

Covid-19 Feedback

July 2020

	Page
Hospital admission / treatment	2
GP Practices	2
Dental services	3
Maternity services	4
Mental Health Services	6
Cancer treatment	8
Domiciliary Care	11
Care Homes	13
Shielding	13
Employment and safe working conditions	14

Hospital admission / treatment

Communication with family members - reports of poor communication or lack of communication with families of people admitted to hospital.

- Admission of elderly mother at New Cross hospital - Daughter wishing to give staff information about her mother's deafness felt totally ignored and given no reassurance by A & E staff.
- Treatment of 85 year old father at Good Hope Hospital - poor communication with the family about the condition and treatment of their loved one due to limited information being given by whoever picked up the phone on the ward and lack of contact by consultant who would be able to explain the condition and treatment given to the patient.

Risk of Covid-19 infection in hospital

- Report of non Covid-19 patient being left in Red area of A & E (Red area for Covid-19 or suspected Covid-19).
- Patient requiring emergency surgery being asked to go to a Covid-19 ward in order to have Covid-19 testing (when patient had no symptoms and was not believed to have the virus).

GP Practices

Access to consultations and referrals

- Patient reports of telephone consultation regarding a lump in her neck, no visual inspection of the lump being able to be made and being told "to see how it went on". At a later date, when the patient was becoming increasingly concerned about the lump, the patient was unable to get through to the surgery by telephone for an extended period of time, so visited the surgery in person to try to make an appointment, but no-one answered the door.

Completion of Respect forms

- Report of respect forms being completed for person lacking in capacity without the support of an IMCA advocated, when no family members were able to be consulted.

Positive feedback of local GP practice

- Report of good GP services during the pandemic and appreciation that the GP is in regular touch with the care home where a family member resides.

Dental services

Access to urgent dental care

- Patient with abscess on tooth, called usual dentist, told someone would call back within 24 hours - this did not happen, called daily and still no-one called back. After some days, contact was made and antibiotics were prescribed. However, after the delay in getting prescription patient was in extreme pain with considerable swelling of the face and had concerns over the possibility of sepsis, so they called 111. 111 did not refer to urgent dental care centre and did not react well with providing any solution until the patient mentioned the large amount of painkillers that they were taking to try to help with the pain - at this stage they seemed concerned about overdose and advised patient to visit A & E at Stafford. Patient did this and was told he need urgent dental treatment, which they could not do at Stafford and was transferred to A & E at Royal Stoke. Here the patient received the appropriate care.
- Person in extreme pain following losing a filling and nerve being exposed. She did all the right things and contacted 111 and was put in touch with a dentist. The dentist refused to see her and sent an emergency dental filling kit in the post for the patient to use on herself. Th patient did this but has still been in pain and this has been increasing. She again contacted the dentist who sent the kit and explained the situation so they advised taking out the filling or “filing it down”, the patient was unable to get the filling out and the dentist apparently suggested that she try to prise it out with a fork! The patient has been back on to 111 over the weekend and they gave the telephone number for a dentist in her area. When the patient called this number, the dentist practice said that they are not a dentist that is physically seeing patients and said that they had received over 30 calls from people given their number by 111 over the weekend.
- Patient broke a tooth and believed she met the criteria for emergency dentistry. She couldn't however get beyond the receptionist when phoning, she was just told to go and buy an emergency kit off the internet. When she explained she couldn't eat and that the tooth had broken below the gum, she said the receptionist just laughed - she was unable to get a filling pack anywhere online. She contacted 111 and went through the criteria and was told she did qualify for emergency treatment. She contacted the Staffordshire numbers but had to call several as she didn't know which Hub it would be. When she did get through, she was told they were seeing their own patients only, and that as she was 'out of area', she should go back to her own dentist
- Person had cracked tooth and was unable to gain access to dental treatment until visited a walk-in treatment centre.

Difficulties in finding an NHS dentist

- Since dental practices have re-opened a number of people are reporting it difficult to find and NHS dentist, being told that they could only be seen on a private patient basis, with one person being told that if they paid £65, they could then be registered. People report calling a large number of dental practices only to be told that the ae not taking on any NHS patients.

