healthwatch
Surrey

Insight Bulletin: June 2020

One of the statutory duties of Healthwatch Surrey is to listen to the views of local people about their health and social care and to share these views with the organisations who make decisions about local services.

Our engagement is agenda-free: people tell us about the experiences that have affected them in their own words. This bulletin highlights three of the themes we have heard most about in past few weeks. It is a small sample of what we hear – if there is a topic you would like to hear more about please contact Kate.Scribbins@healthwatchsurrey.co.uk.

Digital consultation is not a panacea

While many people have been delighted by online or phone healthcare consultations we have heard from patients, support organisations and clinicians about problems for some people and the need to protect equality of access:

> *"… there was a note to contact the surgery via the website for a medicines review. She tried to use the website but struggled. She contacted the surgery by phone, the receptionist managed to help, but it took some time and even the receptionist didn't seem very confident about how to do this online.".*
>
> *"How can people be triaged if they are not online?" Chair, sensory charity*
>
> *"A person's mother told her that her father had being displaying [COVID-19] symptoms… She tried to apply to do a home test. Her parents cannot do this themselves as they do not have internet access and therefore no e-mail address. She called 119 who she did report as being very helpful. She was then able to use her own e-mail to register for the test and have it sent to her parent's address."*
>
> *" [consultants] said that remote consultation is fine for straightforward people, certain conditions or follow ups. It's been a challenge communicating with complex patients with physical, cognitive and*

> *sensory loss such as hearing. Which is quite large number of people across all specialisms."*

Fear of coronavirus is still impacting people's confidence when accessing health and social care

While non-COVID patient presentations are increasing, fear of COVID-19 is still impacting some people's willingness or ability to access the care they need.

> *"He (78) has an appointment at the Royal Surrey Hospital … and is very concerned about how to get there safely. To go [two consecutive days] would require a total of eight bus journeys"*
>
> *"xxx has taken sister out of care home because of coronavirus… She was unhappy at the way coronavirus was being dealt with in the home - lack of social distancing, PPE etc. …she has not been able to access any extra help… while she cares for her sister at home. She is therefore short of money, and exhausted"*

Even routine questions about Do Not Attempt Resuscitation records need to be handled sensitively

The pandemic has triggered many new conversations about end-of-life wishes and we are glad to say we have heard relatively few negative experiences. However, some stories we have heard have illustrated how easy it is for questions about DNAR to cause shock and distress.

Due diligence/paperwork checks with family can easily be interpreted as news that the patient is about to die.

> *"the family were upset because it may be routine for the hospital to ask for a DNAR, but lay people assume it means death's door is awaiting and they need to make a decision".*

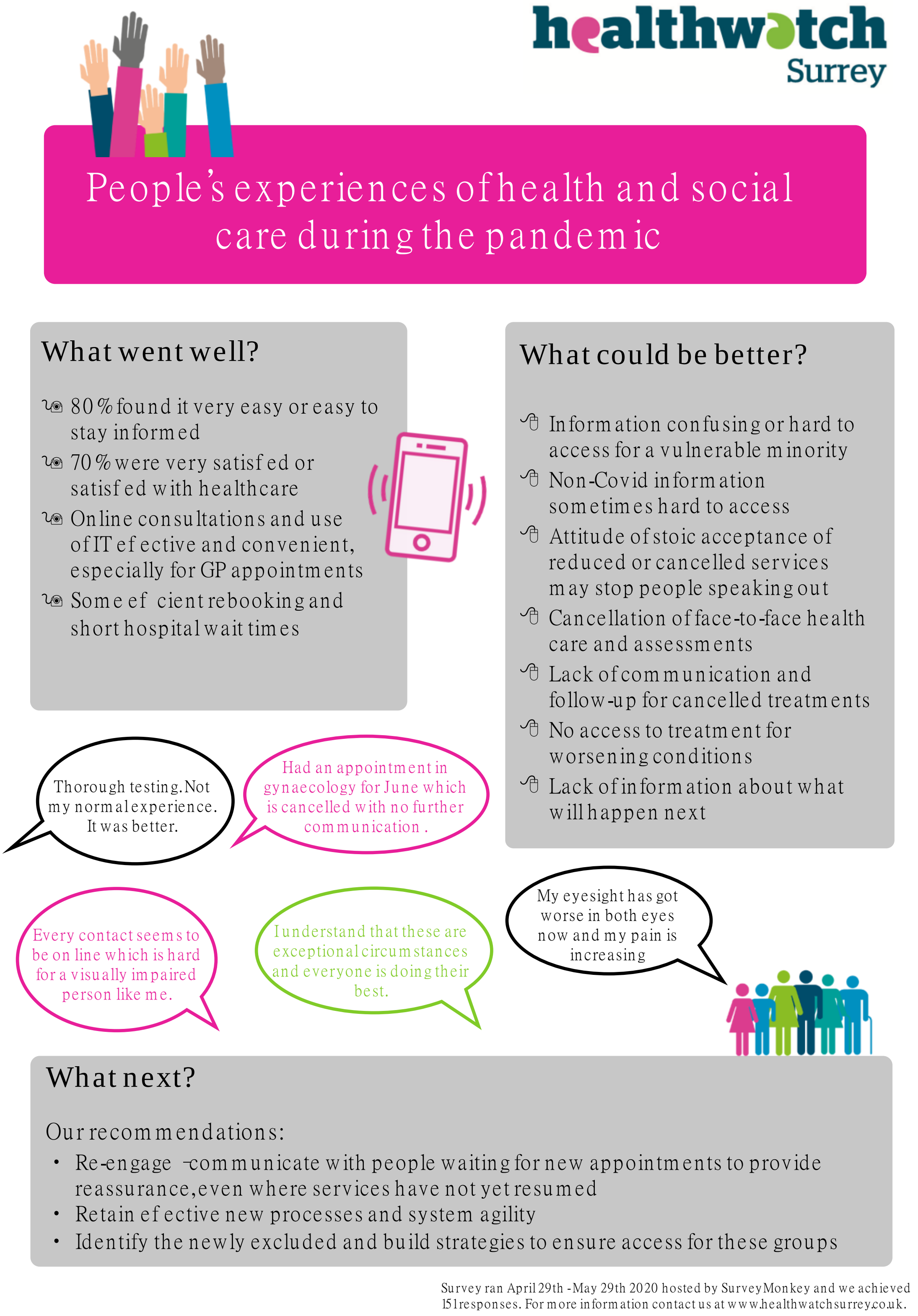
In an emergency situation asking if a DNAR is in place can be the first intimation family have that their loved one may be at the end of their life.

