only to feedback how this had felt. They were also baffled as it meant making another appointment to discuss the other issue.

Healthwatch Cornwall (15/05/2019)

5. I can't remember

Poor memory can make it difficult to remember when to attend an appointment. This is particularly true for people with dementia, as services don't always take the condition into account. However, it's not just those with dementia who forget appointments. Several other factors can also affect memory, from stress and busy lifestyles, to side effects of medication.

Services can take steps to help people remember their appointments by ensuring booking and reminder systems are in place, and meet the needs of those with memory loss.



Personal story: Memory loss can make it harder to arrange care

"...My husband has severe sciatica and has little mobility. [He is] in constant pain waiting on several appointments... As he is taking so much medication it is hard for him to concentrate, so he needs me to make calls for him. I work full time and to make phone calls to try and rearrange appointments is very difficult and time consuming."

Healthwatch Essex 02/04/2019

6. Consider people's disabilities

People with sensory impairments tell us that it can be complicated to book and attend appointments. For example, individuals who are blind have received letters from hospitals asking them to book an appointment, which they couldn't read.

By law, NHS services must provide accessible information. However, people who are deaf say they struggle to get an interpreter during appointments. Booking GP appointments is also problematic as it can be difficult to phone in, and those who have tried to use online booking systems were informed that the service would phone them back, despite not being able to hear.

These examples highlight the need for services to provide better support for people with disabilities. Simple steps, such as providing a range of booking options by phone, email, text or online video call (with British Sign Language interpreters for the hearing-impaired) can help people to book appointments without hassle or embarrassment.



Personal story: People with hearing difficulties cannot understand the doctor over the phone

"I am deaf and experience difficulty in making an urgent appointment as I can't phone up. I have to make an online appointment which has a ten-day waiting time for a GP to come back to me on the phone. Then if they call I can't always hear when on my mobile as there is other background noise... There is no alternative arrangement for people who are hard of hearing. I am not aware of a hearing loop being deployed at the surgery."

Healthwatch Haringey 02/05/2019

7. Understanding fears and anxieties

People experience different fears and anxieties, which can affect whether they use services. Some may worry about crowded areas, or fear treatment, whilst others aren't able to go outside to attend healthcare appointments.

However, services don't always consider people's anxieties and reservations about attending appointments or consultations.

Many people are afraid of the dentist. One individual explained how their dentist had performed a procedure without enough anaesthesia, leaving them with a fear of dentists and dental treatments.

Dental phobia and anxiety can make it very difficult for some people to attend regular checks. Fear of needles and invasive dental procedures can be made worse if they are not addressed in a sympathetic way.

We've also heard good practice regarding phlebotomy staff who were mindful of their patients' needle phobia, which made blood tests less daunting.



Personal story: Reassuring words from staff can comfort people with phobias

“I found my experience very comforting. I have an extreme fear of needles and the staff were all very reassuring and took it at my pace, without losing patience with me. If I can go there for every blood test I think it will slowly calm my phobia.”

Healthwatch Hillingdon 26/03/2019

Personalised care: The policy context



Understanding people's individual needs is essential to ensure high-quality care is accessible to all. As the NHS Long Term Plan rightly recognises, 'what matters to someone' is not just 'what's the matter with someone.'

The personal stories we hear demonstrate how a positive experience can depend on a range of factors. Some of these might not be obvious, common, or even about a clinical outcome. Services can make improvements by taking the time to listen to these individual experiences.

The importance of empathy

Empathy and compassion are crucial to delivering personalised care that meets the needs of individuals. In our [summary of what people told Healthwatch between October and December 2018](#), we highlighted how important it is for people to be cared for with empathy, and the negative effect when this doesn't happen.

The Long Term Plan sets out an intention to give people more control over their own health through personalised care. This includes commitments to more personalised therapeutic options, more support for people to manage their own health, more social prescribing, and accelerating the roll-out of Personal Health Budgets.

The Long Term Plan also rightly recognises that "creating genuine partnerships requires professionals to work differently, as well as a systematic approach to engaging patients in decisions about their health and wellbeing".

Many of the negative experiences shared with us could have been avoided if the healthcare professional put themselves in the patient's shoes, or asked what the person needed. Whilst the health and social care workforce is under pressure, maintaining a culture where human connection is valued should always be prioritised.

There are small steps professionals can take to be empathetic. For example, the "Hello my name is" campaign encouraged NHS staff to introduce themselves, reminding us all to be more compassionate.

