



healthwatch
Lincolnshire



**6 Making
A Difference
Quarterly Report
April – June 2019**



Welcome to our first *Making a Difference* Quarterly Report which provides an overview of:

- Making a Difference.
- Patient, carers & service users experiences.
- Project Updates.
- Volunteers.
- Time well spent.
- YourVoice@HWL.
- Escalating health and care service concerns.
- Escalation—Breast Cancer.
- Signposting Support.
- Local Healthwatch get involved with NHS commissioning.
- Glossary.

**Talk
to us**

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Making a Difference

NHS Long Term Plan

From March to June 2018, Healthwatch was busy working with the public to hear what Lincolnshire people felt about their NHS, and its' Long Term Plan.

So what is the NHS Long Term Plan?

On the 18th June 2018 the Prime Minister (Teresa May) set out a funding settlement for the NHS in England for the next five years. In return, the NHS has been asked to develop a long term plan for the future of the service, detailing their ambitions for improvements over the next decade, along with their plans to meet them over the five years the funding covers.

However before the NHS can complete their plans, they need to know what the public feel about their current and future NHS services, how they are affected by them personally and what could be done differently.

The messages we heard were not new, with a focus on the need for better:

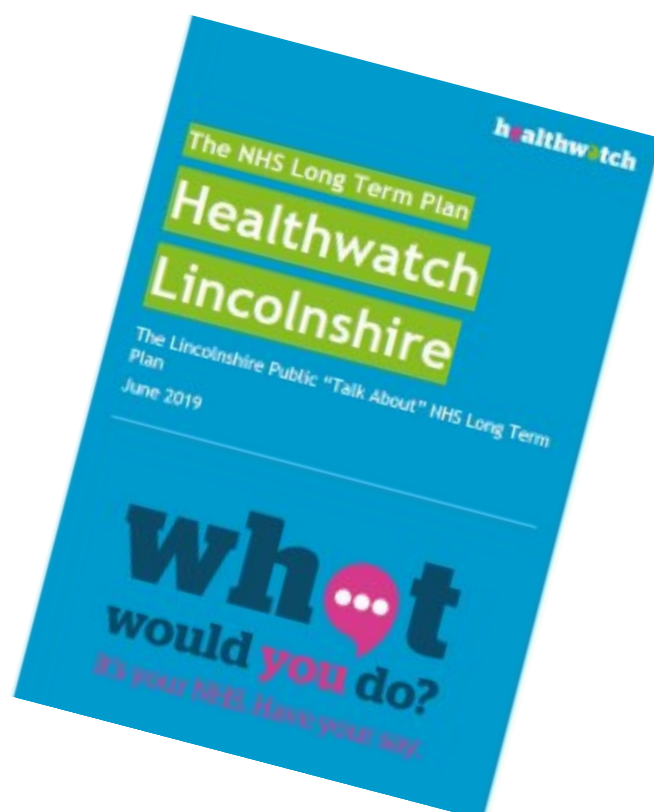
- Communication.
- Access.
- Application of technology.
- Timeliness.
- Efficiency.
- Transport and county infrastructure.
- Care services closer to home.

However what our work also reinforced is that the public told us they want to see a more 'joined up' approach across all health and care services, both in and out of the county. It was clear there needed to be demonstrable evidence that our NHS health, public health and social care systems are truly working collaboratively.

Over 400 people were involved in talking to us, enabling us to summarise the following key messages:

- Rurality is a major barrier to consistent health care.
- People want to be treated 'holistically'.
- Technology needs to be embraced at pace .
- Requirement for more information, advice and guidance about how to make better lifestyle choices.
- Requirement for more joined up approaches across all NHS services.
- Need for more links and connectivity between health and care services.

For a copy of the full (or summary) report please visit our website.



Highlight Statistics Quarterly Report April – June 2019

Healthwatch Lincolnshire
making a difference.



Volunteers
donated over
445 hours



Over **8,570** website
views. **2110** Twitter
followers and **509**
Facebook likes