Maternity services

Overall, feedback on maternity services have been positive with reports of extremely good care. More negative feedback was received around partners not being able to attend scans and we received one experience of a lack of support following miscarriage.

Appointments and support

- All appointments have been kept and hospital visits have felt safe etc.
- I'm 33 weeks pregnant. All of my appointments have been kept, one was changed to a phone appointment which made a lot more sense for everyone as I didn't need a check or anything. I have been attending my normal antenatal appointments, However rather than sitting in the GP waiting room, I've been told to wait in my car and called when they're ready, then taken in through the side entrance to limit social interaction. My last appointment my midwife had a mask and gloves on, ensured she was only in close contact when needed (blood tests etc) and she cleaned down the bed as soon as I was off it to ensure it was clean for the next patient. This is completely new for everyone and no one really knows the best way to go about it, however I've been really impressed with the precautions taken and the level of my care hasn't changed.
- On 9th March I went to see the health visitor and she was amazing. There was a student in with her and he was lovely too. I was made to feel at ease and no question was too much or stupid. What I absolutely loved was that they took my husband's feelings in to consideration as he was feeling a bit stressed and overwhelmed with working long hours, lack of sleep and being on call and supporting me they recommend Star Fish the online mental health support team which was fantastic. Thank you. I also got the time wrong for my appointment I was 45 mins early and they were able to see me within 10 mins as I was worried about childcare for my older son.
- Midwife is wonderful and very reassuring and the hospital staff were fab. It was nice to have a bit of normality in this pregnancy when nothing is currently normal. I have friends who are also pregnant who are just having phone consultations so was extremely relieved to be able to go and see her face to face

Partners unable to attend scans

- I had a 20 week scan on the 27th March. I had a great experience all the staff were so caring and supportive. My partner couldn't come in with me due to all of this. So going on my own was extremely scary. But I was given support and everyone made me have a good experience. Luckily, all was okay with baby.
- I'm currently 15 weeks pregnant and having to go to the 12 week scan alone was absolutely terrifying. Luckily everything was fine but the build-up of worry whilst sitting alone in the waiting area had me in tears throughout the experience especially after a small bleed the week before the scan. I dread to think how I would have coped if I had been there alone and received bad news.
- I understand why they are limiting people, but the scan is also the first chance for things to become 'real' for my partner and it seems like he isn't going to get to bond at all with baby until he can start to feel kicks which may be another 10 weeks away.
- My wife and I are having a baby due date today. I have felt so disconnected, I'm not allowed in to the scans or when my wife see her consultant about the baby (my wife has a rare auto immune disease, NMO) I don't understand why I'm not allowed to the scans and not able to be with her after she has been induced up until she goes into labour, no one I have asked can give me an answer as to why just that it's guidance, I'd like to know why if we live together, sleep together and travel together why I can't attend appointments with together we'd be seeing the same staff at the same time so staff and ourselves would have the same risk of contracting Covid-19.

Lack of support following miscarriage

- No face to face contact with midwife - only time i had contact was through A & E and the Early Pregnancy Unit as I suffered a miscarriage on the 6th April. I had no support following this and my mental health has suffered.

Mental Health Services

There are some reports of delays in receiving support or cancellation of services or therapies which are negative. Feedback about telephone / video support and consultations is overall quite positive. There are some negatives around difficulty in making contact with services.

Delays in support / support ceasing or therapies unavailable during pandemic

- I have counselling from an well-being service but haven't had it for about a month as I am waiting for them to sort out video chat. Not impressed, as I had already waited since December to get my referral sorted. Surely, it doesn't take that long to sort out video chat? The councillor hasn't even e-mailed me to check in or see how I am. I feel abandoned.
- At the start of the pandemic my worker, who I had established a good rapport with, which is something that can be difficult, went on an extended holiday and since that time I have had no support and I am struggling. There was some contact with the trust and they said that they had assessed that I no longer needed any services.
- I was put on antidepressants and referred to CBT therapy which isn't available because due to the outbreak. all my local support groups are closed and there's nothing else I can possibly do other than wait until it's over as there is nothing local in my area available. unless I was a client
- I feel that everyone is suffering mentally at the moment, however at this time I have felt that I have needed more support and this has not been available.