The NHS is developing its workforce to meet the challenges of delivering future care. The Interim People Plan aims to create a healthier and inclusive culture. It's essential that staff are encouraged to be compassionate not only towards one another, but with their patients too. Professionals should recognise that whilst they are experts in clinical decision-making, people are also experts on what they need and how they feel. Both aspects should be equally important in delivering care.

Understanding multiple conditions

Healthcare professionals have a duty to understand that multiple conditions and characteristics can affect people's health. If a secondary condition, such as a phobia or a sensory impairment, prevents someone from accessing services, helping people to overcome or manage these conditions should be considered a clinical priority.

The Long Term Plan aims to significantly expand the range of support available through social prescribing. The NHS should ensure people who face barriers accessing care can benefit from community support. For instance, someone with a phobia might benefit from therapy, eventually enabling them to access other aspects of healthcare independently.

Using digital to improve care

As NHS services increasingly go digital, requests for reasonable adjustments should be facilitated through online booking systems. Digital records should also flag people's needs, and services should be responsible for ensuring adjustments are in place each time someone books a visit. Currently, people who need a reasonable adjustment such as a translator or sign language interpreter are responsible for requesting support. However, this can leave people reluctant to make appointments.

Significant efforts are being made across the NHS to facilitate digital solutions, particularly through the creation of NHSX. The new unit will support the roll-out of digital to primary and outpatient services. Despite this promising vision, we often hear that what is available in practice differs. For example, so far our insight shows that new digital services are not improving communication between clinicians and patients. The lack of data sharing across the NHS is also a consistent source of frustration for patients, who are asked to reshare their medical history to different professionals. Listening to understand where further improvement is necessary will be essential to closing the gap between expectations and reality. This will ensure technological improvements really do make care more accessible to all.

Listening to feedback

Every personal experience is as an opportunity for learning. By listening to feedback, and making feedback systems accessible, services can better understand the barriers individuals face.

People should be able to leave feedback in any way that suits them. In 2017, we found that people who provided feedback to their family doctor were most likely to do so through a traditional comment box. Providing a range of easy ways to feedback can help services identify issues which might not be otherwise obvious.

It can also support people to speak up without having to make a formal complaint. For example, lack of privacy when discussing personal health issues in receptions or waiting rooms might not feel serious, but people may be more likely to make services aware of issues if they are given the opportunity to raise it through informal feedback. Simple measures, such as reminding staff to be discreet or installing a privacy screen, could be taken once the service is made aware this is a recurring problem.

Services should make changes in response to individual comments or concerns whenever possible. An issue doesn't have to be systemic or perceived as very serious to merit change and improvement. Small changes can have a big impact on individual experiences.

Personal health budgets

The NHS plans to give people, particularly those with long term conditions and complex needs, more power to make decisions about their own healthcare. One aspect of this is to make personal health budgets available to up to 200,000 people by 2023/24. Earlier this year, personal health budgets were extended to wheelchair users and patients accessing mental health aftercare. They will be rolled out to additional groups of people over the coming years.

Personal health budgets are designed to give people choice and control over how to support their own health and wellbeing needs. A personal health budget can be used to meet agreed health and wellbeing outcomes, like therapy, employing carers, or purchasing equipment.

There has been some public concern over the use of personal health budgets to fund activities, which some do not consider health related. For example, a widely-reported investigation by medical publication Pulse contradicts the NHS's approach and suggests that personal health budgets are unnecessary.

To deliver on ambitions to personalise care, the system will have to develop new ways of thinking about wellbeing and a culture which trusts people to make the right decisions for themselves, in consultation with health professionals.

An example from Australia, where a tribunal ruled that sexual therapy should be funded by the National Disability Insurance Agency, illustrates progress made internationally in acceptance of diverse social and emotional needs when developing personal plans for health and wellbeing. Though we do not wish to comment on the policy debate surrounding sex work and sex therapy in the UK, it is crucial that people are empowered to determine reasonable and necessary support, regardless of social attitudes.

**What we hear from
specific sections of
the community:
Prisoners and
ex-offenders**



Our evidence is informed by:

- Healthwatch in Cambridgeshire, Peterborough and Doncaster heard from 39 prisoners about their experiences this quarter.
- 113 prisoners have shared their experiences with us over the last two years.

