

## Insight Bulletin: September 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.

In the past month over 100 people have shared their experiences with us, and every story is unique. This bulletin highlights some of the themes we have heard about. If there is something you would like to hear more about please contact [Kate.Scribbins@healthwatchesurrey.co.uk](mailto:Kate.Scribbins@healthwatchesurrey.co.uk).

### Praise and thanks

Our agenda-free engagement means we hear many positive stories of excellent health and social care

*“He suffered a severe stroke and was admitted to Epsom general hospital, the nursing care was very proficient. He was moved to the community hospital and received intensive treatment to help regain movement together with physio and speech occupational therapy. He found the programme challenging but very good.”*

*“We have had a very good relationship with Social Services despite things being a bit sticky in the early days, but over the past few years they’ve been fantastic.”*

*“Elmbridge council are good supporters in dementia care, they send something through the post every 2 weeks, dementia newsletter, sunflower seeds. They’re really helping people with dementia and they’re very supportive, I feel, of the carers.”*

*“I’ve been truly impressed by the compassion and quality of care that my husband has been receiving from the Care at Home team at Epsom.”*

## We've been hearing about the hot topics of Covid test availability and communication about flu vaccinations

Our expectation is that these are both temporary issues, but we will be listening carefully over the coming weeks to track whether feedback from local people changes.

Initially, we mostly heard positive experiences about Covid testing:

*"I felt rubbish on Sunday/Monday, then a slight cough, today my breakfast tasted of nothing. Applied for a Covid test but no drive-through available anywhere in the UK but ordering a home test was very easy."*

As the month wore on, we heard of more problems getting tests, in line with national news stories, and the consequences of this:

*"My son was ill with a cough and temperature this weekend. I tried to book a test online, for drive-through it was telling me no test, try home test, and home test no tests available try drive-through...it's infuriating as my child can't go to school until he's had a test and I can't get him a test. It's very disruptive for him when he's just starting school."*

By the end of the month we had started hearing of confusion or lack of information about flu vaccinations. Checks by our staff and volunteers showed different GP practices giving out very different information, while pharmacies were booking then cancelling appointments for private vaccinations, sometimes multiple times. We've also heard that people who usually get the flu vaccination at their place of work (e.g. in London) have been told to make private arrangements now that they are working from home, putting additional pressure on local pharmacies.

*"We have not been told at all about the flu jab this year - normally the GP sends out a couple of nurses...I don't know if the plans will continue this year but that would be the best option, much safer than expecting us to go into town."*

## Are short term challenges becoming long term issues?

Early in the pandemic we reported on two issues causing concern to service users:

- Lack of communication following cancellation of appointments or services
- Video or phone consultations that do not take the person's needs into account

These issues were acknowledged across the system, and we are aware that commissioners and providers are working to address them.

Unfortunately, we are still hearing that people are in the dark about plans for cancelled treatments, and we are still hearing of people struggling with the new ways of working:

*“My ENT appointment was cancelled by letter and nothing has been rescheduled.”*

*“I’m waiting for an appointment to determine what happens next...the osteopath appointment at the hospital also keeps getting cancelled or pushed back.”*

*“they arranged a phone appointment which is useless because I am profoundly deaf!”*

*“...if the surgery feel they need an appointment they give you a day when they will phone you. The result of this is that I’m unable to get a timed appointment and as someone who works this is unworkable.”*

*“My son had a physio video appointment... I couldn’t find the email as it was sent from an obscure email address...I tried every phone number I could to find it...I left messages for 4 hours. But no success so he missed his appointment.”*

Healthwatch England and National Voices have developed some tips for patients and professionals in getting the most out of virtual consultations which are available here: <https://www.healthwatch.co.uk/advice-and-information/2020-07-28/getting-most-out-virtual-health-and-care-experience>

We remain interested in how our local commissioners and providers will ensure that those who do not find it easy to access digital services will continue to have equity of access.

## Gaps in integration across services

Online engagement with local people means we are able to spend more time listening, and as a result are hearing more about their long-term journeys through health and social care. Some of these experiences highlight the detriment caused by poor communication or lack of collaboration between service providers:

*“I had a telephone call from someone at East Surrey Hospital...he just fobbed me off and told me to go back to my GP, but [my GP] wouldn’t be able to help me because he had sent me to have a discussion with someone from East Surrey Hospital.”*

*“I need a new prescription...but the surgery has still not got the letter back from the consultants - I’m chasing all the time.”*

*“Specsavers advised me to get a test for Keratoconus...I was referred to Frimley Park Hospital...I saw numerous consultants and I was dismissed of Keratoconus without being tested for it...I revisited Specsavers who were appalled I had not been tested...after months of calling Frimley Park I was tested and came back positive...if I’d been operated on sooner my eyes would not be as bad as they are today.”*

*“CAMHS Children’s services, SEN education team and the police have had over a year to put a plan in place, yet he remains without a clear pathway...there is no single agency who holds overall accountability”*

## New Report: People with long-term health conditions most likely to avoid care services due to COVID-19

Analysis of research commissioned by CQC and Healthwatch England<sup>1</sup> as part of the #BecauseWeAllCare campaign has highlighted that 51% of those with a long-term condition avoided health and social care during the crisis, compared to just 29% of the average population<sup>1</sup>.

They also found

- 81% reported issues with accessing care
- 52% did not want to put additional pressure on by giving feedback
- 32% got more support from family and friends because of Covid-19

Healthwatch England’s National Director, Imelda Redmond CBE, said:

“It is a cruel irony that people with long-term health conditions who need our health services the most avoided seeking treatment during the pandemic, and often encountered problems when they did.”

We also looked back at a CQC report into attitudes to giving feedback<sup>2</sup> which found that people from a black and minority ethnic (BME) background are less likely than those from a non-BME background to raise concerns about the standard of care they

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<sup>1</sup> <https://www.healthwatch.co.uk/news/2020-09-17/people-long-term-health-conditions-most-likely-avoid-care-services-due-covid-19>

<sup>2</sup> <https://www.cqc.org.uk/news/releases/new-research-care-quality-commission-shows-racial-disparity-people-raising-concerns>

receive, particularly in relation to mental health. This may be exacerbated by the current crisis and is something our system should be mindful of as we look for ways to reduce health inequalities.

### How we gather our insight

While social distancing prevents us from carrying out face-to-face engagement, we actively seek people's stories through our contacts, our partners and online. We have distributed flyers, attended online support groups, and initiated focus groups.

The stories people tell us give rich insight into the lived experience of accessing and receiving health or social care. Using people's own language allows us to understand not just their physical experience but also shine a light on their emotional responses and their level of understanding.

However, the topics we hear about and the people we hear from are not controlled by Healthwatch Surrey. The number of people we hear from varies from month to month, and the topics covered will depend on the groups we engage with. As such our insights should be treated as qualitative.

### How we share our insight

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

We share our wider themes with Trusts, 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. Much of the feedback we've heard has been positive and a key message we hear is 'please say thank you'. We hope that our insight will help to inform recovery in our local area.

Please contact [kate.scribbins@healthwatchesurrey.co.uk](mailto:kate.scribbins@healthwatchesurrey.co.uk) if you would like any further information.

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