We have produced
128 reports on
issues ranging from
transport to dental
services



We have completed **2**
Enter and View visits



Our signposting and
information service
has helped over
364 people



We have spoken to over
1090 local people face
to face across
Lincolnshire

Patient, Carers & Service Users Experiences

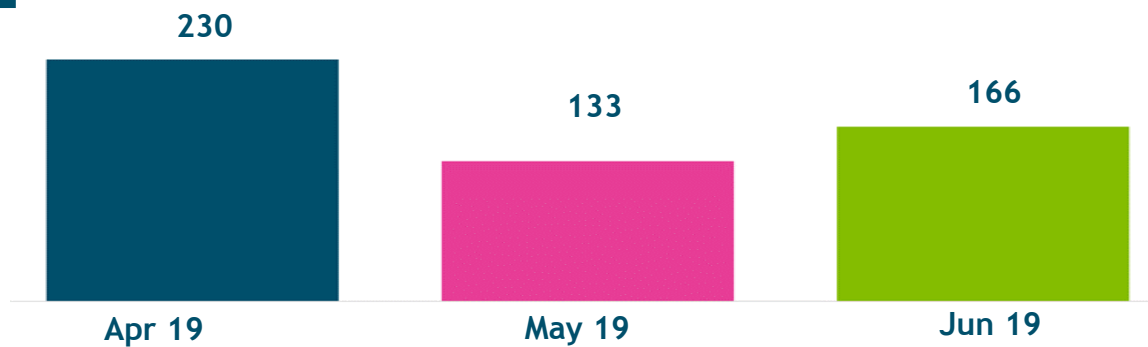


Chart above shows the number of comments received per month for the quarter

April 19 to June 19– Highlighting just 3 months of our work

Every month we gather views from patients and service users. We gather them in various ways including through our Signposting function, our volunteering activities, our Engagement Officer, our projects and numerous representation roles across the health and care sector.

During this quarter we have seen a total of 529 patient experiences. Below are examples of the issues raised with local providers of services, commissioners and regulatory bodies, to ensure that the patient voice is heard.

April



During April we received a total number of 230 experiences.

Overall, Healthwatch felt there was a lack of patient centred care throughout.

Whilst we can empathise with the providers to some extent on the pressures they are facing, cancelling appointments, transport etc. this is not only mentally stressful but could result in a patient's vital treatment being missed.

For example, TASL, patients awaiting pick up from TASL were experiencing last minute cancellations.

Pilgrim Ward 8A; patient at Pilgrim received care which didn't recognise the individual's needs.

Another example involves LCHS, where care is being provided professionally in the home,

the patient is still falling, with no real evidence of a holistic approach and review of the patient's circumstances.

Condition Specific

Cancer has appeared throughout our report which supports our most recent escalation paper shared with providers, commissioners and regulators.

Patient Communication

More than one patient has commented that they have been 'stopped' from having an MRI. Whilst there may be a very valid medical reason for this i.e. the patient clearly doesn't require one. Better communication with the patients is needed to explain why the decision has been taken. Patients are taking the view that it might solely be down to cost.

Primary Care

GP appointments - We noted patients inability to get booked back in for an

essential follow up (with the same GP for patient consistency) for many weeks, and also difficulty in getting an appointment for a health check. If a patient comes across too many barriers they will just stop going.

GP Extended hours – patients are still confused about extended hours, and what the appointments are used for and where they are held. It appears (from a patient perspective) that Practices are utilising the hours differently, adding to the confusion.

It is also felt that there is a lack of follow up and communication with patients, particularly when articulating clinical decisions and treatments with ongoing care to patients.

Acute Hospital Main Themes (ULHT):

Patients often feel there is lack of dignity, respect, and confidentiality. Wards needs to be reminded that care should start and finish with the patient and continue throughout their stay in the hospital. Case 6804 (see our monthly report for more information) is a really good example of this where in a 4 bedded ward in Pilgrim Hospital, an end of life discussion was overheard by everyone within that ward, other patients, family members etc.

Patients continue to state that the Trust

does not provide appropriate Accessible Information.

Lack of follow up and communications with patients, particularly when articulating clinical decisions and treatments and ongoing care to patients.

Lack of treating patients ‘holistically’ where they have more than one condition/disability. The patient needs to be treated as a whole person and not as a one condition specific issue.

May



During April we received a total number of 133 experiences.

The following highlights some of the themes. Predominately the communication challenges faced by patients and professionals in delivering an effective service was highlighted. Specifically this report see challenges between GP surgeries and patients and between hospitals and GP surgeries (especially when this relates to the follow up of diagnostic results) as being pivotal to dissatisfaction. These challenges are stressful for all, adding, time and anxiety to the process of receiving perceived good and timely care.

We also heard the challenges around cancer



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services and particularly after care. Remembering that the diagnosis and treatment for cancer is traumatic enough for the individual. But that it more often than not also impacts on families and carers. In this month our concerns were such that we raised an escalation paper in respect of this topic. (see page 16)

Access to appointments was, as always, raised as an area of concern for patients. Some patients feel that due to the increasing development of houses, together with the reductions in the number of primary and acute services, that the quality of healthcare in Lincolnshire is diminishing too far.

We must also remember that the report highlights and feeds back positive aspects of the health care system, citing quality of care as being something that our population value.

June

During June we received a total number of 166 experiences.