The NHS is responsible for the health of prisoners, and must provide them with the same quality of service as the general community.¹ However, what we hear is that this group doesn't always receive health and care support suited to their needs. It's important for care providers to remember that unlike the public, prisoners have no alternative. Our evidence clearly shows that prisoners need to have healthcare provision that meets their needs both in prison and after release.

What we continue to hear:

Access to appointments:

Long waiting times to be initially seen by a doctor or for a follow-up appointment are the main issues we hear about. Staff are not always available to escort prisoners, resulting in missed appointments. Even when escorts have been arranged to take people to appointments, there was no guarantee that they would be seen by a healthcare professional. This meant some had to wait for another appointment.

What's new?

Overcrowded waiting rooms are concerning

Prisoners with poor mental health tell us that unpleasant waiting room experiences can add to their distress or make them agitated, which can stop them from seeking support. This is also a worry when visiting healthcare practitioners after release from prison. For example, someone who had to wear an electronic tag felt uncomfortable waiting with other patients in the GP practice. They had to see a different doctor at every visit, which meant disclosing their prison history each time.

Support stopping smoking

Around 80% of prisoners in England and Wales smoke, compared to 15% of adults in the general community.² Prisoners who smoke are offered vaping as an alternative following the Government's decision to make prisons in England and Wales smoke-free.² However, not everyone can afford e-cigarettes on release from prison, and many aren't told about

¹ Prison environment and health: <https://www.bmj.com/content/345/bmj.e5921.long>

² Successfully delivering smoke free prisons across England and Wales: <https://publichealthmatters.blog.gov.uk/2018/07/18/successfully-delivering-smokefree-prisons-across-england-and-wales/>

smoking cessation support. This emphasises the importance of providing smoking cessation support to prisoners and ex-offenders.

Other issues prisoners face

- Not getting the right medication on time, or being told about changes to medicine
- Women have no choice of sanitary products
- Not being kept up-to-date about delayed or declined referrals to see a specialist
- Not being given the right information about support and treatment for mental health or addictions after release. For example, an ex-offender couldn't attend substance-abuse recovery sessions due to clashes with their job centre appointment, leaving them feeling hopeless.

How are we responding to Prison Healthcare Equivalence?

“Equivalence” refers to the rights of prisoners in accessing healthcare. A prisoner should expect to receive the same care as people living in the community. For example, when it comes to access, waiting times, and for complex, long term conditions.

However, with a combination of austerity and reduced budgets across prison estates, a shortage of prison officers, high staff turnover and prison overcrowding, we know that equal healthcare is not being achieved.³

The prison population has also had an upsurge in its aging population (7% were above age 50 by 2018) due to historical crimes sentencing, long term and life sentences. This has resulted in an increase of older prisoners with more complex health conditions, diseases and an increased need for medication.

The Government responded to the *Health Select Committee's Inquiry into Prison Health* in January 2019.⁴ Its main recommendations were the need for a whole system approach, reducing staff turnover, as well as looking at prison officers having keyworker responsibility

³ [Journal of Public Health](#), May 2019

⁴ An internationally used Ottawa Charter from 1986, sets out the rights for prisoners and their rights around healthcare from the United Nations. The last parliamentary report on healthcare for English prisons was written by an All Party Parliamentary Group (APPG) in October 2018 and can be read here: <https://publications.parliament.uk/pa/cm201719/cmselect/cmhealth/963/963.pdf>

The government response was published in January 2019: <https://www.parliament.uk/documents/commons-committees/Health/Correspondence/2017-19/Government-Response-to-twelfth-report-into-prison-health-cp4.pdf>

for up to six prisoners, to give dedicated time to their wellbeing. The [NHS Long Term Plan](#) sets out additional funding and support for mental health conditions, including reference to within the Justice System. The Government has stated that the improvement work lies with the Inspectorate of Prisons (HMIP) and the CQC to ensure implementation on a whole system approach basis. The Government also suggested increasing CQC's prison inspection and enhanced unannounced entry powers (legal power of entry), which could mean Healthwatch are able to do more engagement work in prisons.

Since the publication of inspection reports that were inadequate within local prisons, Healthwatch East Sussex and Healthwatch Isle of Wight are attending regular drop-ins with prisoners. They collect feedback, provide advocacy services, and support the prisons to improve health and social care standards. Elizabeth Mackie from Healthwatch East Sussex said "we responded to a CQC inadequate report at Lewes Prison. Problems such as lack of staff to take to secondary care appointments are an issue, as well as an aging prison population has meant lots more complex care needs. We have been working with SEAP advocacy and we are going in regularly to speak to prisoners and hear their feedback."