Telephone / Video consultations

- I had a consultant ring me from the wellbeing centre in Burton on Trent for a half hour chat and have another next Thursday as I'm suffering with anxiety.
- My daughter has been contacted weekly by her CPN and key worker by phone. Her CPA was held as a telephone conference. All in all, I think the CMHT have done an excellent job in maintaining contact and offering support.
- I've had consultation from wellbeing team in Burton on Trent by telephone
- No actual face to face appointments. Which I understand is to protect the staff, but for me I find it very difficult over phone or video.
- Phone consults with my CPN are approximately 10mins as opposed to a 40min session.
- Video links have been successful with my psychologist and allow for a full session.

- My psychotherapy moved to telephone, but I've been very lucky. There's literally nothing for adults with autism even without a pandemic
- I'm not seeing my counsellor face to face, but we did talk over the phone. She's said I can email her if I need to between sessions. She's so busy it's 6 weeks between sessions. I know she might not get back to me straight away, she'll need to find the time between clients, but knowing she is there is really helpful.
- Overall, the care has been excellent despite the challenges coronavirus has brought, however the lack of psychiatrist to consult and the lack of face to face communication has been hard.
- I have been accessing parent and baby unit for 12 months following depression and anxiety after 3 miscarriages and a subsequent successful pregnancy. I am really missing the face to face support groups as loneliness is a huge part of my depression. The staff have been amazing - my therapist has contacted by phone every week and a nursery nurse has contacted weekly to give me ideas on how to stimulate my baby's development. They have a Facebook page for patients with activities and motivational quotes updated almost daily. The only issue has been if you miss their call you try to ring back to find them busy and it can go back and forth for a while. I could not have coped without them. However, I am desperately awaiting the day when I can visit them again as my depression and anxiety is fuelled by lack of interaction.
- I have had a consultant psychiatrist appointment changed from person to telephone which was no problem as I am currently stable and well, and I have contacted my CPN for a "chat" about the effect of lockdown, this was done over the phone but would have been via the phone anyway

Accessing services

- Long waits to get to speak to anyone on the phone.
- Messages left with access have not been passed on to my team.

Cancer treatment

Reports on cancer treatment fall mainly into two categories. For those who are having continuing treatment their response is generally positive with praise for the service they are receiving. For those whose treatment has been halted, this has created a lot of anxiety and fear and at the time that these reports were made there was a lack of information about when and if treatments might be able to be re-started. We did receive a positive report about end of life care, with much praise for all the support services involved.

Continuing treatment

- My Wife's treatment is still available, New Cross/ Cannock, but has had her 12 month scan cancelled. Phone consultation only. Her Scan was due yesterday, but understandably cancelled. Going to reschedule, have support if needed from various organisations.
- I was due for oncologist appointment for breast cancer 1st April but was fast tracked for lumpectomy due to the virus. I was hoping it would resolve the problem and I not need chemo. Sadly, however I have it in my lymph nodes... so now new appointment on 28/04 to discuss future treatments and how we move forward from here! Absolutely the best treatment the most caring considerate staff from consultant to health care assistants. Theatre staff were amazing ward staff excellent. I have been so very privileged to be in the care of County hospital Stafford and Royal Stoke hospital... they have done a magnificent job. Considering they've been deployed I'm sure like all other health professionals at this unusual extraordinary strange time. I have nothing but praise.
- My husband had UCR and had MRI, CT scan and biopsy, we received excellent service. We had telephone appointment for results which fortunately for us was all negative.
- I've had a telephone consultation from the hospital breast clinic. Staff are amazing there. I've spoken to the oncologists secretary and have been asked to go into the hospital for an echocardiogram and Herceptin injection in May on the understanding that social distancing measures are in practise and PPE is being worn
- I have had 5 sessions of chemo over the last 15 weeks. I'm due another in 2weeks. I've had telephone appointments with oncologist nurse, all good so far. chemo at County hospital Stafford, oncologist at Royal Stoke hospital. No complaints at all.
- Since 2010 I have had three malignant melanomas and a number of other types of skin cancer. The team at Cannock hospital have been amazing. I was due another follow-up appointment but understandably, it was cancelled and I had a phone consultation. I have a number of other worrying moles and I have taken photos and emailed them to the cancer nurse and had a phone interview with the consultant. An appointment is being made for me to visit and have them removed as soon as can be organised. Can't fault the level of care given these unusual circumstances.