Prominent areas of interest came under the topics of:

- Lack of communication between services, leaving patients anxious and concerned about their health and care continuity.
- Access to, and availability of appointments particularly within primary care.

- Concerns related to staffing levels within home care.
- Lack of mental health consideration and understanding from professionals.
- Number of comments related to pharmacies, and in particular late or missing items.
- Also we are more frequently seeing families coming to us where there is a dispute between social care services and themselves, relationships declining and the family feeling the actions are not in the best interest of the 'patient/resident' and not in collaboration with family or carers.

We note that all of the above issues are taken at face value and there is limited detail to the whole picture, however where a patient or loved one has taken the time to share their views or experiences with us we feel it is important to share these in the best interest of the health and care system.

It is also worth recognising the number of positive comments within this report, 73 out of 162 (4 signposting have been removed), equate to around 45% of patients spoken to having a comment or experience which was categorised as a compliment.

In such challenging times for many of our services and the people who work within them, this is encouraging to see so many compliments.



The graphic features a large green speech bubble on the left with the text "SIGN UP TODAY FOR YOUR FREE HEALTH AND CARE DIRECTORY". To the right, two smartphone screens display the Healthwatch Lincolnshire app interface, which includes icons for Care & Home, Safety Issues, Medical, Community Care, Mental Health, NHS & GP, Feedback, Local Health Services, and Care Support. Below the screens, a text box reads: "Sign up to Healthwatch Lincolnshire news and receive our free health and social care directory for Lincolnshire." The Healthwatch Lincolnshire logo is at the bottom right.

Project Updates

Stroke

The Stroke project continues with more one to one conversations taking place and more ward visits at Lincoln and Pilgrim Hospitals. Importantly following our attendance at Stroke Service Planning Meetings, Healthwatch Lincolnshire have been invited to be part of implementation team for the 100 day challenge on Stroke services.

Skellingthorpe Surgery

The stroke project continues with more one to one conversations taking place and more ward visits at Lincoln and Pilgrim Hospitals. Importantly following our attendance at Stroke Service Planning Meetings, Healthwatch Lincolnshire has been invited

to be part of the implementation team for the 100 day challenge on stroke services.

Coastal Communities

A new concept for Healthwatch; was a community engagement event on the needs of the coastal community in the South Holland areas of Holbeach St Marks, Gedney Drove End, Sutton Bridge and Tydd St Mary. A very fruitful initial meeting was held with a number of crucial needs emerging from the discussions. Further consideration of this work will take place in due course.

Contact us 01205 820892
info@healthwatchlincolnshire.co.uk

Healthwatch get involved with NHS Commissioning

Healthwatch have been invited on a number of occasions to participate in the evaluation of the commissioning for various NHS services. We have most recently been involved in the commissioning for local NHS dental services.

Our role within this process is clear in that we are not there to provide any commentary or challenge to the decisions NHS England make about the allocation of contracts, but instead ensure that the specification includes the necessity for any prospective providers to carry out patient involvement,

engagement and participation in a meaningful way.

We believe that this opportunity not only supports NHS England in the evaluation of bids from providers, but enables us to provide an independent and expert perspective on patient engagement and involvement, which we know will benefit patients using the services in the longer term. We are well aware of the challenges for dental services in particular parts of our county and as such Healthwatch keep a constant watching brief on developments.

Your story has the power to make change happen.



Volunteers support has helped with...

642



Total number of completed feedback forms

91



Total number of volunteer activities including operational and strategic

1093



Total number of Lincolnshire people engaged with in Lincolnshire

445



Total number of volunteer hours including operational and strategic

Visits included:

April–June 2019



26 GPs



3 Hospitals



4 Reader Panel



7 Project Engagements



20 Administration Sessions @ HWL Offices

4 Other Events including a MENCAP coffee morning, LPCF Signposting Day and Cancer Summit Event.

Volunteer Week 1-7 June 2019

On the 4th and 6th June, Healthwatch Lincolnshire held lunch events to recognise the difference volunteers make to the organisation. The events were an opportunity for us to say ‘thank you’ to our volunteers, giving them the chance to meet up, share their experiences, talk to members of the Board and receive organisational updates. We are always grateful for our volunteers, but Volunteers’ Week is a great time to say thank you for their contribution and recognise the huge number of hours they give, we couldn’t do what they do without them!

Our team of 40 volunteers are committed to improving health services in the county. Volunteer roles include gathering the views of the public at GP surgeries and hospitals, research and reader panel work from home, authorised representative engagements, targeted project work and administration at the Healthwatch Lincolnshire office.