**What are people
telling us about
primary care?**



Our evidence on primary care is informed by:

- 15 Healthwatch reports, which include the experiences of over 1,685 people.
- 1,343 views from the public sharing their feedback with Healthwatch.

Primary care is the area we receive the most feedback about, making up 40% of our total evidence this quarter.

GP surgeries

Our evidence on GP surgeries is informed by:

- 12 Healthwatch reports, which include the experiences of 1,667 people.
- 1,130 views from the public sharing their feedback with Healthwatch.

GP surgeries make up 84% of the total feedback we receive about primary care services. This represents over a third (34%) of the overall individual feedback we've received this quarter, which reflects our average trend for feedback of this type.

What's new?

Experiences in the waiting room

According to the GP Patient Survey (2019), nearly a third of patients routinely spend more than 15 minutes in the waiting room after the time their appointment should have started. People often tell us about the long waits they experience and the issues they face in waiting rooms including:

- **Poor physical environment:** A welcoming environment can make a big difference. But, many say uncomfortable seating, poor access to refreshments and toilets all contribute to a negative experience. For people with sensory difficulties, noise levels can be particularly challenging.
- **Discussing sensitive issues in the open:** Staff should be respectful of confidential information when conversations can be overheard. However, people say their privacy is compromised when staff ask them questions about their condition in the waiting room. This is even more challenging when spaces are small or overcrowded.

- **Clear communication:** What can improve people's experiences is when staff manage expectations through clear communication, especially when there are delays. We've seen positive cases where this has made a difference.

ee The waiting room is tiny, so if you need to speak to the receptionist then everyone can hear you. ee

Personal story shared with Healthwatch Bedford Borough (04/06/2019)

ee One lady arrived with her husband...and had to wait 2 hours. It was so crowded they could not sit together. The seats were uncomfortable. ee

Personal story shared with Healthwatch Havering (10/04/2019)

We continue to hear:

Difficulty getting a GP appointment: Looking at feedback from over 200 people, only 26 said they found it easy to book a GP appointment. Getting through on the phone and limited availability of appointments when using online booking systems were the main issues. However, for people with communication needs, disabilities and memory issues the process was even harder when systems did not meet their needs.

Personal story: Inaccessible appointment booking systems

"...My mother has Vascular Dementia and my father has Late Onset Dementia and is deaf. Trying to get an appointment with this surgery is almost impossible for them. They appear to have a system where you have to ring after 8.30am to get a morning appointment, and after 2pm to get an afternoon appointment. When someone has dementia and/or is deaf, using the phone is an issue as is remembering to make the call!"

Healthwatch Kent (08/04/2019)

Staff attitudes can make a big difference: More than 55 people shared how all staff - from receptionists, nurses to GPs - can change how they feel about care. When staff are rude, dismissive or lack empathy, people can be put off accessing future support. However, staff who are caring and really listen can make a big difference.

Difficulty getting referrals: It can be challenging getting referred to see a specialist. Barriers include long waits caused by not getting a GP appointment, administrative errors and a lack communication between services once referrals have been made. Often, the onus can be on patients to chase up these appointments.

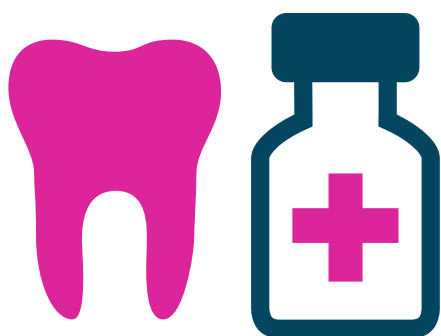
Healthwatch in practice: What do people want when visiting the doctors?

Over 122 people told Healthwatch Birmingham what was important to them when visiting their GP. The findings have been used by Birmingham Clinical Commissioning Groups (CCGs) to address these issues and provide better patient information.

People with a range of conditions, including mental health problems, autism, dementia and brain injuries and their carers all contributed to the work between January 2018 - February 2019. They said they valued:

- Being able to make appointments quickly and easily, particularly when in crisis
- Stable services and continuity of care
- High-quality, integrated, whole-person care
- Dignity and respect
- Receiving swift and straightforward referrals to specialist and community services
- GPs having clear knowledge and understanding of their condition
- Appropriate awareness and knowledge of their condition by all other staff at the GP surgery

Healthwatch Birmingham plans to monitor the CCG's progress on this issue.