- During the outbreak nothing has changed from my previous experiences. I still have regular blood tests although now at my surgery with prior booking. There are still blood tests available at county although these now have to be booked rather than the walk-in service previously available. The Consultant telephones me on a previously arranged date and time and after the consultation we agree on a future review. His secretary then makes an appointment date and sends me a further consultation date together with a blood form for my test. In a few weeks time there will be another letter sent summarizing the review and a copy sent to my GP. I used to have a face to face review every 3 months, obviously this will now not happen, but the telephone conversation is perfect for me. As far as I am aware the emergency help line is still in effect at Stoke. I do not know if the chemo service is still open in Stafford. Service has not changed at all for me - still excellent

Treatment halted or postponed

- My daughter who is 48 was told by her doctor and a surgeon at the North Staffs that she had bowel cancer but cannot have any tests or treatment operation or anything as the doctor told her they are not doing this because of the virus. This was two months ago - Will she be too late to have any treatment to save her life. This cancer is spreading all the time she is being delayed - it's disgusting.
- My husband's experiences since the COVID-19 pandemic. He had his 2nd colonoscopy the Saturday before lockdown began. On Monday, the hospital released a statement saying a worker had tested positive. My husband needs another colonoscopy as first 2 failed to get full view of suggestive lump in the bowel. Could well be cancer. But he's heard nothing since the weekend before lockdown (when he had last failed attempt). His health is deteriorated and he's so poorly.
- My Cervical screening appointment was postponed. Don't know when it will go ahead. Not happy as if I have abnormal cells - how long will it be before I am referred?
- My husband has been told he has stage 2 liver cancer no follow up nothing to help!!! Where do we go from here - Good Hope hospital said no treatment - he is not coping well at all
- My blood tests were to check my PSA levels for my prostate cancer, I was told all the phlebotomy units had closed and staff redeployed. I also usually receive a letter from my cancer nurse with an envelope for the blood tests to take to phlebotomy. Nothing received no contact made, no information as to what is now happening.
- I was due to have a colonoscopy on 30th March. They rang to say it was moved to Cannock from New Cross on the same day they rang to say it was cancelled. I am now waiting in the system. I've had a letter telling me all bowel screening procedures have stopped. I don't know if it's cancer or not. I fully understand why it's cancelled but it doesn't help me. I have no apparent symptoms and don't feel ill.

- My dad's referral was again "lost/hadn't been done". He's undergoing cancer treatment and although he's in the over 70s bracket (not priority) he's otherwise as fit as a fiddle and could live another 20 years. For him to continually "be missed" is upsetting and actually quite stressful to not even get an update.
- My appointment delayed. Bowl cancer. Adds so much more stress
- My mum has blood cancer , I have POA for her and her consultant rang me to say her treatment needed to stop until " all this was over " as it's too risky for mum to go in to have the treatment.
- I have advanced prostate cancer (Gleeson 9), had it removed in July 2018. My oncologist at QE hospital Birmingham had recommended radiation therapy to these 2 cancer loci as well as salvage radiation to the prostate bed. My pre-op CT scan has shown that unfortunately the configuration of my bowel is unusual and such that radiation therapy is too dangerous and would cause significant collateral damage, so the 6 x 5 days a week treatment scheduled to be started on 18th March has been cancelled. Any alternative treatment has been postponed indefinitely because of the impact of COVID-19

End of Life support

- My dad had pancreatic cancer and his health declined rapidly early this year. As he wanted to remain at home (in Stafford) with family, we cared for him around the clock until his death on 6 Apr 20. We cannot praise the district nurses highly enough for their support. They responded quickly when dad needed medical care and gave us guidance for keeping him comfortable. Katherine House supported the family and ensured we had all the assistance we needed. Paramedics from Stafford pulled out all the stops to ensure that dad had a minor procedure done in the ambulance, rather than be taken into hospital. Dad's GP was also very supportive. We are very grateful to all the medical staff who supported us at a very difficult time for the family and when the country was in crisis.