Volunteers play a vital role in the organisation and we are always looking for enthusiastic volunteers to join us, so we can do more to improve health and social care services for everyone in the county. If you are interested in becoming a volunteer with Healthwatch Lincolnshire, please contact us on info@healthwatchlincolnshire.co.uk. Tel: 01205 820892.

Time Well Spent- A national survey on the volunteer experience - January 2019

The survey of 10,000 volunteers, carried out by YouGov on behalf of the NCVO (The National Council for Voluntary Organisations) published in January 2019, provided an overview of volunteer experience in the country. The overall aims of the survey were to; gain a rounder view of participation, see how volunteering fits into people's lives, understand people's experiences across the volunteer journey, identify the impact of volunteering and how to better engage potential volunteers.

The survey identified that 96% of volunteers are happy with their volunteering, 81% volunteer in and for their local communities and 80% of recent volunteers are likely to continue volunteering over the next 12 months.

85% agree organisations are flexible around the time they give, and 83% feel they are well supported. However, chair of the NCVO, Peter Kellner identified the need for employer supported volunteering to be developed to enable more worktime volunteering.

Organisations must ensure the best volunteer experience to support and retain volunteers, ensuring roles support paid professionals, not replace them and in doing so, be aware of the

negatives highlighted by volunteers of too much time taken up, being out of pocket and being pressurized into doing more than they want to do.

The health and wellbeing benefits of volunteering have been widely researched and this survey highlights some of the benefits people attribute to volunteering. 89% of volunteers agreed that they had met new people through their volunteering. While 3 out of 4 volunteers saying that their volunteering improves their mental health and wellbeing. Enjoyment ranks highest among a range of benefits that volunteers feel they get out of volunteering and 90% of volunteers feel that they make a difference through their volunteering.

Interestingly, age groups most likely to agree that their volunteering helped them feel less isolated are 18-24 year olds (77%) and 25-34 year olds (76%). The survey also highlights that people aged 65 and over were most likely to have recently volunteered (45%) with (31%) of 25-34 year olds.

Healthwatch Lincolnshire is happy to support its dedicated team of volunteers and work together with them to ensure their experience is both enjoyable and worthwhile.



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it starts with
YOU

YourVoice@HWL—July 19



Photo from the friendly bench group

Healthwatch Lincolnshire held its recent YourVoice@HWL event on 10 July 2019 in Baston (South Kesteven). YourVoice@HWL Events are held 4 times per year usually in January, April, July and October and are open to all who have an interest or concern around NHS services or Social Care Services in Lincolnshire.

The theme for each event is chosen to match Healthwatch Lincolnshire's priorities and services within Lincolnshire.

Personal Health Budgets

The focus for the event in July was Personal Health Budgets. The events are an opportunity for both professionals, patients, carers and their families to get together and have an honest and open discussion around a theme. A panel with expertise on the given theme can be asked direct questions and give responses to the audience in a "Question and Answer" style format. This event had representation on the panel from

the Penderels Trust, Continuing Health Care Business Manager, Lincolnshire West Clinical Commissioning Group and Carers First and over 29 organisations from a wide range of both statutory and community providers attended.

On the day, there were 36 people in the room - 32 representatives from community groups and members of the public who had an interest in Personal Health Budgets; 1 representative from the Trusts and Commissioners who provide the NHS services in Lincolnshire; 4 representatives from Healthwatch Lincolnshire and members of the public.

The main concerns raised by the attendees were:

- Recognition that Lincolnshire is behind where it should be in relation to PHBs.
- Confusion over what a PHB is and who is eligible.
- Identification of the benefits of a PHB to the well being of the patient and their carers.
- Recognition that an awareness campaign to all GPs and professional staff needs to be undertaken.
- Promotion of PHB through medical professionals?
- Times scales and projection. Will it be a staged approach with reviews of current patients and their needs? What processes/ systems need to be put into place so that this will happen routinely and from what date? When is ground zero?
- Recognise and monitor plans to ensure that services can effectively cope with an increased number of PHB clients/service users requiring these services?
- How is social care linked to the process of Personal health Budgets?

- How will Carers be identified, involved and supported?
- What are the barriers and how will they be identified?
- Which stakeholders need to be round the table in order to ensure everyone is working together and with the same clear understanding of the system and processes

involved?

- Who will scrutinise the processes?

Each of the points raised were discussed with the Panel and each gave information from the point of view of the service that they represented so that the audience could get a fuller picture of the complex nature of Integrated Neighbourhood Working.

You said ... we listened!

Feedback from the attendees help HWL to shape the event for the future.