Other primary care services

Our evidence on other primary care services is informed by:

- Three Healthwatch reports about dentistry (1) and pharmacies (2), which include the experiences of 18 people.
 - 213 views from the public sharing their feedback with Healthwatch.
- 71% of the 213 pieces of feedback relate to dental services.

We continue to hear:

Difficulty accessing NHS dentists: More than 20 people told us they struggle to register or get appointments with local NHS dentists. As a result, some have been forced to pay for private dentistry, or delay treatment. This has meant that small dental concerns, which could have been resolved quickly if they had been able to access support, have become more serious.

Staff attitudes affect care across all services: We heard positive feedback about staff in dental practices and in pharmacies. Friendly and reassuring staff, who provide good customer service, help people have a good experience. This is similar to feedback about staff attitudes in GP practices and shows the significant impact of staff attitudes on people's experiences.

👂👂 **After not going to a dentist for over twenty years they made me feel very reassured and at ease while I had my treatment done. I recommend this dentist to all friends and family now. Especially pleased with the dentist for the good work and making me feel comfortable.** 🗨️🗨️

Personal story shared with Healthwatch Bedford Borough (10/06/2019)

Long waits for prescribed medications: Getting hold of prescribed medication can be problematic. Issues included prescriptions which were not ready to collect on time from the pharmacy, poor communication, as well as repeat prescriptions changed without the patient being informed. This feedback demonstrates a real need for both pharmacists and GPs to improve how they communicate with each other, as well as the information they provide to patients.



Personal story: Medication misinformation

The pharmacy phoned to say the medication was ready for collection. However, when the disabled man managed to get to the pharmacy to pick up his tablets, he found they were not ready.

Healthwatch Cornwall 04/04/2019

Five common questions people ask

We reviewed 118 questions which people asked us about primary care services to find out the most common issues.

- How can I find my nearest GP practice?
- How can I register with a GP practice?
- How can I complain about being deregistered?
- How can I book an interpreter?
- How can I find an NHS dentist?

**What are people
telling us about
secondary care?**



Our evidence on secondary care is informed by:

- 22 Healthwatch reports, which include the experiences of over 2,904 people.
- 1,208 views from the public sharing their feedback with Healthwatch.

This accounts for 36% of our total evidence for the last three months, making it the second most common service people spoke to us about.

Urgent and emergency care

What's new?

Problems finding emergency dental care: People who experienced severe dental pain said they had trouble accessing help from emergency services. They also struggled to find the right information, even when turning to NHS 111, as the service didn't have the correct information. On a wider scale, this confusion could result in people paying for private dental treatment.

Personal story: Poor urgent dental care

"Spoke to four individuals and [was] given incoherent advice throughout. One dental nurse advised that we take my severely disabled mother, who was in severe pain with a broken tooth and exposed nerves, to the dental hospital as a walk in on a day that they were actually closed! This was followed swiftly by... referring us to an out of hours emergency dentist that could not then treat her as she is wheelchair bound, which we had already repeatedly advised all parties of...[The] 111 referred emergency dental service was actually a private clinic and [my mother] (despite being on full DLA and a state pension) was obliged to pay their private fees. Absolutely shocking dental service ...and very poor support and service from 111."

Healthwatch Birmingham (30/05/2019)

We continue to hear:

- There are long waits for urgent and emergency care: 43 people told us they had to wait between 3-12 hours in A&E before they received medical help.

There are also long waits for ambulances, resulting in some people making their own arrangements to get to A&E faster. Delays also extend to NHS 111, and in one case someone waited five hours for a call back.



Personal story: Long waiting times

An elderly person living alone in social housing with dementia fell over. They didn't know how to press the call button for help. At lunchtime they were found by their carer. When the doctor checked them, they thought it could be a hip fracture. An ambulance was called, but arrived six hours later. At hospital, they remained on a trolley in A&E and didn't get to a ward until 12 hours later.

Healthwatch Cornwall 15/04/2019

- **Staff attitudes:** 48 people had positive experiences interacting with staff in A&E, ambulance services and NHS 111. When staff made an effort to check on them and were empathetic, they felt reassured and comforted. However, not everyone receives good support - 29 people told us their experience was poor. This is similar to last year's figures.