Domiciliary Care

The main issues around domiciliary care centre on either a reduction in the amount of visits made or the unsuitability of the carers provided. It is possible that these situations may have arisen due to a potential shortage of staff or of suitably experienced staff, although it is clear from some reports that the reduction in visits had been made by social services.

We also received a safeguarding concern about two domiciliary carers who were reported to be not abiding with social distancing and taking drugs on a regular basis, including whilst on duty. This was escalated to Safeguarding and the CQC. Healthwatch understand that following concerns raised by CQC to the Provider Manager that an investigation was made and the two employees were removed from post.

Reductions in visits and suitability of carers

- A gentleman reported that his 95 year old Mother in law is in independent living accommodation. She had 2 falls in the past 9 months, firstly breaking her hip, and then within 1 week of being discharged back to her flat, she fell again breaking her pelvis. She returned again to her flat in March 2020, with a care package of 4 visits per day. The care company, , have been visiting 4 times per day for the past 6 weeks, but have now told Mr B that the visits have been reduced to twice per day, first thing to get her washed and dressed, and evening to prepare her for bed. The gentleman said that the agency told him it was due to Covid19 that the visits were being reduced, and that it has left his mother in law very frightened at being left alone throughout the day. He said the agency classed her as mobile because, with the aid of a frame, she could make it to the loo without the physical support of a carer. However, when he visited this week he found her on a commode with her trousers down, unable to stand on her own due to lack of strength. Upon investigation it became clear that the visits had been reduced by the social care assessor following the initial home support offered through Discharge to Assess and that the assessment had concluded that she did not meet the criteria for 4 visits a day. Following the enquiries made by Healthwatch with social services and the provider the care visits were increased to 3 visits a day.
- Family have concerns about one particular carer. Their grandmother, who is living with dementia, receives multiple visits per day and the family have generally been very happy with the agency. Some months ago, prior to the lockdown the callers aunt (daughter of person receiving care), who lives in another part of the county had been staying with her mother became concerned about one particular carer who made a couple of evening visits per week, mostly at a weekend. The aunt reported to the family that this particular carer did not seem suited to working well with people living with dementia - this was described as being “in your face” towards the grandmother and that the grandmother became very upset when receiving care from this particular person, something that did not generally happen with the other carers on the rota. The family then ensured someone from the family was present during these visits to support the grandmother. After one particular

visit by this carer the grandmother became extremely upset, the family asked the agency if they could remove this carer from the rota for their mother and appreciating that all services may be stretched at this time and this may not be able to be instantly implemented, added the “if the agency struggles, let me know and we will cover this visit”. The family say, that since that time the visits allocated to this carer have increased, going up to 4 or 5 a week and the latest rota shows that this carers has been put on the rota for 8 visits in a week.

The callers mother is now struggling to be there for this amount of visits and the caller is now concerned for her mother’s health. The family have raised the issue with the social worker, who has tried to be helpful and had spoken to the agency but the situation has not been resolved yet. It is thought that staffing issues may not be helping in the resolution of this issue.

Safeguarding concern about two Domiciliary workers including risk of COvid-19 infection to clients

- The information given to Healthwatch concerned 2 named staff members of a domiciliary care agency. Healthwatch were told that the named people are known locally to be drug users, namely Cocaine and also using diazepam. Healthwatch were told that these people do not live in the same household but have both been present at “parties”, possibly located at the residence of one of the persons, but not entirely clear on this, where multiple people from other households have been present and social distancing has not been respected. Healthwatch were also told that on more than one occasion local police have been called and attended to break up these “parties”. In addition, Healthwatch were told that there are occasions, when these two people may be working together, that between calls they are taking Cocaine in the car.

The concerns are multiple, including:

- Risk of infecting vulnerable people, to whom care in their own homes is being provided, with Covid-19 due to non-compliance with social distancing in their time outside of work.
- Risk that quality of care to vulnerable people may be compromised if they are under the influence of drugs.
- Other potential risks to service user that could result from people providing care being regular drug users.

Healthwatch reported this to Adult Safeguarding, the Covid Incident Team and CQC. Healthwatch understand that following investigation by Manager, instigated by CQC raising the matter with them that the two employees were removed from post.