Following receipt of feedback, we have implemented the following changes to the YourVoice@HWL experience:

- Panel Changes - maximum of 4 people with an autobiography on each candidate distributed prior to the event to reduce lengthy inductions (from July 2018)
- Reduction in the use of jargon/acronyms by professionals and an “jargon/Acronym Buster” provided to all attendees (from July 2018)
- Moving the networking session as the final session of the event (from October 2018)
- Updates from Statutory Providers to be part of the delegate pack (from January 2019)
- Pre-event delegate pack sent out electronically to all booked attendees prior to the event and a paper copies available on the day for reference (from January 2019)
- Agenda reflects the change in format including the session order and showing a start and finish time to allow flexibility on the day depending on theme and audience needs (from January 2019)

Feedback Form introduced in delegate pack (from January 2019).

**Talk
to us...**

**For more information on the
next YourVoice@HWL**

Contact us 01205 820892

Oonagh.quinn@healthwatchlincolnshire.co.uk

Escalating health and care service concerns

Healthwatch Lincolnshire has the power to escalate concerns that we have about specific health and care services in Lincolnshire. These concerns may be raised by the public, or through other sources, what matters most is that the information tells us of potential problems with healthcare services.

What our escalations all have in common is that more than one person has raised the issue and in some cases many people have contacted us with similar problems.

We treat each escalation in the same way. Firstly, we gather as much information as we can from our own internal systems. This will mostly be individual experiences shared with us by the public. We then assess all the information to confirm there is a growing trend that tells us a specific service is causing patient, carer or service user difficulties. Next, when appropriate we contact the service to ask questions such as why there is such a long delay in getting an appointment or what are the plans to improve the situation? Their responses again

help us form a better picture of what is going on.

Our third stage in the process is to produce an escalation paper. This paper summarises the problem and provides evidence as to why this is impacting on patients, carers or service users. On behalf of the public, at the end of the paper we ask a number of questions; with the power to demand answers within 20 working days, although we realise that often a service needs more time to find out the right information to respond. Our completed escalation paper is then sent to commissioners and providers for answers.

The paper is also sent to the following organisations for their information: NHS England, Healthwatch England, Lincolnshire Health and Wellbeing Board, and the Health Scrutiny medical committee.

Below is a summary of the escalations we have made since March 2017.

If you would like more information or copies of any escalation paper please contact our office on 01205 820892 or email info@healthwatchlincolnshire.co.uk

Date of paper	Title and background	Response and update
March 2017	Neurology – this escalation came about due to patients contacting Healthwatch with concerns that they were not able to access neurology services in Lincolnshire. We focused on the fragility of the service, including the inequality of service provision for the people of Lincolnshire requiring neurology services as well as the closure of the service at the time to new referrals.	22 September 2017 we received a letter from South West CCG with an update of work to improve the situation. We also acknowledge the work of the Lincolnshire Neurological Alliance in also raising concerns. August 2019, Neurology remains on our agenda as a service of concern for Healthwatch and patients in Lincolnshire.
March 2017	Transitional care beds - In February 2017 Healthwatch Lincolnshire was asked to meet with a GP Surgery based in East Lincolnshire as they were experiencing serious difficulties with accessing and using the Lincolnshire Transitional Care pathways for their patients. In addition, the GPs present at the meeting informed us that they had been made aware there was no longer any Transitional Care beds (Feb 17) available for patients in the Boston area of	5 April 2017 we received a response from Lincolnshire County Council. May 2017 we received a response from Lincolnshire Community Health Service. August 2019, using our watchdog role we are asking for an update on the progress with planned improvements.