👉 **Emergency Department - Excellent service. [I] was seen quickly. Although I waited a while for a bed the staff were checking on me all the time.** 👉

Personal story shared with Healthwatch Sunderland (17/04/2019)

- **Poor quality of care:** 22 people raised concerns about the care they received in A&E. Some of the issues they faced include being left unattended, no assistance to visit the bathroom, and not being asked about their food preferences. Others who arrived in severe pain or experiencing a mental health crisis were asked to fill out forms before they could receive help.
- **Lack of privacy:** Someone who attended A&E with a sensitive issue was unhappy with the lack of privacy when talking to staff. Narrow cubicles, separated by just curtains, left them feeling vulnerable and exposed.

Hospitals

What's new?

- **Communicating by phone with hospitals can be tricky:** 57 people said it was a struggle to contact hospitals on the phone, particularly to get the right information about their ongoing treatment or to book an appointment. When they phoned the number provided, they couldn't get through to the appropriate staff member, and nobody responded if they left a voicemail. There were also times when people missed calls from the hospital, but there was no voicemail, which left them feeling confused about what to do next.

ee A resident received a letter from the physiotherapy team at hospital to book an assessment. However, when he tried to phone the number provided, it either went to voicemail or was not answered. Frustratingly, he was unable to get through for two days straight. ee

Personal story shared with Healthwatch Bromley and Healthwatch Lewisham (03/04/2019)

We continue to hear:

- **Poor communication:** 104 people raised concerns that poor communication with services had a negative effect on their experience of care. Reasons for poor communication include not receiving any information because of high staff turnover, and administrative errors which resulted in a failure to send out information to patients at the right time. As a result, people say they are frustrated with the system, especially when they have to chase departments for information.
- **Interpreters aren't always available for hospital appointments:** This is an issue for deaf people and those who don't speak English fluently. In some cases, whilst an interpreter was booked, delays to appointments meant they were not available to translate at the later time. In other cases, family and friends had to take time off work to provide this support. Due to a lack of interpreter facilities, people with serious conditions have had their appointments postponed.
- **Inadequate cleanliness:** People shared mixed feedback about hospital hygiene standards. Hospital staff overlooked cleaning toilets, waste bins, and dirty dishes. They also left inpatients with soiled clothes on for too long. This upset both patients and their visitors.

Five common questions people ask

We reviewed 91 questions which people asked us about hospitals and A&E services to find out the most common issues.

- How do I complain about the long wait to get an appointment?
- What do I do if I have been waiting a long time for test results?
- Who do I contact for equipment services?
- How do I complain about the treatment I received in hospital?
- What support is available after being discharged from hospital?

What are people telling us about social care?



Our evidence on social care is informed by:

- 60 Healthwatch reports, which include the experiences of over 2,945 people
- 227 views from the public sharing their feedback with Healthwatch

Most of the social care feedback we hear is about care homes (25%) or adult social care services (24%)

What's new?

- **Growing concerns about affordable care**

We often hear about the lack of transparency when it comes to the true cost of social care. Individuals are worried about how they can afford to pay the cost of social care for themselves or loved ones. Some have even considered selling their home to pay for support.

People have turned to us for help after their direct payments stopped without explanation, leaving them unable to afford their existing support package. They had received little or no information about funding support explaining how to pay for care, leaving them confused.

Personal story: Unable to afford support

A lady with a disability found it difficult getting her children to school. A support package was put in place after a needs assessment. However, after the financial part of the assessment was completed, she was told she must contribute £91 per week for the package. This has also been back dated for 14 weeks, which the lady cannot afford, so she has cancelled all support. The lady is worried about how this will affect her mental health and her ability to cope at home.

Healthwatch Essex (25/06/2019)

Personal story: Getting support can be confusing

The individual had an assessment with Adult Social Care, but due to their age and unusual medical condition, support was not put in place. Their condition means that their needs vary, and they have difficulty engaging in long discussions. They are very confused

about what support is on offer and feel that they have been left without anything to meet their needs. They are looking for help or advice about what care is available, and are concerned that their home will have to be sold to pay for any support.”

Healthwatch Central Bedfordshire (05/04/2019)

We continue to hear:

- **Not all care homes actively seek to include people in the planning and development of their care:** We heard mixed feedback from 94 care home users. Whilst there were some positive comments that focused on how care homes promote independence, choice and dignity for their residents, this was not consistent. For instance, one resident was served food that didn't meet his religious requirements. Others lacked stimulating activities, so residents had to rely on loved ones to take them out.