Care Homes

Healthwatch received one concern about Care Home unsafe practice

- The person reporting this information said that Staff are being told that they cannot wear face masks to protect themselves and residents and have been threatened with a warning if they do, unless they are going into specific rooms for residents that have been brought directly from hospital. The staff are not being made aware if these residents have been tested for Covid-19 or have Covid-19 and they are scared. They also report that there is little or no PPE (face masks only no googles or protective clothing) being given to the staff even to go into the rooms of the new residents. The other face masks have been locked in a cupboard so that staff cannot wear them around the home. They added that the live-in residents are allowed to leave the residence and are leaving the premises to collect food through and over the fence in the car park. They also said that the canteen staff can only bring food trolley to the corridor outside the communal room but staff are expected to take the used items back to the kitchen and staff do not understand different rules for different teams. They raised concerns about the number of agency staff coming and going between different care homes. Healthwatch passed this information to CQC, the LA Quality Assurance Team and the CCG Quality and Nursing Team for investigation and action as necessary.

Shielding

The main concerns around shielding were from people who had not initially registered, but as the pandemic progressed though they needed support or additional information.

- Caller's husband in within shielding group. Caller was concerned as she had not been able to obtain hand sanitiser and was being told by a neighbour that "she had to have it". Healthwatch discussed how hand sanitiser is not better than hand washing and is a supplementary option for people when they may not be able to wash their hands properly. Healthwatch also discussed how soap did not need to be in liquid form and that a bar of soap was equally as good and that it is the method and thoroughness of handwashing with soap that was important. Established that caller concern was prompted by neighbour and that she thought she had to have hand sanitiser to go to the shops. Discussed how disposable gloves (that the caller had) may offer her some reassurance, but that still to hand wash on reaching home. Established that the caller's husband had received a shielding letter, but they had not registered as they were able to manage. Healthwatch advised caller that it might be an idea to register as we are aware the people are receiving calls to check on their welfare and if there is any support that they need. Healthwatch discussed how this may offer some reassurance to the caller and how they would have someone to discuss things with and explained that they would not need to sign up to having food parcels delivered if they did not need them and to think of it "as much or little support that you need". Healthwatch provided the caller with the registration telephone number for the caller. Caller expressed thanks for the time taken with her and the useful advice and information and this has eased her worries.

- Caller was struggling as she was shielding during lockdown and couldn't manage alone. She had run out of essential food and supplies and needed to register for support. She was not receiving assistance from her GP. She was given a telephone number to call but could not get through. The caller was signposted to support services.

Employment and safe working conditions

Healthwatch received calls from people who were concerned about their employment and safe working conditions. One caller consider that his workplace was not safe and one caller considered his health conditions made him vulnerable in the work he was instructed to carry out.

- Caller is employed by non-emergency patient transport. Call suffers with asthma and had some time ago had heart surgery (Stents fitted). Following this, the company put this driver on lighter duties and he was driving more mobile patients by car to and from their hospital appointments. The employer was told that he would be going back to “normal” duties. The caller explains that this would be part of a two man ambulance crew and would involve lifting patients in wheelchairs and that he does not feel physically fit enough to do this. HW advised that the first thing would be to discuss this with his GP, who would be better able to advise what work he could do in light of his individual health issues. HW further advised, following the consultation with the GP, that the caller contact the HR department to discuss this with them. Employers, where possible, should make reasonable adjustments, and that they may see if he can be redeployed within the organisation if his health issue means that he is unable to carry out the assigned work. HW stressed that information from the GP could be very helpful in the discussion with the HR department.
- Caller says that the suffer with asthma and attend asthma clinic every three months. The caller works at a well know large online retail warehouse and feels vulnerable (to risk of infection with Covid-19) and does not wish to go to work. Caller contacted GP, hoping to be given advice and a letter or sick note to show to employer so that he does not have to go to work. Caller says GP refused to issue any documentation on the state of his health. Healthwatch discussed with caller how the employer has a responsibility to ensure safe working conditions, with appropriate social distancing in place and issuing any protective equipment that may be necessary and that the caller should be able to discuss this with his employer. Caller is worried about raising these issues with his employer but understands that it might be the correct thing to do and would contact the HR department.