Date of paper	Title and background	Response and update
August 2017	De-commissioning of services – Healthwatch became increasingly concerned as to the possible reduction in commissioned health services. We asked commissioners to notify us of plans to de-commission or re-commission health services in Lincolnshire.	18 September 2017 we received a letter from South Lincolnshire CCG. August 2019, using our watchdog role we will be asking for an update with regards to commissioning intentions.
September 2017	Care Services - issues around use of Direct Payments, Personal Budgets, Home Care Support and Re-commissioning of Care Agencies were of particular concern. We raised a number of questions with Lincolnshire County Council Adult Social Care Services.	19 September 2017, we received a response from Executive Director of Adult Care and Community Wellbeing. August 2019, Healthwatch will be focusing project activities around care services in the coming months.
February 2018	EMAS - EMAS performance in Lincolnshire has been a concern of Healthwatch Lincolnshire since 2014. From 2015 we have received monthly performance reports from EMAS which we have been monitoring and confirms our concerns about their performance issues.	No response was received from EMAS with regards to this escalation. Despite this we have continued to monitor the situation. August 2019, using our watchdog role we will be requesting an update of performance in Lincolnshire and most importantly their plans to improve the same.
March 2018	Repeat prescriptions – changes in the way patients were able to get their repeat prescriptions caused a great deal of concern. Our escalation paper focused on the way information about the changes was being shared with patients and inequalities in accessing repeats across the county.	13 March 2018, we received a response from South Lincolnshire CCG on this matter. August 2019 - Escalation closed.
May 2018	Pain Management Services – this paper focused on individual service closures and planned future re-commissioning of the service. On 1 April Connect Health was awarded the contract to deliver Pain Management services in Lincolnshire.	26 June 2018, we received a letter from West Lincolnshire CCG and throughout June 2018 and June 2019 regular updates from East Lincolnshire CCG. August 2019 - following our initial escalation paper due to the significant number of patient comments Healthwatch still continue to receive, we will be continuing our work to watchdog the new service.
September 2018	Mental Health – this paper asked what plans the Lincolnshire CCGs have for the £1.7m mental health growth fund.	22 September 2017, we received a response from South Lincolnshire CCG. August 2019 – escalation closed.
September 2018	Autism – Healthwatch received a number of calls from families concerned that they were not able to access timely appointments for children to visit consultants for diagnosis of conditions such as Autism. During the following months we continued to ask questions and raise concerns about this service.	28 September 2018 and 1 April 2019, we received responses from South Lincolnshire CCG with acknowledgement of the problems and information about planned improvements for the services. August 2019 – we will be using our watchdog role to seek updates as to the progress of these planned changes.
October 2018	Cervical screening – we received experiences from patients with regards to how long they were waiting for screening results. Our concern was that delays at the lab may lead to patient harm and we were seeking reassurance this was not the case.	12 October 2018, we received a response from NHS England Screening and Immunisation Lead. However, concerns for us remained and we raised further points at the Lincolnshire Health Protection Board. August 2019 – we will be asking for an update with regards to the situation.

Date of paper	Title and background	Response and update
October 2018	Changes to bed numbers at Louth Hospital Carlton and Manby Wards – our concern was how plans to reduce bed numbers on these wards might impact on local social care and other services.	October 2018, we received updates from both Executive Director of Adult Social Care and Wellbeing and Lincolnshire Community Health Service. August 2019 – using our watchdog role we will be checking what the impact of the reduction in bed numbers has had on patients in the district of Louth.
November 2018	Ophthalmology – information we received from South Lincolnshire Blind Society raised concerns with regards to the long delays patients were experiencing with ophthalmology services.	November 2018, we received emails and telephone calls from ULHT including service manager for Ophthalmology to explain the situation, they offered resolutions to the problem. August 2019 – we will be asking for an update with regards to this service.
April 2019	Sleep Apnoea – we were given information that potential changes in this service could result in 3,000 patients in Lincolnshire being disadvantaged.	4 April 2019, we received an email update confirming the service was being reviewed with possible changes from 1 August 2019. August 2019 – using our watchdog role we will be seeking reassurances that support for sleep apnoea patients will still be available in Lincolnshire.
April 2019	8 day patient removals from GP service – this was initially raised with Healthwatch by the BBC. Additional investigative work by Healthwatch raised serious concerns as to the numbers of patients being removed in this way by a small number of GP surgeries.	April – June 2019, both NHS England and the Lincolnshire Medical Committee (LMC) have worked closely with Healthwatch to agree number of ways we can improve the situation for both patient and GP practice. August 2019 – we will be asking for an update of progress with both NHS England and LMC.
2018 – 2019	NHS Dental – Healthwatch have been very concerned about the closures of NHS dentist services in Lincolnshire during the past year. Whilst this work did not formally produce an escalation paper, we have escalated our concerns on a monthly basis with NHS England.	2018 – 2019, NHS England have worked closely with Healthwatch to keep us updated with any improvements in the number of NHS Dental practices in Lincolnshire. August 2019 – we are waiting on the outcome of new commissioning of services.
March 2019	GP services – at the East and South Lincolnshire CCG Governing Body meeting questions were asked by our Healthwatch representative in relation to cost of temporary residents, access to appointments and attitude of reception staff.	1 and 3 April 2019, we received responses from both CCG in relation to these issues. August 2019 – escalations closed.

If you would like more information or copies of any escalation paper, please contact our office:

Call 01205 820892 or email info@healthwatchlincolnshire.co.uk

Escalation - Breast Cancer

An escalation paper was prepared in April 2019 as a result of a patient story shared with Healthwatch.

The patient's journey has been harrowing and traumatic for them and their family. During the process the patient had been through surgery, but at the time of sharing their story and our escalation paper, it had been over 9 weeks since the patient's initial surgery and their next stages of treatment were still unknown. To make matters worse the patient then found out they appeared to be without a consultant.