The best care homes involve residents in their own care. For example, by encouraging residents to plan food menus and allowing those with religious needs to receive visits from clergy.



Personal story: Need for stimulation in care homes

Residents often tell us that there isn't enough to do, and the activities on offer aren't suitable to their needs. One resident said, “There's not a lot for a bloke to do” whilst another said, “It's my body that's bad, not my mind.”

Healthwatch Stockton-on-Tees 18/04/2019

Professional shares her frustrations working for a home care agency

People often tell us that when carers are late to appointments it can leave them without the critical assistance they need, for example, to take their medicine or get dressed. However, a professional who worked for a home care agency shared the difficulty she faced doing a good job for her clients. The home care agency regularly scheduled back to back clients without enough time for travel. This was not only stressful for the carer but had repercussions on clients too. This perspective highlights the desire for carers to provide good quality care, but the barriers they face with home care agencies when it comes to achieving this.

“A member of staff is dissatisfied as they only get five-minute travel time between clients, even when they are at the opposite side of town. It's impossible to manage and clients are not happy when

they are late, especially when they require medication at specific times. 🗓️

Personal story shared with Healthwatch Torbay (27/06/2019)

Healthwatch in practice: Young carers

Healthwatch Medway helped highlight what's important to young carers aged 7 - 20 years old. These views have informed the local council's strategy to ensure appropriate support is available for carers.

Healthwatch Medway worked with Carers First to better understand the lives of young carers. All of the young carers said they felt anxious and were under mental strain. Several said they didn't fully understand the condition of the person they were caring for, which added to their anxiety. Some were not recognised by the NHS as a carer, which made it difficult for their views and opinions to be considered. Worryingly, none of the carers had received the support they needed.

The views collected have been used by Medway Council and Medway Clinical Commissioning Group to improve support for carers locally.

Five common questions people ask

We reviewed 81 questions which people asked us about social care support to find out the most common issues.

- How do I find out what support is available to be cared for at home?
- How do I get equipment installed or repaired at home?
- How do I find information about available social care support?
- How do I find information about funding for care at home, care homes or other social care support?
- How do I get a social care assessment?

What are people telling us about mental health?



Our evidence on mental health is informed by:

- 15 Healthwatch reports, which include the experiences of over 2,602 people
- 155 views from the public sharing their feedback with Healthwatch

This represents 5% of the total feedback we receive, which is in-line with feedback from the last quarter.

What's new?

- **Interim support while waiting for an appointment:** People shared their experiences of the support available whilst waiting for mental health assessments and appointments. Although some feedback highlighted the lack of support available, leaving people with deteriorating symptoms, others had more positive experiences. In particular, interim support such as socially prescribed group therapy, and regular GP appointments, resulted in a more positive experience, despite long waits.

An individual who is being diagnosed, was given a psychosis crisis line to ring if they needed help. When they rang this line very distressed, they were told to wait for their appointment the following week to talk about the issue and were then transferred to the office line.

Personal story shared with Healthwatch York (23/04/2019)

- **Managing medication:** People said they experienced poor medication management for their mental health condition, as their medication was not regularly reviewed or monitored. In one case, changes to medication were carried out without the person's knowledge. What this shows is that people should be fully involved and communicated with about the decisions that affect them.

People have also said they felt dismissed when side effects caused by their medication weren't taken seriously. This resulted in some individuals being admitted to A&E as their side effects were severe.

We continue to hear:

- **Families want to be involved in the mental health care of their loved ones:** Five people said they didn't feel included in the mental health care of a relative. In particular, out of area placements, can cause both the individual with mental health issues and families great distress. Relatives find it difficult travelling long distances and may not be able to afford travel costs. Parents and carers also feel dismissed by healthcare care professionals.
- **Long waiting times for both children and adult mental health support:** Nine people raised concerns about long waits, regardless of the type of support being sought (e.g. initial assessments and emergency appointments). In addition, people are not kept informed of when to expect support, and are not given enough interim information. This delays seeking alternative support if needed.
- **Not feeling listened to:** We consistently hear that people presenting with mental health conditions or challenges feel they aren't taken seriously, particularly when revealing personal information to a healthcare professional.

Four common questions people ask

We reviewed 39 questions which people asked us about mental health support to find out the most common issues.

- What mental health support is available?
- How do I get interim support during my wait for an appointment?
- How do I complain about mental health services?
- How do I access medical records for mental health services?