> *"Daughter was very upset at this point as both parents ill and the doctor then asked the DNR question which was extremely upsetting"*

People often have no understanding of the decision they are being asked to make:

“the doctors TRIED TO MAKE ME REVERSE my Respect form to agree to DNR …with tears pouring down my cheeks trying to get breaths, [I] was attempting to justify why I should be allowed to live!!!!???????”

During May we conducted a survey about people’s recent experiences of care



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People’s experiences of health and social care during the pandemic

What went well?

- 80% found it very easy or easy to stay informed
- 70% were very satisfied or satisfied with healthcare
- Online consultations and use of IT effective and convenient, especially for GP appointments
- Some efficient rebooking and short hospital wait times

What could be better?

- Information confusing or hard to access for a vulnerable minority
- Non-Covid information sometimes hard to access
- Attitude of stoic acceptance of reduced or cancelled services may stop people speaking out
- Cancellation of face-to-face health care and assessments
- Lack of communication and follow-up for cancelled treatments
- No access to treatment for worsening conditions
- Lack of information about what will happen next

Thorough testing. Not my normal experience. It was better.

Had an appointment in gynaecology for June which is cancelled with no further communication.

Every contact seems to be on line which is hard for a visually impaired person like me.

I understand that these are exceptional circumstances and everyone is doing their best.

My eyesight has got worse in both eyes now and my pain is increasing

What next?

Our recommendations:

- Re-engage – communicate with people waiting for new appointments to provide reassurance, even where services have not yet resumed
- Retain effective new processes and system agility
- Identify the newly excluded and build strategies to ensure access for these groups

Survey ran April 29th - May 29th 2020 hosted by SurveyMonkey and we achieved 151 responses. For more information contact us at www.healthwatchsurrey.co.uk.

For a copy of the full report please contact us at enquiries@healthwatchsurrey.co.uk.

How we gather our insight

Social distancing has prevented us from carrying out our usual face-to-face engagement, but we have been actively seeking experiences through our contacts, our partners and online

- Reminding people they can share their experiences with Healthwatch via Citizens Advice, telephone, and our feedback form on our website.
- Distributed 700 copies of a new flyer via community foodbanks.
- Launched a survey on paper and online, including an easyread version
- Keeping in touch with our Healthwatch volunteers, partner organisations and VCFS contacts
- We actively collate responses to local stories in the media
- Many partner organisations have replaced face to face meetings with online meetings, and our engagement team attend a number of these every week

Where we share our insight

If we hear any cases of particular concern regarding patient safety, we share these with the relevant provider/commissioner straight away.

We share our wider themes with CCGs, Adult Social Care, Public Health, CQC, and in various boards and groups across Surrey.

Thanks

We would like to thank all health, care and support staff who are working so hard to keep Surrey safe and supported during the Coronavirus outbreak. Much of the feedback we've heard has been positive as well as negative. We hope that our insight as the weeks go on will help to inform recovery in our local area.

Please contact kate.scribbins@healthwatchsurrey.co.uk if you would like any further information.