We were fortunate in many ways to have sight of this whole journey. It enabled us to better understand the experiences of patients that have previously contacted Healthwatch about cancer care in the county.

From the information we received it was clear that fragility of the service and the psychological damage the pathway and system is potentially having on patients. Whilst the care and compassion whilst may be in existence within the oncology staffing team at United Lincolnshire Hospital Trust, this story highlighted a tendency for staff to shift blame which is not helpful to the patient.

Responses to date

Whilst we have not yet received formal responses from local commissioners and providers to this escalation paper, we were asked to share our escalation paper with the NHS Quality Surveillance Group who monitor and scrutinise NHS services. This group were grateful that we were able to share the patients story and acknowledge that such experiences was most likely not an isolated incident.

Signposting experiences

Our Information Signposting Officer has helped 364 people during April 19–June 19 to access services and provide a range of further support.

Here you will find a brief flavour of the comments we have received from patients, carers and service users and what we have done with those comments.

Patient Experience

"Before I had breast cancer I suffered with COPD now I have breast cancer my COPD has turned to emphysema because of the radiotherapy. I received a letter from Countrywide Community Respiratory Services in August 18, informing me that a referral had been received and that the waiting time would be 18 weeks. I have not heard anything since. I have tried to call on the numbers provided but have not been able to speak to anyone. I have been on the waiting list for rehabilitation exercise for a while now. I still have trouble with

coughing and I easily get out of breath I have had a mastectomy I have loads of other illnesses but my emphysema seems to be getting worse I have waited for an appointment to see what is happening but heard nothing for at least 9 months I thought I would tell you maybe you can help me get this problem sorted."

We did

HWL - suggested the patient contact their GP, in the meantime consent was gained and HWL contacted LCHS who would make contact with the patient directly to discuss.

Information received from the patient - Thank you so much I have had a call and they will be phoning me again to set up a date and time in June to have a consultation. Thank you again for your help and emails I really didn't know what to do.

Patient Experience

Caller concerned. They had contacted TASL to book transport from their home to Addenbrookes Hospital in Cambridgeshire to have a scan. Caller was informed that as they had undergone spinal surgery within the last 6 months it would not be possible to take them. The caller then contacted the Voluntary car scheme which unfortunately was fully booked. As the caller has been advised by their doctor not to drive for the next 6 months they had no other way of getting to the appointment and therefore called HWL for advice/assistance.

We did

HWL contacted TASL PALS to discuss patient concerns. TASL to call patient back directly to assess the situation and arrange hospital transport. The caller was very grateful as was feeling anxious and depressed following the surgery and the upset with TASL had not helped - feeling much more settled now and would await the call from TASL. Transport was arranged for the patient and was grateful to HWL for liaising

Patient Experience

Patient is an amputee, requires a shower chair to assist, the current one is rusty and needs replacing, have had this one for 4 years and cannot recall where it came from. Patient asked if HWL could you look into this please?

We did

At patients, once I had established where the chair had been requested through HWL liaised with NRS Healthcare, who would provide a new chair in a few days' time. Information passed onto the patient with contact details for NRS should they need in the future. Patient extremely happy with the result and thanked signposter for all their help.

Carer Experience


Elderly patient requested HWL contact TASL to arrange transport for them, very hard of hearing and felt they couldn't make the call themselves. Needs to go to Peterborough Hospital, Orthopaedic department, can only walk 20 yards and would require a wheelchair with someone to push them, didn't know how to get transport arranged.

We did

HWL - contacted TASL and explained the situation, transport was arranged. HWL contacted the patient to say transport had been confirmed for them and sent a letter to the patient with all the information ref number, hospital, and time of collection etc as hard of hearing on the phone. Patient was very grateful.

Between the dates of April - June 19 there were 21 patients who contacted HWL looking for an NHS dentist in their area. These patients had either moved location; dental practice has closed or haven't been registered for some time and looking for a practice.

All 21 patients were given information on the closest Dental Practices who were accepting NHS patients.

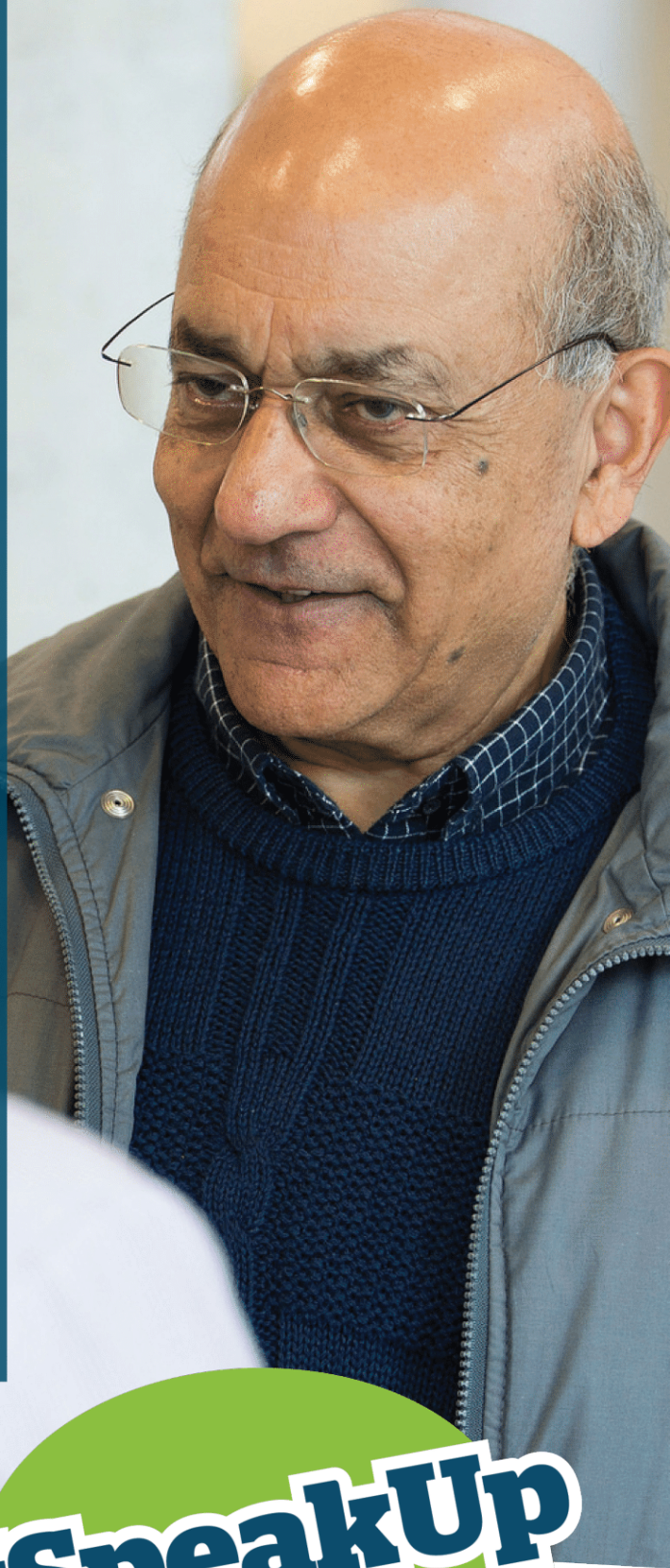


Do you have an idea that could help improve health and social care?

We're Healthwatch. We're here to help make care better. We listen to your experiences of services, and share them with those with the power to make change happen.

We can only take action with evidence. We need you to speak up and share your experiences and ideas with us. Together we can help make care better for everyone this year.

#SpeakUp



#SpeakUp

Find out more

healthwatchlincolnshire.co.uk

healthwatch
Lincolnshire

Glossary

HWL – Healthwatch Lincolnshire

ULHT – United Lincolnshire Hospital Trust

PALS – Patient Advice and Liaison Service

CQC–The Care Quality Commission

LCC– Lincolnshire County Council

STP– Sustainability and Transformation Partnership

LCHS–Lincolnshire Community Health Services NHS Trust

CCG–Clinical Commissioning Group

GP– General Practitioner

NP– Nurse Practitioner

MIU– Minor Injuries Unit

LISH–Lincolnshire Integrated Sexual Health Service

LPFT–Lincolnshire Partnership NHS Foundation Trust

CPN–Community Psychiatric Nurse

TASL–Thames Ambulance Service Limited

ANP– Advanced Nurse Practitioner



“

“I DECIDED TO VOLUNTEER WITH HEALTHWATCH LINCOLNSHIRE BECAUSE I HAVE HAD MANY DEALINGS WITH THE NHS AND WANTED TO MAKE A DIFFERENCE.”

For more information on this report or our overall project please contact in the first instance:

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The logo for Healthwatch Lincolnshire, featuring the lowercase letters 'hw' in a dark teal color, followed by a vertical pink line, and then the lowercase letters 'lincs' in a light green color.

HWLincs committed to delivering

The logo for Healthwatch Lincolnshire, with 'healthwatch' in a bold, lowercase font where the 'h' is pink, 'e' is teal, 'a' is white, 'l' is teal, 't' is white, 'h' is teal, 'w' is white, 'a' is teal, 't' is white, and 'c' is teal. Below it, 'Lincolnshire' is written in a smaller, lowercase font.